

Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

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

Jim Brozell Construction, LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

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

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?** **NO** **Previous Authority?** **NO**

If yes, at PUC No. A- _____

4. **Are you a business entity registered with the PA Department of State?** **NO**
If No, you must first register (see checklist) **YES: REGISTERED WITH DEPT. OF STATE**

If Yes, provide your PA Corporation Bureau Entity ID Number 6695445
(see checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

Marvin Philip Little- SOLE MEMBER

6. **Physical Address** (do not use post office box)

9298 Peach Street., Waterford, PA 16441

Street Address

City, State and Zip Code

814/866-2075

Telephone Number

Erie County

County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

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

"Same as mailing"

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Do you have a USDOT Number?**

 No

 XX Yes, at No. 463537

10. **What type of commodities do you intend to transport?**

Building Materials, Machinery, Large Objects, (Excavators)

Gravel/Dirt Products

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation 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

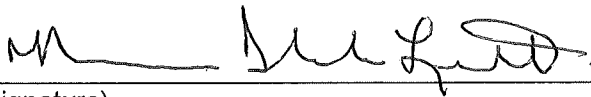
I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

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.

MARVIN PHILIP LITTLE

(Print Name)

Jim Brozell Construction, LLC



(Signature)

10/10/18

(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, a member (if a limited liability company), or by the President or Secretary (if a corporation).

Jim Brozell Construction, LLC
9298 Peach Street
Waterford, PA 16441

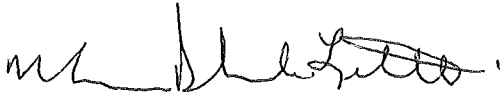
814/866-2075

As part of the application process for a PUC Authority., a list of the names and addresses of ALL members and the title of each member & Corporation Entity Number is required:

Marvin Philip Little- Sole Member
2141 New Road
Waterford, PA 16441

Corporation Identification Number: 6695445

Should you have any questions regarding, please advise.

A handwritten signature in black ink, appearing to read 'Marvin Philip Little', with a horizontal line drawn through the middle of the signature.

Marvin Philip Little, Sole Member
Jim Brozell Construction, LLC

10/10/18

Pennsylvania
VISITPA.COM

025


COMMERCIAL DRIVER'S LICENSE

No: [REDACTED] Dups: 00
DOB: [REDACTED] Sex: M
Class: A Eyes: BRO
Endorse: -NT- Height: 6'01"
Com/Med [REDACTED]
Issued: 02/22/2017
Expires: 03/10/2021

[Signature]

MARVIN PHILIP LITTLE

[REDACTED]

 **CDL**

1.0 [Barcode] 0053 169 04

[REDACTED]

CLASS: A - Combination > 26,000 / Tow > 10,000

RST: Q - Corrective Lenses; 2 - Dual mirrors

ENDORSE: N - Tank; T - Dbl/Tpl trailers

[Barcode]

0089706168 [Barcode]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 208
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

THOMAS E KUHN ESQ
2222 West Grandview Blvd
Erie PA 16508

Jim Brozell Construction, LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT www.dos.pa.gov/BusinessCharities OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT www.corporations.pa.gov/Search/CorpSearch.

ENTITY NUMBER : 8885445

Entity#: 6695445
Date Filed : 04/02/2018
Robert Torres
Acting Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input checked="" type="checkbox"/> Return document by mail to:		
Thomas E. Kuhn, Esquire		
Name		
2222 West Grandview Boulevard		
Address		
Erie	Pennsylvania	16808
City	State	Zip Code
<input type="checkbox"/> Return document by email to:		

Certificate of Organization
Domestic Limited Liability Company
DSCB:16-8821 (rev. 2/2017)



TFA16D408MC0447

Read all instructions prior to completing. This form may be sub

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: Jm Brazell Construction, LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) - not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)

2228 Peach Street Erie Pennsylvania 16541 Erie
Number and Street City State Zip County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:

o/b: _____
Name of Commercial Registered Office Provider County

3. The name of each organizer is (all organizers must sign on page 2):

Marvin P. Little

4. Effective date of Certificate of Organization (check, and if appropriate complete, one of the following):

The Certificate of Organization shall be effective upon filing in the Department of State.

The Certificate of Organization shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

PA DEPT OF STATE

APR 08 2018

DSCB:15-6821-2

5. **Restricted professional companies only.**
Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. **Benefit companies only.**
Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8 1/4 x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

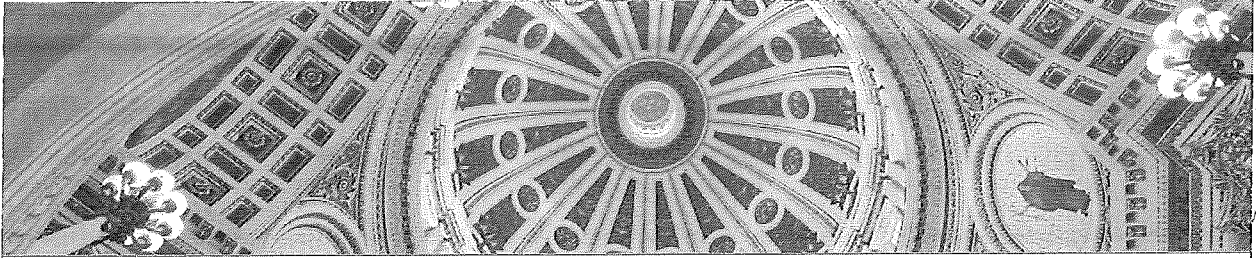
2nd day of April, 2018



Signature

Signature

Signature



Corporations ▾ Search Business Entities (corpsearch.aspx) Search UCC Transactions (uccsearch.aspx) Forms ▾
 Contact Corporations (http://www.dos.pa.gov/BusinessCharities/Pages/default.aspx) Login (../Account/ValidateUser)
 Register (../Account/Register_account)

