

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

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)

Daniels Auto Body & Custom LLC

- 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)

Lynch Collision Center

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- _____

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 7261250
(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).

James Daniels

6. Mailing Address

599 Beaver St.
Street Address
Bristol PA 19007 Bucks
City, State and Zip Code County
215-785-6419 danielsautobody1@gmail.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.)

599 Beaver St.
Street Address
Bristol PA 19007 Bucks
City, State and Zip Code County
215-785-6419 danielsautobody1@gmail.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. Do you have a USDOT Number?

 No X Yes, at No. 3699068

10. **What type of commodities do you intend to transport other than your own?**
Please note applicable exemptions on page 10.

salvage vehicles

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 granted by 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 revocation 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 intrastate revenues; said assessment to help defray expenses incurred by the Pennsylvania Department of Transportation of Property; and acknowledges that failure to file and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

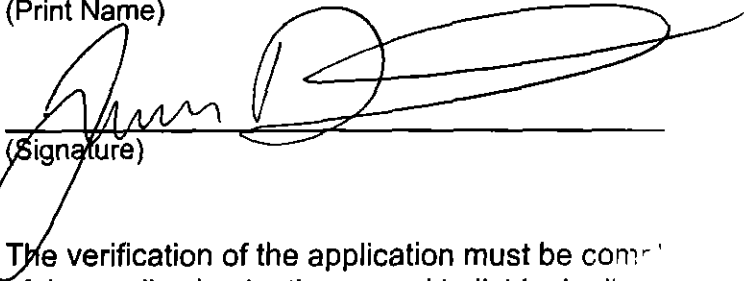
Verification of Application

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

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

James Daniels

(Print Name)




(Signature)

12/4/25

(Date)

The verification of the application must be completed by the applicant or a significant appearing on Line 1 of the application by the named individual, all partner, partner-in-interest, or member (if a limited liability company), or by the President or authorized officer (if a corporation).

**PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Dawn Marie Burke Name 100 Brandywine Boulevard, Suite 302 Address Newtown PA 18940 City State Zip Code <input type="checkbox"/> Return document by email to: _____	Registration of Fictitious Name DSCB:54-311 (rev.2/2017)  311
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70.00

I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:
Lynch Collision Center

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
Autobody repair

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

599 Beaver Street,	Bristol	PA	19007	Bucks
Number and street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip

5. Each entity, other than an individual, interested in such business is (are):

Daniels Auto Body & Custom	Limited Liability Company	PA
Name	Form of Organization	Organizing Jurisdiction
599 Beaver Street, Bristol, Bucks, PA, United States, 19007		
Principal Office Address		
545 Southridge Circle, Yardley, Bucks, PA, United States, 19067		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration of Fictitious Name to be executed this
26th day of May, 2021.

Daniels Auto Body & Custom
Entity Name
James Daniels
Signature
Member
Title

-ynch Collision Center
599 Beaver St.
Bristol, PA 19007

PHILADELPHIA PA 190

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Secretary
PA Public Utility Commission
400 North St. 2nd Floor
Harrisburg, PA 17120

17120-009399

