

## 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)

William Schock Trucking 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- 00118744

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 020510  
(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).

<u>Trinity Packard</u>	<u>51% (President)</u>
<u>William Schuck</u>	<u>49% (Vice President)</u>
_____	_____
_____	_____

6. Mailing Address

4354 Mountain Rd  
Street Address

Slatington PA 18080      Lehigh  
City, State and Zip Code      County

484-225-1200      William.schuck2@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.)

SAME  
Street Address

\_\_\_\_\_  
City, State and Zip Code      County

SAME      SAME  
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. 687563

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

Farm Owner Interstate Transport  
~~Local Construction Materials~~  
~~Excavated Materials~~  
~~Agricultural Products~~

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.

William Schock

(Print Name)



(Signature)

3-19-2026

(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).



**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717.787.1057  
E: RA-CORPS@pa.gov  
dos.pa.gov/BusinessCharities

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April 23, 2026

William Schuck Trucking, Inc.  
4354 MOUNTAIN RD  
SLATINGTON, PA 18080-3674

**Entity Name:** William Schuck Trucking, Inc.  
**Amendment Date:** April 22, 2026  
**Amendment Number:** 0015391639  
**Amendment Type:** Statement of Correction

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

As of 2025, annual reports are required for all domestic filing entities, limited liability general partnerships, and registered foreign associations. With the first year now complete, this requirement will continue on an annual basis. To ensure that you receive notice about future reporting deadlines and procedures, keep all information on file with the Bureau up-to-date, particularly the registered office address.

USDOT Number  
  MC/MX Number  
  Name

Enter Value: 687563

Search

## Company Snapshot

**WILLIAM SCHUCK TRUCKING INC**  
 USDOT Number: 687563

### [ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

#### Other Information for this Carrier

- ▼ [SMS Results](#)
- ▼ [Licensing & Insurance](#)

**Carriers:** If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

#### USDOT Status

- **ACTIVE:** The entity's US DOT number is active.
- **INACTIVE:** Inactive per 49 CFR 390.19(b)(4); biennial update of MCS-150 data not completed.
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

#### Operating Authority Status

- **AUTHORIZED FOR { Passenger, Property, HHG }:** This will list the specific operating authorities the carrier (or broker) is allowed to operate.
- **NOT AUTHORIZED:** The entity does not have any operating authority and/or is not authorized to engage in interstate, for-hire operations.  
 \*Please Note: **NOT AUTHORIZED** does not apply to **Private or Intrastate** operations.
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

#### Out of Service Date

Indicates the date the company was ordered Out of Service. If there are multiple Out of Service orders, the earliest date will be displayed.

Please note: If there are multiple Out-of-Service orders, the earliest date will be displayed.

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 04/22/2026.

To find out if this entity has a pending insurance cancellation, please [click here](#).

USDOT INFORMATION			
<b>Entity Type:</b>	CARRIER		
<b>USDOT Status:</b>	ACTIVE	<b>Out of Service Date:</b>	None
<b>USDOT Number:</b>	687563	<b>State Carrier ID Number:</b>	
<b>MCS-150 Form Date:</b>	03/18/2026	<b>MCS-150 Mileage (Year):</b>	111,997 (2025)
OPERATING AUTHORITY INFORMATION			
<b>Operating Authority Status:</b>	AUTHORIZED FOR Property <b>For Licensing and Insurance details <a href="#">click here</a>.</b>		
<b>MC/MX/FF Number(s):</b>	MC-1807341		
COMPANY INFORMATION			
<b>Legal Name:</b>	WILLIAM SCHUCK TRUCKING INC		
<b>DBA Name:</b>			
<b>Physical Address:</b>	4354 MOUNTAIN RD SLATINGTON, PA 18080		
<b>Phone:</b>	(484) 225-1200		
<b>Mailing Address:</b>	4354 MOUNTAIN RD SLATINGTON, PA 18080		
<b>DUNS Number:</b>	--		
<b>Power Units:</b>	6	<b>Non-CMV Units:</b>	
		<b>Drivers:</b>	4
<b>Operation Classification:</b>			
x Auth. For Hire	Priv. Pass.(Non-business)	State Gov't	
Exempt For Hire	Migrant	Local Gov't	
Private(Property)	U.S. Mail	Indian Nation	
Priv. Pass. (Business)	Fed. Gov't		
<b>Carrier Operation:</b>			
x Interstate	Intrastate Only (HM)	Intrastate Only (Non-HM)	
<b>Cargo Carried:</b>			
General Freight	Liquids/Gases	Chemicals	

