

## 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)

King Trucking & Service 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)

**If Yes, provide your PA Corporation Bureau Entity ID Number** 0015120723  
(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).

Daniel King                      sole member  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Mailing Address

140 Chalk Hill Ohio pyle Rd  
Street Address

Ohio pyle PA 15470                      Fayette  
City, State and Zip Code                      County

724-550-6913                      kingtruckingservice.llc@gmail.com  
Telephone Number                      E-mail Address

*This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.*

7. Physical Address (If different than mailing address. Do not use a post office box.)

N/A  
Street Address

\_\_\_\_\_  
City, State and Zip Code                      County

\_\_\_\_\_  
Telephone Number                      E-mail Address

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. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. Attorney (if applicable)

N/A  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's Address                      E-mail 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                       Yes, at No. 4513781

10. **What type of commodities do you intend to transport other than your own?  
Please note applicable exemptions on pages 4-5.**

Stone, dirt,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Daniel King  
(Print Name)

[Signature]  
(Signature) 1-27-26  
(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).

USDOT Number  MC/MX Number  Name

Enter Value:

**Company Snapshot**  
**KING TRUCKING & SERVICE LLC**  
 USDOT Number: 4513781

**ID/Operations | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)**

**Other Information for this Carrier**

- [SMS Results](#)
- [Licensing & Insurance](#)

**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.

**USDOT Status**

- **ACTIVE:** The entity's US DOT number is active.
- **INACTIVE:** Inactive per 49 CFR 390.19(b)(4); biennial update of MCS-150 data not completed.
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

**Operating Authority Status**

- **AUTHORIZED FOR { Passenger, Property, HHG }:** This will list the specific operating authorities the carrier (or broker) is allowed to operate.
- **NOT AUTHORIZED:** The entity does not have any operating authority and/or is not authorized to engage in interstate, for-hire operations.  
**\*Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations.**
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

**Out of Service Date**

Indicates the date the company was ordered Out of Service. If there are multiple Out of Service orders, the earliest date will be displayed.

**Please note:** If there are multiple Out-of-Service orders, the earliest date will be displayed.

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 **01/26/2026**. **Carrier VMT Outdated.**

USDOT INFORMATION															
<u>Entity Type:</u>	CARRIER														
<u>USDOT Status:</u>	ACTIVE	<u>Out of Service Date:</u>	None												
<u>USDOT Number:</u>	4513781	<u>State Carrier ID Number:</u>													
<u>MCS-150 Form Date:</u>	01/06/2026	<u>MCS-150 Mileage (Year):</u>													
OPERATING AUTHORITY INFORMATION															
<u>Operating Authority Status:</u>	<b>NOT AUTHORIZED</b>														
	*Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations.														
	For Licensing and Insurance details <a href="#">click here</a> .														
<u>MC/MX/FF Number(s):</u>															
COMPANY INFORMATION															
<u>Legal Name:</u>	KING TRUCKING & SERVICE LLC														
<u>DBA Name:</u>															
<u>Physical Address:</u>	140 CHALK HILL OHIOPYLE RD OHIOPLYE, PA 15470-1337														
<u>Phone:</u>	(724) 550-6913														
<u>Mailing Address:</u>	140 CHALK HILL OHIOPYLE RD OHIOPLYE, PA 15470-1337														
<u>DUNS Number:</u>	--														
<u>Power Units:</u>	1	<u>Non-CMY Units:</u>													
		<u>Drivers:</u>	2												
<u>Operation Classification:</u>	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Auth. For Hire</td> <td>Priv. Pass.(Non-business)</td> <td>State Gov't</td> </tr> <tr> <td>Exempt For Hire</td> <td>Migrant</td> <td>Local Gov't</td> </tr> <tr> <td>Private(Property)</td> <td>U.S. Mail</td> <td>Indian Nation</td> </tr> <tr> <td>Priv. Pass. (Business)</td> <td>Fed. Gov't</td> <td></td> </tr> </table>			<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Gov't	Exempt For Hire	Migrant	Local Gov't	Private(Property)	U.S. Mail	Indian Nation	Priv. Pass. (Business)	Fed. Gov't	
<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Gov't													
Exempt For Hire	Migrant	Local Gov't													
Private(Property)	U.S. Mail	Indian Nation													
Priv. Pass. (Business)	Fed. Gov't														
<u>Carrier Operation:</u>	<table border="0"> <tr> <td>Interstate</td> <td>Intrastate Only (HM)</td> <td><input checked="" type="checkbox"/> Intrastate Only (Non-HM)</td> </tr> </table>			Interstate	Intrastate Only (HM)	<input checked="" type="checkbox"/> Intrastate Only (Non-HM)									
Interstate	Intrastate Only (HM)	<input checked="" type="checkbox"/> Intrastate Only (Non-HM)													
<u>Cargo Carried:</u>	<table border="0"> <tr> <td><input checked="" type="checkbox"/> General Freight</td> <td>Liquids/Gases</td> <td>Chemicals</td> </tr> <tr> <td>Household Goods</td> <td>Intermodal Cont.</td> <td><input checked="" type="checkbox"/> Commodities Dry Bulk</td> </tr> </table>			<input checked="" type="checkbox"/> General Freight	Liquids/Gases	Chemicals	Household Goods	Intermodal Cont.	<input checked="" type="checkbox"/> Commodities Dry Bulk						
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Household Goods	Intermodal Cont.	<input checked="" type="checkbox"/> Commodities Dry Bulk													



