

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)

Sam Hoone Trucking 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)

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 13188821
(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).**

Samuel Hoone Sole member

6. **Mailing Address**

5 Stewart St
Street Address
Smithfield PA 15478 Fayette
City, State and Zip Code County
412-582-6280 sh1274@yahoo.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.)

Same
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)

N/A
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. 4564440

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

general freight & stone

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.

Samuel J Hoone
(Print Name)

Samuel J Hoone (Signature) 4-10-26 (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).

 Home

 Search

 Initial Forms

 Help

Business Search

As of 04/10/2026 we have processed all business filings received in our office through 04/07/2026.

Business Search Info: 



Advanced 

Results: 1

Filing Information 	Initial Filing Date 	Status
Sam Hoone Trucking LLC (15188821) 	02/05/2026	Active

Sam Hoone Trucking LLC
(15188821)



Request Certificate

Initial Filing Date	02/05/2026
Status	Active
Formed In	PENNSYLVANIA
Filing Type	Domestic Limited Liability Company
Filing Subtype	Limited Liability Company
Registered Office	5 STEWART ST SMITHFIELD, PA 15478-9727 County: FAYETTE



View History



Request Access



21 02501842373
25095

12/06/1974
Rev 03/25/2022

Notify PennDOT if you
move within 15 days.
Visit us at www.dmv.pa.gov
or call us at 717-412-5300.
TTY callers - please dial
711 to reach us.

CLASS: A-Comb > 26,000 / Tow > 10,000

END: None
RESTR: None

PENNSYLVANIA

Pennsylvania
visitPA.com USA

COMMERCIAL DRIVER'S LICENSE
NOT FOR REAL ID PURPOSES

DUPS: 00

DLN: 23 459 232
DOB: 12/06/1974

HOONE
SAMUEL JARED
5 STEWART STREET
SMITHFIELD, PA 15478


EXP: 12/07/2026
ISS: 05/02/2025

SEX: M EYES: BLU
HGT: 5'-10"
CLASS: 3
END: NONE
RESTR: NONE

CDL

DO: 2512291002204
40000063763

Samuel Jared Hoone



JAMES CUSTER
Sheriff of Fayette County

61 East Main Street
Uniontown PA 15401
724-430-1295

Hours: 8:00 AM to 4:00 PM


SP 4-128(1-2010)
PENNSYLVANIA LICENSE TO CARRY FIREARMS

NEW RENEW
 DUPL / CORRECTION

NO 26-00015891

1 NAME (LAST) (FIRST) (MIDDLE) (L,R,ETC)
HOONE, SAMUEL JARED

2 ADDRESS
5 STEWART STREET, SMITHFIELD, PA 15478



3 Point Of Contact Phone Number 1-877-884-3802 <small>(FOR LAW ENFORCEMENT USE ONLY)</small>	4 DATE ISSUED 4/3/2024	5 DATE EXD 4/3/2026
6 REASON TO CARRY Self Defense	7 DOB 12/6/1974	8 HGT 510
11 HAIR BLN	12 SEX M	13 RACE W
14 U.S. CITIZEN Y	15 COUNT. CITIZEN US	
16 IMMIGRATION ID NO (IF APP)	17 SIGNATURE OF LICENSEE <i>James Custer</i>	
18 SIG OF ISSUING AUTHORITY <i>James Custer</i>	19 SHERIFF OR CHIEF OF POLICE Fayette	