

COMMONWEALTH OF PENNSYLVANIA
 PUBLIC UTILITY COMMISSION
 400 NORTH STREET
 HARRISBURG, PA 17120

REC'D PA PUC FISCAL
 MAR 6 '26 PM 1:51

2025 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** no later than **March 31, 2026**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301), revocation of your Certificate of Public Convenience, and PennDOT will place registration suspensions on your vehicles.

TRADE OR CORPORATE NAME OF UTILITY: ROBERT E BARBER	UTILITY CODE: Original App # A-2010-2205098 8912861
CONTACT NAME: BOB BARBER	EMAIL: bebarberrepairs2138@gmail.com
ADDRESS 1: 1288 SR 29	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: HUNLOCK CREEK PA 18621	PHONE NO.: 570-477-2138

OPERATING REVENUE FOR CALENDAR YEAR 2025 (January 1, 2025-December 31, 2025)
 (Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or More	All Other Passenger Transportation
1. PA INTRASTATE OPERATING REVENUE	0	0	0	0
PA EXEMPT INTRASTATE REVENUE (verifying documentation required for all exempt revenue)	[REDACTED]			
Exemption #				
Exemption #				
Exemption #				
Exemption #				
2. TOTAL Exempt Revenue				
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	0	0	0	0

UCR REGISTRATION INFORMATION

2026 UCR Registered: YES NO US DOT#: _____

Date 2026 Fee was Paid: _____

Internal Use Only

A-1 C-1 AB-1

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled regarding the below-listed utility and/or individual.

Utility Name

Signature

Date _____

Name (Printed)

Title

AUTHORIZATION FOR ABANDONMENT

Approval of the abandonment is necessary or proper for the following reasons:

No longer having Truck & getting sold
Reason(s)

[Signature]
Signature

AFFIDAVIT

I affirm that the information reported herein is complete, true, and correct.

[Signature]
(Signature of Individual or Officer)

2-14-26
(Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

Robert E Barber

TELEPHONE NO.:

Office ()

Other ()

Other ()

NOTARIZATION

(Required)

Subscribed and sworn to before me this

14 day of February 2026

[Signature]
NOTARY SIGNATURE

NOTARY SIGNATURE

Notary
OFFICIAL TITLE

OFFICIAL TITLE

OFFICIAL SEAL

Commonwealth of Pennsylvania - Notary Seal
Donna M. Lamoreaux, Notary Public
Luzerne County
My commission expires February 17, 2027
Commission number 1091619
Member, Pennsylvania Association of Notaries

(Date My Commission Expires)