Household Goods	Intermodal Cont.	Commodities Dry Bulk
Metal: sheets, coils, rolls	Passengers	Refrigerated Food
Motor Vehicles	Oilfield Equipment	Beverages
Drive/Tow away	Livestock	Paper Products
Logs, Poles, Beams, Lumber	× Grain, Feed, Hay	Utilities
× Building Materials	Coal/Coke	× Agricultural/Farm Supplies
Mobile Homes	Meat	Construction
Machinery, Large Objects	Garbage/Refuse	Water Well
Fresh Produce	US Mail	

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

**US Inspection results for 24 months prior to: 04/22/2026**

Total Inspections: 4  
Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspection Type	Inspections:			
	Vehicle	Driver	Hazmat	IEP
Inspections	3	4	0	0
Out of Service	0	0	0	0
Out of Service %	0%	0%	%	0%
Nat'l Average % as of DATE 03/27/2023*	22.26%	6.67%	4.44%	N/A

\*OOS rates calculated based on the most recent 24 months of inspection data per the latest monthly SAFER Snapshot.

**Inspections**

Number of roadside inspections conducted within the past two years. (Note: These inspections are distinct from the periodic inspections required under 49 CFR Part 396.17, and may not include inspection of all parts and accessories set forth in 49 CFR Part 396 Appendix A.)

The inspections listed on SAFER are conducted in accordance with the North American Standard Inspection Program which was created by the Commercial Vehicle Safety Alliance (CVSA) as the roadside inspection process for inspecting commercial motor vehicles and drivers throughout North America.

Inspections are listed as total, driver, vehicle, and Hazmat. Please see <https://www.fmcsa.dot.gov/safety/question-1-can-violation-free-cvsa-level-i-or-level-v-inspection-be-used-satisfy-periodic> for more details.

**Crashes reported to FMCSA by states for 24 months prior to: 04/22/2026**

Note: Crashes listed represent a motor carrier's™ involvement in reportable crashes, without any determination as to responsibility.

Type	Crashes:			
	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**

**Canadian Inspection results for 24 months prior to: 04/22/2026**

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspection Type	Inspections:	
	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/23/2026

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**  
Caputo Insurance Agency, Inc.  
PO Box 350  
Beaver Falls PA 15010

**CONTACT NAME:** Tammy Jennings  
**PHONE (A/C, No, Ext):** 724-843-3020  
**FAX (A/C, No):** 724-843-6586  
**E-MAIL ADDRESS:** tjennings@caputoinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Northfield Ins. Co.	27987
INSURER B : New Jersey Manufacturers	12122
INSURER C : Progressive Insurance Company	24260
INSURER D :	
INSURER E :	
INSURER F :	

**INSURED**  
William Schuck Trucking Inc.  
4354 Mountain Road  
Slatington PA 18080

### COVERAGES

CERTIFICATE NUMBER: 211087074

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WS710884	4/1/2026	4/1/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
C	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 ENDT. <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			871683324	4/1/2026	4/1/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	104565-8-26	4/1/2026	4/1/2027	<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
C	CARGO			871683324	4/1/2026	4/1/2027	LIMIT DEDUCTIBLE	50,000 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

PA Public Utility Commission

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

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