

DATE OF DEPOSIT

DEC 10 2025

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

ALPHA RECYCLING HWY 80, INC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?** NO **Previous Authority?** NO

If yes, at PUC No. A- 8923196

4. **Are you a business entity registered with the PA Department of State?** NO

If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 6754464
(see checklist and indicate type of business entity registered)

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

DAVID ZENKO
NATALIA MOLOWKO
ARKADIUSZ CIELICZKA
KAROL PIETRZAK
GREG MISIAG

6. Mailing Address

2 KATZ DRIVE
Street Address
STROUBSBURG, PA 18360 MONROE
City, State and Zip Code County
570-424-0701 TERESA@ALPHAWY80.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.)

Street Address

City, State and Zip Code County

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. Do you have a USDOT Number?

 No ✓ Yes, at No. 3416994

10. What type of commodities do you intend to transport other than your own?
Please note applicable exemptions on pages 4-5.

TO TRANSPORT CARS BETWEEN POINTS IN PA
TO TRANSPORT SCRAP BETWEEN POINT IN PA

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DAVID ZENKO

(Print Name)



(Signature)

11/13/2025

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).



CERTIFICATE OF LIABILITY INSURANCE

DATE (M/MD/YYYY)
9/8/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER YouZoom Insurance Services, Inc 10801 Mastin Blvd Ste 950 Overland Park KS 66210	CONTACT NAME: PHONE (A/C, No., Ext): 888-240-8803 FAX (A/C, No): 877-835-1833 E-MAIL ADDRESS: AMServiceCenter@arrowheadgrp.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Alpha Recycling Hwy 80 Inc 2 Katz Road Stroudsburg PA 18360	ALPHREC-01	INSURER A : National Liability & Fire Insurance Company 20052
		INSURER B : Carolina Casualty Insurance Company 10510
		INSURER C : Berkley Specialty Insurance Company 31295
		INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1322342330 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		SPK 3502049-10	3/27/2025	3/27/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		73TRB006034	3/28/2025	3/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		BNET76128588	9/27/2024	9/27/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Policy covers the following vehicles:
 2019 Mercedes Sprinter Vin #WD3PF1CD0KP025566
 2019 Toyota Sequoia Vin#5TDBY5G12KS173807
 2019 Mercedes Sprinter Vin #WD3PF1CD2KP031319
 2019 Mercedes Sprinter Vin#WD4PF1CD6KP048250
 2019 Mercedes Sprinter Vin#WD4PF1CD4KP155958
 2020 Mack Anthem Vin#1M1AN4GY6LM015771
 2020 Toyota Rav4 Vin#JTMA1RFV2LD060593
 See Attached...

CERTIFICATE HOLDER Commonwealth of Pennsylvania Pennsylvania Public Utility Commission Commonwealth Keystone Building 400 North St Harrisburg PA 17120	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>YouZoom Insurance Services, Inc.</i>



ADDITIONAL REMARKS SCHEDULE

AGENCY YouZoom Insurance Services, Inc		NAMED INSURED Alpha Recycling Hwy 80 Inc 2 Katz Road Stroudsburg PA 18360	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

- 2021 Freightliner M2 Vin#1FVACXFE7MHML9098
- 2021 Mack AN64T Vin#1M1AN4GY8MM022626
- 2021 Freightliner M2 Vin#3ALACWFC7MDMT8483
- 2021 Freightliner M2 Vin#3ALACWFC9MDMT8484
- 2021 Freightliner M2 Vin#3ALACWFC2MDMT8486
- 2021 Toyota Tacoma Vin#3TYCZ5AN4MT030538
- 2023 Freightliner M2 Vin#1FVACWFC2PHUA4400
- 2023 Freightliner M2 Vin#1FVACWFC2PHUA4395
- 2023 Mack Anthem Vin#1M1AN4GY9PM033669
- 2023 Mack Anthem Vin#1M1AN4GY5PM033670
- 2023 Freightliner M2 Vin#1FVACWFC4PHUA4396
- 2021 Mercedes Sprinter Vin#W1Y5ECHY6MT075210
- 2021 Mercedes Sprinter Vin#W1Y5ECHY9MT077744
- 2022 International LT625 Vin#3HSDZAPR8NN302935
- 2022 Mercedes-Benz Sprinter Vin# W1Y5EDHY3NT084793
- 2024 Mack Anthem Vin#1M1AN4GY9RM047042
- 2019 Mercedes-Benz Sprinter Vin#WD4PF1CD7KP155954



00123
00200

FedEx
Express

Package
US Airbill

FedEx Tracking Number **8162 2686 0471**

Form ID No **0215**

Partner's Code

1 From
Date

Sender's Name Phone

Company **ALPHA...**

Address

City State ZIP

2 Your Internal Billing Reference

3 To
Recipient's Name **ALLISON DAVIS PUC**
Phone

Company

Address

Address

City State ZIP

4 Express Package Service * To most locations. Packages up to 150 lbs. For packages over 150 lbs., see the FedEx Express Freight US Airbill

Next Business Day

- FedEx First Overnight**
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- FedEx Priority Overnight**
Next business morning * Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- FedEx Standard Overnight**
Next business afternoon * Saturday Delivery NOT available.

2 or 3 Business Days

- FedEx 2Day A.M.**
Second business morning * Saturday Delivery NOT available.
- FedEx 2Day**
Second business afternoon * Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
- FedEx Express Saver**
Third business day * Saturday Delivery NOT available.

5 Packaging * Declared value limit \$500

- FedEx Envelope**
- FedEx Pak**
- FedEx Box**
- FedEx Tube**
- Other**

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

- Saturday Delivery**
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- No Signature Required**
Package may be left without obtaining a signature for delivery.
- Direct Signature**
Someone at recipient's address may sign for delivery.
- Indirect Signature**
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods? One box must be checked.

- No**
- Yes** As per attached Shipper's Declaration
- Yes** Shipper's Declaration not required
- Dry Ice** Dry Ice, 5 UN 1845
- Cargo Aircraft Only**

7 Payment Bill to: Obtain recip. FedEx Acct No.

- Sender** Acct. No. in Section 1 will be billed.
- Recipient**
- Third Party**

Total Packages Total Weight

Your liability is limited to USD100 unless you declare a higher value. See the current FedEx Service Guide for details.
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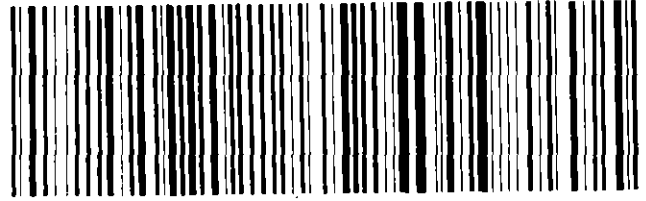
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FIRST OVERNIGHT

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