


Karl R. Johnson Trucking
3092 So. Wheelock Rd
Lyndonville, VT 05851
802-626-8769

April 17, 2002

To Whom it may concern:

Please find enclosed another application for our PUC permit. I filed an application last year but application was dismissed because my insurance company failed to file the appropriate forms for proof of Insurance. I would like to re-apply and you may look up my previous information under Docket number A-00118129. Thank-you in advance for you consideration.


Lisa Johnson
Office Manager

RECEIVED
2002 APR 22 PM 1:14
PA PUC
SECRETARY'S BUREAU

A-118129
FIZ

DOCUMENT
FOLDER

RECEIVED
BUREAU OF
TRANSPORTATION SAFETY
2002 APR 24 PM 1:30

206

Before the Pennsylvania Public Utility Commission

APPLICATION
MOTOR COMMON CARRIER OF PROPERTY

RECEIVED
TRANSPORTATION & SAFETY
BUREAU OF
2002 APR 22 PM 1:44
2002 APR 24 PM 1:30
PUC
SECRETARY'S BUREAU

1. KARL R. JOHNSON
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)

2. KARL R. JOHNSON TRUCKING
TRADE NAME IF ANY
The trade name, if fictitious, HAS NOT been registered with the
(has or has not)
Secretary of the Commonwealth on _____ Attach a date
stamped copy of the registration form.

3. LYNDONVILLE VT, 05851 802-626-8769
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)

DOCKETED
MAY 02 2002

4. _____
MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS

5. _____
ATTORNEY'S NAME AND TELEPHONE NUMBER FOR THIS FILING
(Do not supply an Attorney's name if you want all correspondence and notice of
process mailed directly to you.)

ATTORNEY'S ADDRESS

**DOCUMENT
FOLDER**

6. APPLICANT DOES HOLD INTERSTATE OPERATING
(does or does not)
AUTHORITY AT DOCKET NUMBER MC 302613

7. APPLICANT DOES HAVE A CURRENT SAFETY RATING
(does or does not)
ISSUED BY THE US DOT, PA PUC OR OTHER STATE REGULATORY
AGENCY. (ATTACH COPY)

50
BIPD - Yes
CARGO - No
Pump BIPD

A-00119129, F-2

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 18 LEASED _____

9. 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 BELOW:

(Attach a separate sheet if space provided is not sufficient.)

CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF _____ AND QUALIFIED TO DO BUSINESS IN PENNSYLVANIA BY REGISTERING WITH THE SECRETARY OF THE COMMONWEALTH ON _____. ATTACH A DATE-STAMPED COPY OF THE APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY. INCLUDE A LIST OF CORPORATE OFFICERS WITH TITLES, NAMES OF SHAREHOLDERS AND NUMBER OF SHARES HELD, AND ADDRESSES.

10. ATTACHMENT CHECKLIST:

FOR CORPORATIONS ONLY:

DATE STAMPED COPY OF APPLICATION FOR CERTIFICATE OF INCORPORATION OR CERTIFICATE OF AUTHORITY.

LIST OF OFFICERS/TITLES AND DISTRIBUTION OF SHARES.

FOR PARTNERSHIPS ONLY:

COPY OF PARTNERSHIP AGREEMENT.

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

11. 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.

VERIFICATION OF APPLICATION

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.

KARL R. JOHNSON  4/17/02
(PRINT NAME) (SIGNATURE) (DATE)

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.



U.S. Department
of Transportation

**Federal Motor
Carrier Safety
Administration**

400 Seventh St., S.W.

Washington, D.C. 20590

NOVEMBER 26, 2001

IN REPLY REFER TO:
YOUR USDOT NO.: 344166
REVIEW NO.: 00245294/CR

KARL R JOHNSON
KR JOHNSON TRUCKING
3092 WHEELLOCK RD
LYNDONVILLE VT 05851

Dear Motor Carrier:

The motor carrier safety rating for your company is:

SATISFACTORY

This SATISFACTORY rating is the result of a review and evaluation of your safety fitness completed on NOVEMBER 15, 2001.

A SATISFACTORY rating indicates that your company has adequate safety management controls in place to meet the safety fitness standard prescribed in 49 C.F.R. 385.5.

Please ensure yourself that any specific deficiencies identified in the review report have been corrected. We appreciate your efforts toward promoting motor carrier safety throughout your company. If you have questions or require further information, please contact your local Federal Motor Carrier Safety Administration office listed below:

U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
87 STATE STREET, ROOM 216
MONTPELIER, VERMONT 05602

Telephone No. 802 / 828-4480

Charles A. Horan, III
Director, Office of Enforcement
And Compliance

PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIPT

The addressee named here has paid the PA P.U.C. for the following bill:

JOHNSON, KARL R
JOHNSON, KARL R., TRUCKING
3092 SOUTH WHEELOCK ROAD
LYNDONVILLE VT 05851

DATE 5/2/02
RECEIPT # 199718

IN RE: Application fees for JOHNSON, KARL R

Docket Number A-00118129F0002..... \$100.00

REVENUE ACCOUNT: 001780-017601-102

CHECK NUMBER: . IPSI MO 446764804

CHECK AMOUNT: \$100.00

C. Joseph Meisinger
(for Department of Revenue)

DOCUMENT
FOLDER

DOCKETED
MAY 04 2002