

APPENDICES

<p>APPENDIX: THE APPENDIX IS A DOCUMENT THE APPLICANT MUST PROVIDE OR CREATE. THE APPENDIX IS NOT REPRESENTED IN THE APPLICATION QUESTIONS. EACH APPENDIX MUST BE PRESENTED IN A TABBED MANNER AND EACH TAB MUST INDICATE THE APPENDIX NUMBER AS LISTED BELOW. IF AN APPENDIX DOES NOT APPLY TO AN APPLICANT, WRITE “DOES NOT APPLY” ON THE APPENDIX PAGE.</p>		
<input type="checkbox"/>	APPENDIX 1: ATTACH THE PUBLICLY TRADED CORPORATION’S TABLE OF ORGANIZATION SHOWING ALL AFFILIATES, INTERMEDIARIES AND SUBSIDIARIES.	MANDATORY
<input type="checkbox"/>	APPENDIX 2: ATTACH A LIST OF THE EXECUTIVE MANAGEMENT TEAM AND BOARD OF DIRECTORS, INCLUDING NAMES AND TITLES.	MANDATORY
<input type="checkbox"/>	APPENDIX 3: IF YOUR ENTERPRISE WILL BE PROVIDING CHARTER BUS SERVICES, PLEASE SUPPLY COPIES OF YOUR ENTERPRISE’S CERTIFICATES AND/OR REGISTRATIONS ISSUED BY THE PENNSYLVANIA PUBLIC UTILITIES COMMISSION AND/OR FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION THAT ALLOW YOUR ENTERPRISE TO PROVIDE CHARTER BUS SERVICES.	MANDATORY

CERTIFICATION

STATE OF _____:
COUNTY OF _____:

SS:

THE UNDERSIGNED HEREBY CERTIFIES THAT TO THE BEST OF CEO OR DULY AUTHORIZED DESIGNEE'S KNOWLEDGE, THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE ARE NO MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS IN THIS FORM. FURTHER, THE SIGNATORY IS AWARE THAT ANY FALSE OR MISLEADING STATEMENTS OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF THE PUBLICLY TRADED VENDOR FORM AND MAY SUBJECT THE SIGNATORY TO CRIMINAL PENALTIES UNDER PA.C.S.A. §§4902, 4903 AND 4904.

IN ADDITION, THE SIGNATORY AGREES THAT THE PRIOR AUTHORIZATION GRANTED PURSUANT TO 437A.9(A) TO CONDUCT BUSINESS MAY BE RESCINDED AT ANY TIME WITH OR WITHOUT PRIOR NOTICE TO THE PUBLICLY TRADED COMPANY IF THE BUREAU OF LICENSING DETERMINES THAT THE ELIGIBILITY OR SUITABILITY OF THE PUBLICLY TRADED COMPANY IS AT ISSUE OR THE PUBLICLY TRADED COMPANY FAILS TO COOPERATE WITH THE BOARD.

YOUR SIGNATURE AUTHORIZES THE PENNSYLVANIA DEPARTMENT OF REVENUE ("DOR") AND THE DEPARTMENT OF LABOR AND INDUSTRY ("DLI") TO PROVIDE TAX INFORMATION TO THE BOARD AND ITS AUTHORIZED INVESTIGATORY AGENTS.

NAME AS LISTED ON TAX RETURN

EMPLOYER IDENTIFICATION NUMBER/TAX IDENTIFICATION NUMBER

Signature of Executive Officer/Title

Witness Signature

Printed Name of Executive Officer

Printed Name of Witness

Date

Date