Department Of the Treasury  
Internal Revenue Service  
Philadelphia, PA 19255-0023  
**Important Information - Please Read**

KING TRUCKING & SERVICE  
DANIEL P KING SOLE MBR  
% DANIEL P KING SOLE MBR  
140 CHALKHILL OHIOPYLE RD  
OHIOPYLE, PA 15470

January 05, 2026

## We assigned you an employer identification number (EIN)

Your EIN is **41-3349086**. The name control associated with this EIN is **KING**.

### What you need to do

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- If you did **not** apply for this EIN, visit [IRS.gov/EINNotRequested](https://www.irs.gov/EINNotRequested).
- Use this EIN and your name exactly as they appear above when you fill out your tax returns. Otherwise, it may cause delays. Keep a copy of this notice for your records because we'll only send it to you once. You can share a copy with future officers of your organization or anyone asking for proof of your EIN. If your name or address is incorrect as shown, send the correct information to the address at the top of this notice.
- You must file the following forms by the dates shown.

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**Form****Due Date**

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### What you need to know

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If you need to pay certain types of taxes, like employment or corporate income taxes, we'll send you a package with instructions. The package will tell you how to pay your taxes online using the Electronic Federal Tax Payment System (EFTPS). We'll also send you a personal identification number (PIN) separately. Be sure to activate your PIN when you receive it, so you can start using the EFTPS. To learn more about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes.

### Additional Information

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- Refer to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business, for tips on keeping your EIN safe.
- Find tax forms or publications by visiting [IRS.gov/Forms](https://www.irs.gov/Forms) or by calling 800-TAX-FORM (800-829-3676).
- Call us at 800-829-4933 if you can't find what you need online. If you prefer, you can write to the address at the top of this notice.



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**CERTIFICATE OF ORGANIZATION -**  
**LIMITED LIABILITY COMPANY**  
 Fee: \$125

Pennsylvania Department of State  
**-FILED-**  
 File #: 0015120723  
 Date Filed: 1/15/2026

**DSCB:15-8821 (rev. 2/2017)**

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:

Limited Liability Company Type <b>Filing type</b> Domestic Limited Liability Company <b>Limited liability company subtype</b> Limited Liability Company					
Limited Liability Company Name <b>Entity name</b> King Trucking & Service LLC					
Effective Date The filing shall be effective when filed with the Department of State					
Registered Office The name of the commercial registered office provider and the county of venue is Northwest Registered Agent LLC Commercial Registered Office Provider <b>Venue and Publication County</b> ERIE					
Organizers					
<table border="1"> <thead> <tr> <th>Name of individual or organization</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Northwest Registered Agent, LLC</td> <td>502 W 7TH ST STE 100 ERIE, PA 16502-1333</td> </tr> </tbody> </table>		Name of individual or organization	Address	Northwest Registered Agent, LLC	502 W 7TH ST STE 100 ERIE, PA 16502-1333
Name of individual or organization	Address				
Northwest Registered Agent, LLC	502 W 7TH ST STE 100 ERIE, PA 16502-1333				
Additional provisions, if any <b>Additional provisions</b>					
<input type="checkbox"/> I qualify for a veteran/reservist-owned small business fee exemption (see help)					
Electronic Signature IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.					
<b>Nat Smith</b> _____ Northwest Registered Agent, LLC	_____ 01/15/2026 Date				