[Search entity](#) / [Select entity](#) / [Order documents](#)

Order Business Documents

Date: 10/09/2018

Business Name History

Name	Name Type
Jim Brozell Construction, LLC	Current Name

Business Entity Details

Name	Jim Brozell Construction, LLC
Entity Number	6695445
Entity Type	Limited Liability Company
Status	Active
Citizenship	Domestic
Entity Creation Date	04/02/2018
Effective Date	04/02/2018
State Of Inc	PA
Address	9298 PEACH STREET ERIE PA 16441 Erie

Officers

Filed Documents

The information presented below is for your reference. To place an order you will need to log in. If you do not have a PENN File account, you may register for an account by clicking here (../Account/Register_account).

Show entries

Filter Records

Select	Date	Document	Pages	Plain Copy Quantity#	Price	Certified Copy Quantity#	Certified Copy Price	Microfilm #	Microfilm Start	Microfilm End	Line Tot
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USDOT Number MC/MX Number Name

Enter Value:

Company Snapshot

JIM BROZELL CONSTRUCTION LLC
USDOT Number: 463537

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Other Information for this Carrier
<input type="checkbox"/> SMS Results
<input type="checkbox"/> Licensing & Insurance

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 10/09/2018.

Entity Type:	CARRIER		
Operating Status:	AUTHORIZED FOR Property	Out of Service Date:	None
Legal Name:	JIM BROZELL CONSTRUCTION LLC		
DBA Name:			
Physical Address:	9298 PEACH ST WATERFORD, PA 16441-9237		
Phone:	(814) 866-2075		
Mailing Address:	9298 PEACH ST WATERFORD, PA 16441-9237		
USDOT Number:	463537	State Carrier ID Number:	
MC/MX/FF Number(s):	MC-818841	DUNS Number:	60-730-112
Power Units:	6	Drivers:	7
MCS-150 Form Date:	06/21/2018	MCS-150 Mileage (Year):	35,000 (2017)
Operation Classification:			
	<input checked="" type="checkbox"/> Auth. For Hire	<input type="checkbox"/> Priv. Pass.(Non-business)	<input type="checkbox"/> State Gov't
	<input type="checkbox"/> Exempt For Hire	<input type="checkbox"/> Migrant	<input type="checkbox"/> Local Gov't
	<input checked="" type="checkbox"/> Private(Property)	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Indian Nation
	<input type="checkbox"/> Priv. Pass. (Business)	<input type="checkbox"/> Fed. Gov't	
Carrier Operation:			
	<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)
Cargo Carried:			
<input type="checkbox"/> General Freight	<input type="checkbox"/> Liquids/Gases	<input type="checkbox"/> Chemicals	
<input type="checkbox"/> Household Goods	<input type="checkbox"/> Intermodal Cont.	<input type="checkbox"/> Commodities Dry Bulk	
<input type="checkbox"/> Metal: sheets, coils, rolls	<input type="checkbox"/> Passengers	<input type="checkbox"/> Refrigerated Food	
<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Oilfield Equipment	<input type="checkbox"/> Beverages	
<input type="checkbox"/> Drive/Tow away	<input type="checkbox"/> Livestock	<input type="checkbox"/> Paper Products	
<input type="checkbox"/> Logs, Poles, Beams, Lumber	<input type="checkbox"/> Grain, Feed, Hay	<input type="checkbox"/> Utilities	
<input checked="" type="checkbox"/> Building Materials	<input type="checkbox"/> Coal/Coke	<input type="checkbox"/> Agricultural/Farm Supplies	
<input type="checkbox"/> Mobile Homes	<input type="checkbox"/> Meat	<input type="checkbox"/> Construction	
<input checked="" type="checkbox"/> Machinery, Large Objects	<input type="checkbox"/> Garbage/Refuse	<input type="checkbox"/> Water Well	
<input type="checkbox"/> Fresh Produce	<input type="checkbox"/> US Mail		

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

US Inspection results for 24 months prior to: 10/09/2018

Total Inspections: 5
Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspections:

Inspection Type	Vehicle	Driver	Hazmat	IEP
Inspections	5	5	0	0
Out of Service	1	0	0	0
Out of Service %	20%	0%	%	0%
Nat'l Average % (2009-2010)	20.72%	5.51%	4.50%	N/A

Crashes reported to FMCSA by states for 24 months prior to: 10/09/2018

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Canadian Inspection results for 24 months prior to: 10/09/2018

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspections:

Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 10/09/2018

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 10/09/2018

Review Information:

Rating Date:	None	Review Date:	None
Rating:	None	Type:	None