

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)

North Hill Dirt Worx 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 15329018
(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).

Leander D Zook member
Neila M Zook member

6. Mailing Address

64 N Hill Rd
Street Address

Middleburg PA 17842 Snyder
City, State and Zip Code County

570 274-6960 Zookmassey@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.)

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 X Yes, at No. 4570692

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

farm supplies, stone, gravel, asphalt

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.

x Leander Zook
(Print Name)

x [Signature] (Signature) x 4-22-26 (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).

North Hill Dirt Worx LLC
64 N Hill Dr
Middleburg PA 17842

Leander D Zook - member
64 N Hill Rd
Middleburg PA 17842

Neila M Zook
64 N Hill Rd
Middleburg PA 17842

PA Corporation Bureau Entity ID# 153291018

Exemption from PUC Cargo Insurance Regulations

This is to advise that North Hill Dirt Worx LLC
(Name of applicant/carrier including dba)

Holding PUC authority at Application Docket No. A-_____ is exempt from
Cargo Insurance Regulations for the following reasons:

Check all that apply and sign here and again under the Verification of Request statement.

- All transportation will be provided in dump trucks.
 All transportation will be limited to farm products, garbage, ashes, rubbish, coal, debris,
earth, crushed stone, amesite, and similar construction materials.
 The value of any one load being transported will not be more than \$500 in value.

x Dean Zook
(Signature of individual applicant, authorized partner or corporate president or secretary)

Verification of Request

The undersigned deposes and says that he/she is the person who signed the statement for the
above captioned applicant/application and that he/she is authorized to and does make this
verification and the facts set forth therein are true and correct to the best of his/her knowledge,
information, and belief.

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

x Dean Zook 4-22-26
(Signature) (Date)

x Blender Zook
(Print Name)

Please mail to: Pennsylvania Public Utility Commission
Bureau of Technical Utility Services – Compliance Office – Insurance
400 North Street
Harrisburg, PA 17120
Or fax to: 7172138069
Or email to: RA-PCMCC@pa.gov

Only use one of these options!

*This form is used to waive the Commission's requirement for PA PUC certificated carriers to
maintain a minimum of \$5,000 insurance for loss or damage to cargo being transported. You
must meet at least one of the three criteria above to qualify. If none of the three criteria for
exemption apply to your business, you must submit evidence of cargo insurance (Form H).*