B0991-6950 01/15/2026 12:34 PM RECEIVED BY PENNSYLVANIA DEPARTMENT OF STATE

# OPERATING AGREEMENT

FOR

King Trucking & Service LLC

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A SINGLE MEMBER-MANAGED LIMITED LIABILITY COMPANY

## ARTICLE I

### Company Formation

- 1.1. **FORMATION.** The member has formed a Limited Liability Company (the "Company") according to the laws of the state in which the Company was formed. This operating agreement is entered into and effective as of the date it is adopted by the member.
- 1.2. **REGISTERED AGENT.** The name and location of the Company's registered agent will be stated in the company's formation documents.
- 1.3. **TERM.** The Company will continue perpetually unless:
  - (a) The sole member resolves to dissolve;
  - (b) Any event which causes the Company's business to become unlawful;
  - (c) The death, resignation, expulsion, bankruptcy, retirement of the sole member or the occurrence of any other event that terminates the continued membership of a member of the Company; or
  - (d) Any other event causing dissolution of the Company under applicable state laws.
- 1.4. **CONTINUANCE OF COMPANY.** In the event of an occurrence described in Section 1.3(c), the Company will expire and may be administratively dissolved.
- 1.5. **BUSINESS PURPOSE.** The Company will conduct any lawful business deemed appropriate in carrying out the Company's objectives.
- 1.6. **PRINCIPAL PLACE OF BUSINESS.** The Company's principal place of business will be stated in the formation documents, or as later selected by the member.
- 1.7. **THE MEMBER.** The name and residential address of the sole member is listed in Certification of Member section of this agreement.

- 1.8. **ADMISSION OF ADDITIONAL MEMBERS.** Additional members may only be admitted to the Company through a Certificate of New Membership issuance by the company of new interest in the Company or as otherwise provided in this agreement.

## **ARTICLE II Capital Contributions**

- 2.1. **INITIAL CONTRIBUTIONS.** The member will initially contribute capital to the Company, as described in Exhibit 1 attached to this agreement. The agreed total value of such property and cash is \_\_\_\_\_.
- 2.2. **ADDITIONAL CONTRIBUTIONS.** Except as provided in ARTICLE 6.2, no member will be obligated to make any additional contribution to the Company's capital.

## **ARTICLE III Profits, Losses and Distributions**

- 3.1. **PROFITS/LOSSES.** For financial accounting and tax purposes, the Company's net profits or net losses will be determined on an annual basis. These profits and losses will be allocated to the member as set forth in this agreement below, as amended, and in accordance with Treasury Regulation 1.704-1.
- 3.2. **DISTRIBUTIONS.** The member will determine and distribute available funds annually or as they see fit. "Available funds" refers to the net cash of the Company available after expenses and liabilities are paid. Upon liquidation of the Company, distributions will be made in accordance with the positive capital account balances or pursuant to Treasury Regulation 1.704-1(b)(2)(ii)(b) (2). To the extent the member has a negative capital account balance, there will be a qualified income offset, as set forth in Treasury Regulation 1.704-1(b)(2)(ii)(d).

## **ARTICLE IV Management**

- 4.1. **MANAGEMENT OF THE BUSINESS.** The member is responsible for the management of the Company.
- 4.2. **MEMBERS.** The liability of the member will be limited according to state law.
- 4.3. **POWERS OF MEMBERS.** The member is authorized on the Company's behalf to make decisions as to:
- (a) the sale, development, lease, or other disposition of the Company's assets;
  - (b) the purchase or other acquisition of other assets;
  - (c) the management of all or any part of the Company's assets;
  - (d) the borrowing of money and the granting of security interests in the Company's assets;
  - (e) the pre-payment, refinancing, or extension of any loan affecting the Company's assets;

- (f) the compromise or release of any of the Company's claims or debts; and
- (g) the employment of persons, firms, or corporations for the operation and management of the Company's business.

The member is further authorized to execute and deliver:

- (w) all contracts, conveyances, assignments leases, sub-leases, franchise agreements, licensing agreements, management contracts and maintenance contracts covering or affecting Company assets;
- (x) all checks, drafts, and other orders for the payment of the Company's funds;
- (y) all promissory notes, loans, security agreements, and other similar documents; and
- (z) all other instruments of any other kind relating to the Company's affairs.

4.4. **NOMINEE.** Title to the Company's assets must be held in the Company's name or in the name of any nominee that the member may designate. Pursuant to the powers listed in Section 4.3, the member has the power to enter into a nominee agreement with any such person, and such agreement may contain provisions indemnifying the nominee, except for his or her willful misconduct.

4.5. **EXCULPATION.** Any act or omission of the member, the effect of which may cause loss or damage to the Company, if done in good faith to promote the best interests of the Company, will not subject the member to any liability.

4.6. **INDEMNIFICATION.** The Company will indemnify any person who was or is a party defendant or is threatened to be made a party defendant, in a pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Company) by reason of the fact that the person is or was a member of the Company, employee, or agent of the Company, or is or was serving at the request of the Company, for instant expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit or proceeding if the member determines that the person acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interest of the Company, and with respect to any criminal action proceeding, has no reasonable cause to believe his or her conduct was unlawful. The termination of any action, suit, or proceeding by judgment, order, settlement, conviction, or upon a plea of "no lo Contendere" or its equivalent, does not in itself create a presumption that the person did or did not act in good faith and in a manner which he or she reasonably believed to be in the best interest of the Company, and, with respect to any criminal action or proceeding, had reasonable cause to believe that his or her conduct was lawful.

4.7. **RECORDS.** The member must keep the following at the Company's principal place of business or other location:

- (a) A current list of the full name and the last known street address of each member;
- (b) A copy of the Articles of Organization, this operating agreement, and all amendments to either document;

- (c) Copies of Company's federal, state and local income tax returns and reports for the three (3) most recent years;
- (d) Copies of the Company's financial statements for the three (3) most recent years.

#### **ARTICLE V Compensation**

- 5.1. **MANAGEMENT FEE.** The member rendering services to the Company is entitled to compensation proportionate with the value of those services.
- 5.2. **REIMBURSEMENT.** The Company must reimburse the member for all direct out-of-pocket expenses incurred in managing the Company.

#### **ARTICLE VI Bookkeeping**

- 6.1. **BOOKS.** The member will maintain a complete and accurate accounting of the Company's affairs at the Company's principal place of business. The member may select the method of accounting and the company's accounting period will be the calendar year.
- 6.2. **MEMBER'S ACCOUNTS.** The member's capital account will be determined and maintained in the manner set forth in Treasury Regulation 1.704-1(b)(2)(iv) and will consist of his or her initial capital contribution increased by:
  - (a) Any additional capital contribution made by the member;
  - (b) Credit balances transferred from the member's distribution account to his or her capital account;and decreased by:
  - (x) Distributions to the member in reduction of Company capital;
  - (y) The member's share of Company losses if charged to his or her capital account.
- 6.3. **REPORTS.** The member will close the books of account after the close of each calendar year and will prepare a statement of such member's distributive share of income and expense for income tax reporting purposes. The member must keep such statements with the other financial statements kept pursuant to Section 4.7(d).

#### **ARTICLE VII Transfers**

- 7.1. **ASSIGNMENT.** The member may sell, assign, or otherwise dispose of all or any part of his or her interest in the Company.

#### **ARTICLE VIII Dissolution**

- 8.1. **DISSOLUTION.** The member may dissolve the company at any time. The member may NOT dissolve the company for a loss of membership interests. Upon dissolution the company must

pay its debts first before distributing cash, assets, and/or initial capital to the member or the member's economic interests. The dissolution may only be ordered by the member, not by the owner of the member's economic interests.

**CERTIFICATION OF MEMBER**

The undersigned hereby agree, acknowledge, and certify that the foregoing operating agreement is adopted and approved by the member as of this 15 day of Jun, 2020

**Member:**

Name daniel king Percent 100 %  
Address 502 W 7th St Ste 100 Erie PA 16502

X 

**EXHIBIT 1  
CAPITAL CONTRIBUTIONS**

Pursuant to ARTICLE 2, the member's initial contribution to the Company capital is stated to be \$\_\_\_\_\_. The description and each individual portion of this initial contribution is as follows:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SIGNED AND AGREED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Member

21 02501470766  
25132



05/07/1983  
Rev03/25/2022



Notify PennDOT if you  
move within 15 days.  
Visit us at [www.dmv.pa.gov](http://www.dmv.pa.gov)  
or call us at 717-412-5300.  
TTY callers - please dial  
711 to reach us.



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

END: N-Tank  
RESTR: None

**Pennsylvania** **COMMERCIAL DRIVER'S LICENSE**  
visitPA.com USA

4d DLN: [REDACTED] DUPS: 01  
3 DOB: [REDACTED]  
1 KING  
2 DANIEL PAUL  
3 140 CHALK HILL OHIOPLYE  
4 RD  
5 OHIOPLYE, PA 16470  
6b EXP: 05/08/2027  
7a ISS: 05/09/2025  
8 SEX: M EYES: GRN  
9 HGT: 5-11"  
10 CLASS: A  
11a END: N  
12 RESTR: NONE

*Daniel King*

5 DD: 2513000101000  
500060026753

**CDL**

