

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

<u>Claudio Alvarez</u>	<u>Terence Talerman</u>
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

PO Box 8  
Street Address

Chester, PA 19013 Delaware  
City, State and Zip Code County

844-258-2287 info@ridewithalta.com  
Telephone Number E-mail Address

*This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.*

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

3000 W 4th Street  
Street Address

Chester, PA 19013 Delaware  
City, State and Zip Code County

844-258-2287 info@ridewithalta.com  
Telephone Number E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's Address E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

     No   x   Yes, at No. 4354280