

**Pennsylvania Public Utility Commission  
Bureau of Transportation & Safety  
PO Box 3265  
Harrisburg, PA 17105-3265  
(717) 787-3834**

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TECHNICAL UTILITY SERVICES  
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## Application for Motor Common Carrier of Property

Please complete all parts of the following application. Incomplete applications will be returned. All questions may be directed to the Bureau of Transportation & Safety at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Double J Transport LLC

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

\_\_\_\_\_

3. **Physical Address** (do not use PO Box)

21 Soren St

Street Address

Fords NJ 08863

City, State and Zip Code

732-225-2766

Telephone Number

Middlesex

County

4. **Mailing Address** (if different from Physical Address)

same

Street Address

City, State and Zip Code

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5. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's Address

6. Does applicant currently hold PA PUC authority? Yes No (circle one)

If yes, enter current docket number A-00\_\_\_\_\_

7. What type of commodity do you intend to transport? Chemicals

8. **Form of Organization** (Check one that applies to this application)

**Individual**

**Partnership**

Attach a copy of a Partnership Agreement and list the names and addresses of ALL partners.

**Corporation**

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration. Include a list of all corporate officers/titles and distribution of shares.

**LLC or LLP**

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or foreign corporation registration. Include a list of all members (even if there is only one member) and title of each member.

9. **Attachment Checklist**

**For Corporations:**

Copy of Certificate of Incorporation, Certificate of Authority, or the foreign corporation registration.

List of all corporate officers/titles, names of shareholders and distribution of shares.

**For LLPs and LLCs Only:**

Copy of Certificate of Incorporation, Certificate of Authority, or foreign corporation registration.

List of all members (even if there is only one member) and title of each member.

**For Partnerships Only:**

Copy of Partnership Agreement.

List the names and addresses of ALL partners.

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**For ALL Applicants:**

- Fictitious Trade Name Registration (if applicable).
- Copy of Current Safety Rating (if available).
- Proof of Insurance (See item 5 on instruction sheet).
- Certified check, money order or attorney's check.

10. **Certification**

Applicant certifies that it is not now engaged in any intrastate transportation of property 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.

**You must sign the following Verification of Application.**

**Verification of Application**

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) or by the President or Secretary (if a corporation).

I/we hereby state that the statements 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.

James K Jasper  
(Print Name)



1-10-12

(Signature)

(Date)

Sole member to LLC

James K Jasper - Manager

DOB 10/13/96

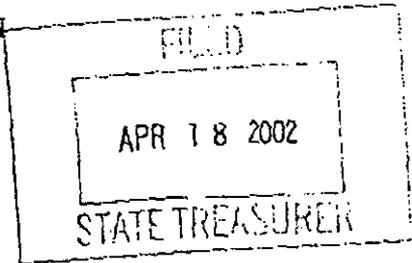
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**CERTIFICATE OF FORMATION**  
**DOUBLE J TRANSPORT, L.L.C.**



To: The Secretary of State  
State of New Jersey

THE UNDERSIGNED, for the purpose of forming a Limited Liability Company pursuant to the provisions of NJSA 42:2B-1 et seq., the New Jersey Limited Liability Company Act, hereby executes the following Certificate of Formation:

1. The name of the Limited Liability Company is

**DOUBLE J TRANSPORT, L.L.C.**

2. The address of the initial registered office of the company in the State of New Jersey is

**PO Box 591, 1952 Washington Valley Road, Martinsville, NJ 08836**

and the name of the initial registered agent for service of process at that address is

**JOEL R. WEINER**

3. The company has one member.

4. The purpose for which this company is organized is to carry on any lawful business, purpose or activity.

The undersigned attests that this filing complies with the requirements detailed in NJSA 42:2B-1 et seq., and that he is authorized to sign this certificate on behalf of the Limited Liability Company.

Date: April 17, 2002

  
\_\_\_\_\_  
JOEL R. WEINER



**Owner-Operator  
Independent Drivers Association**

1 NW OOIDA Drive  
Post Office Box 1000  
Grain Valley, Missouri 64029

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