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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

RECEIVED JUL 08 2013 CLERK'S OFFICE

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

RECEIVED JUL 08 2013 PSC SC MAIL / DMS

Date: 6/19/2013

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Karim Hassan Johnson dba Integrity Student Transportation Services

2051 Blythewood Crossing Lane # 514, Blythewood, SC 29016
Street Address of Applicant

P. O. Box 24502, Columbia, SC 29224
Mailing Address of Applicant (if different from street address)

877-223-1960 Phone | 877-671-8842 Fax

kjohnson@integritytransonline.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)
   - ☒ Individual Owner/Sole Proprietorship
   - ☐ Partnership - List names and addresses of all person having an interest in the business.
   - ