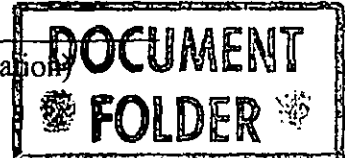


2001 AUG 21 PM 12:06

Before the Pennsylvania Public Utility Commission

**APPLICATION
MOTOR COMMON CARRIER OF PROPERTY**

1. Jason D Follett
FULL NAME OF APPLICANT (Individual, Partnership or Corporation)
2. JD Follett Courier
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. Dillsburg York 17019 cell# 571-5586
PHYSICAL ADDRESS TELEPHONE NUMBER (REQUIRED)
(City, County, and Zip Code)
4. 230 Poplar Rd. Dillsburg Pa. 17019
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

6. APPLICANT _____ HOLD INTERSTATE OPERATING AUG 20 2001
(does or does not)
AUTHORITY AT DOCKET NUMBER _____

DOCKETED

DE

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

*25
B.P.P. - OK
CARGO - WAIVER
PROP RG*

A- 00118182

8. APPROXIMATE NUMBER OF COMMERCIAL VEHICLES TO BE OPERATED IN PENNSYLVANIA: OWNED 1 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.

Jason D Follett  8/21/01
(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.

MINIMUM LIMITS OF INSURANCE
PENNSYLVANIA PUBLIC UTILITY COMMISSION AUTHORIZED
CARRIERS OF PROPERTY

General Commodities and/or Household goods in use.

Bodily Injury:

\$300,000 per accident per vehicle to cover liability for bodily injury, death or property damage incurred in an accident.

Insurance coverage of motor carriers of property shall meet the requirements of 75 PA C.S. Ss. 1711 (relating to required benefits).

Cargo:

\$5,000 for loss or damage to cargo being transported.

Cargo Insurance may be waived if you meet any one of three criteria:

1. All transportation will be provided in dump trucks.
2. All transportation will be limited to farm products, garbage, ashes, rubbish, coal debris, earth, crushed stone, amesite, and similar construction materials.
3. The value of any one load being transported will not be more than \$500.00 in value.

PUC 189 (revised 12/98): Motor Common Carrier of Property.

INSTRUCTIONS TO BE FOLLOWED IN PREPARING AND FILING THE APPLICATION.

You must be at least 18 years of age to file an application.

1. This application is required to operate as a commercial carrier of property, excluding household goods in use, when providing transportation between points in Pennsylvania.
2. The signed original and one copy of the application must be filed with the Secretary, Pennsylvania Public Utility Commission, PO Box 3265, Harrisburg, PA 17105-3265.
3. A non-refundable filing fee of **\$100.00** is required at the time of filing. Applications without the required fee will be returned. The filing fee must be paid **by certified check or money order made payable to the Commonwealth of Pennsylvania**. In the alternative, a check drawn on an attorney's account is acceptable. Please staple the filing fee to the application.
4. Corporations and fictitious trade names must be registered with the Pennsylvania Department of State. Pennsylvania corporations are issued a Certificate of Incorporation. Company's incorporated in other states must register with Pennsylvania as a foreign business corporation. A certificate of authority to do business in Pennsylvania will issue to non-Pennsylvania corporations. Call the Pennsylvania Department of State at 717-787-1057 for the necessary forms and additional information.
5. Prior to providing service in Pennsylvania, you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance and a Form H for cargo insurance.** (See page 4 of the application for insurance limits). These forms are mailed to the Commission directly from the home office of your insurance carrier and must have the exact name and address which you have provided at lines 1, 3 or 4 of the application.
6. Recognizing that there may a delay in the filing of your permanent proofs of insurance , you may file temporary proof of insurance with your application. Acceptable temporary proofs of insurance are:
 - A copy of the declaration page of a current insurance policy (BIPD and/or Cargo) which shows effective dates, limits and is signed by an authorized insurance company representative.

(Continued on back)

- A copy of a valid binder of insurance.
- A copy of a valid application for insurance to the Pennsylvania Automobile Insurance Plan.
- A cargo waiver form if it applies. This waiver form is used if you meet any one of three criteria for waiving the Commissions cargo insurance requirements. Please read the attached waiver form to determine if it applies to you.

Do not send a Certificate of Insurance. The Commission does not recognize a certificate of insurance as a valid temporary proof.

7. Enclose with your application a copy of a current safety rating issued by a state or federal agency. The rating must be no more than two years old. If you cannot provide the PA PUC with proof of a current safety rating, you must undergo a safety fitness review conducted by a Commission Enforcement Officer. (See enclosed Safety Fitness Compliance).

Within 180 days of our issuance of a Certificate of Public Convenience, an Enforcement Officer will contact you to schedule this review. If it is determined that your safety rating is unsatisfactory, all deficiencies must be corrected immediately. A second safety fitness review will be conducted within 60 days of the date of the initial notification of an unsatisfactory rating. **Failure to achieve a satisfactory rating at the second review will result in immediate suspension of your certificate.** Continued non-compliance may result in revocation of the certificate.

Please complete all pertinent parts of the application.
Incomplete applications will be returned. If you need help,
you may call 717-787-3834.