

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

David E Slicker

6. **Mailing Address**

1146 Heinz Ave
Street Address
Sharon, Pa. 16146
City, State and Zip Code
724-977-8987
Telephone Number
Mercer
County
papaslicker@gmail.com
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

Telephone Number

County

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?**

 X No Yes, at No. _____