

STREETS AND SIDEWALKS

*21 Attachment 1*

Township of Plumstead

**APPENDIX A**

**PROVIDER CERTIFICATION**

This Certification is to be completed by each provider seeking to register with the Township of Plumstead in compliance with the Plumstead Township Rights-of-Way Ordinance. Unless indicated otherwise, capitalized words have the meanings ascribed to them in the Ordinance. Attach additional sheets if necessary.

1. **IDENTITY OF THE PROVIDER:** The name, address, telephone number, and fax number of the provider (the "Provider").

Please identify any predecessors of the Provider and provide other names under which the Provider has operated within the preceding five years, including name, address, and telephone number.

2. **CONTACT(S):** The name, title, address, telephone number, and fax number of Provider's contact.

3. **FICTITIOUS NAME:**

- The Provider will not be using a fictitious name.
- The Provider will be using a fictitious name. Attach to this Certification a copy of the Provider's filing with the Commonwealth's Department of State pursuant to 54 Pa. C.S. §311, Form PA-953.

4. **BUSINESS ENTITY AND DEPARTMENT OF STATE FILINGS:**

- The Provider is a sole proprietor.

The Provider is a:

- <sup>5</sup> General partnership
- Domestic limited partnership (15 Pa. C.S. §8511)
- Foreign limited partnership (15 Pa. C.S. §8582)
- <sup>5</sup> Domestic registered limited liability partnership (15 Pa. C.S. §8201)
- Foreign registered limited liability general partnership (15 Pa. C.S. §8211)
- Domestic corporation (15 Pa. C.S. §1306)

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- Foreign corporation (15 Pa. C.S. §4124)
- Domestic limited liability company (15 Pa. C.S. §8913)
- \*Foreign limited liability company (15 Pa. C.S. §8981)

5 Other explain: \_\_\_\_\_

\*Provide name and address of corporate registered office provider or registered office within PA.

Attach to this Certification the name and address of partners. If any partner is not an individual, identify the business nature of the partner entity and identify its partners or officers.

Attach to this Certification proof of compliance with appropriate Department of State filing requirements as indicated above.

5. AFFILIATES:

- 5 The Provider has no Affiliates.
- 5 The Provider has Affiliates but Provider does not conduct business with any such Affiliate(s), except as follows: (Identify each such Affiliate and provide descriptive summary of the business conducted or the business arrangement. Attach an additional sheet(s) if necessary.)

6. PROVIDER'S PRESENT OPERATIONS:

- 5 The Provider is not presently doing business in Pennsylvania as a public utility.
- 5 The Provider is presently doing business in Pennsylvania as a public utility.

7. START DATE:

- 5 The Provider already is providing services by virtue of Facilities and Equipment in the Public Ways. If so, please identify services: (Attach an additional sheet(s) if necessary.)

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- 5 The Provider proposes to begin offering services as follows: (List start date for each service.)

Provider certifies that no other services are presently and/or proposed to be offered by virtue of its Equipment or Facilities in the Public Ways.

8. CERTIFICATES OF PUBLIC CONVENIENCE: List all of the services encompassed by your answers in Question 7 for which a certificate of public convenience has been issued by the Pennsylvania Public Utility Commission. For each such service listed, specify the application number and date of issuance of each certificate. (Attach an additional sheet(s) if necessary. Also attach a copy of each such certificate.)

List all of the services encompassed by your answers in Question 7 for which no certificate of public convenience has been issued by the Pennsylvania Public Utility Commission. (Attach an additional sheet(s) if necessary.)

9. UPDATES: Any change(s) to the information furnished by Provider in this Certification must be updated by Provider within 30 days of the effective date of any such change by filing with the Township of Plumstead an amendment in writing to this Certification fully describing the change. Such amendment must be accompanied by a completed Verification Statement in the form set forth following this Certification.

10. VERIFICATION: The Provider must complete the Verification Statement in the form set forth following this Certification.

The foregoing is submitted to Plumstead Township in compliance with the Plumstead Township Rights-of-Way Ordinance.

VERIFICATION STATEMENT

[Commonwealth/State] of \_\_\_\_\_ :
County of \_\_\_\_\_ : ss.

\_\_\_\_\_, Affiant, being duly [sworn/affirmed] according to law, deposes and says that:

[He/She] is the \_\_\_\_\_ (Office of Affiant) of \_\_\_\_\_ [Name of Provider]

That [he/she] is authorized to and does make this affidavit for said Provider; That the foregoing Certification is current and complete; That the facts above set forth are true and correct.

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The affiant understands that the making of false statement(s) herein may be grounds for criminal prosecution. This Certification, and any related application(s) or ancillary document(s), are subject to the provisions of 18 Pa.C.S.A. §§ 4903 and 4904, relating to perjury and falsification in official matters.

\_\_\_\_\_  
Signature of Affiant

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Official Administering Oath.

My Commission expires \_\_\_\_\_