

Law Offices

VUONO & GRAY, LLC

310 Grant Street, Suite 2310

Pittsburgh, PA 15219-2383

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March 7, 2012

Re: MJB Trucking, LLC
Docket No. A- _____
Our File 5575-2

Ms. Rosemary Chiavetta
Secretary
Pennsylvania Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17105-3265

Dear Ms. Chiavetta:

We enclose for filing with the Commission the signed original and one copy of the application of the above carrier for property authority.

We are also enclosing our check in the amount of \$100 to cover the filing fee.

Please acknowledge receipt and filing of the enclosed on the duplicate copy of this letter of transmittal and return it to the undersigned in the self-addressed, stamped envelope provided.

Very truly yours,

VUONO & GRAY, LLC

William A. Gray

pz/106654

Enclosure

cc: MJB Trucking, LLC

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SECRETARY'S BUREAU

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

Application for Motor Common Carrier of Property

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

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

MJB Trucking, LLC

2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

Fictitious name and Registration number (if applicable)

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

333 East 4th Street, Apt. 1

Street Address

Derry, PA 15627

City, State and Zip Code

724-694-0768

Telephone Number

Westmoreland

County

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

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

William A. Gray, Esq.; Vuono & Gray, LLC 412-471-1800

Attorney's Name & Telephone Number for this Filing

310 Grant Street, Suite 2310, Pittsburgh, PA 15219

Attorney's Address

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6. **Does applicant currently hold or has ever held PA PUC authority?**

Yes (circle one)

If yes, **PUC NO. A-** _____

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

Water

8. **Are you one of the following? If yes, check below.**

Individual

Partnership

9. **Are you a business entity registered with the PA Department of State?**

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership _____
Corporation Bureau Entity ID Number

Limited Liability Partnership _____
Corporation Bureau Entity ID Number

Limited Liability Company 4091005
Corporation Bureau Entity ID Number

Corporation – For Profit _____
Corporation Bureau Entity ID Number

Corporation – Nonprofit _____
Corporation Bureau Entity ID Number

Fictitious Name (if applicable) _____

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit) - File for Articles of Incorporation

Foreign Corporations - File for a Certificate of Authority

- PA Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies - File for an Application of Registration
- Fictitious Name Registration - File **only if** Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

- Individual: Certified Check, money order, or check from attorney
 Copy of Current Safety Rating (if available)
- Partnership: Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Company: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Members and Title of each Member (even if only one member)
 Copy of Current Safety Rating (if available)
- Corporation – For Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares
 Copy of Current Safety Rating (if available)
- Corporation – Non-Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles and those serving on Board of Directors
 Copy of Current Safety Rating (if available)

11. Certification

Applicant certifies that it is not now engaged in intrastate transportation of property for compensation between points in Pennsylvania without Pennsylvania Public Utility Commission authorization and will not engage in any transportation not previously authorized by the Pennsylvania Public Utility Commission unless and until such authorization is obtained.

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, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

I/we hereby state that the statements made in this application 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.

Michael J. Blasko

(Print Name)

Michael J. Blasko

(Signature)

2/26/12

(Date)

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SUPPLEMENT TO PARAGRAPH 10

LIST OF OFFICERS AND MEMBERS

Officers

<u>Name</u>	<u>Title</u>
Michael J. Blasko	President

Members

<u>Name</u>	<u>Percentage of Ownership</u>
Michael J. Blasko	51%
Michael Joseph Blasko	49%

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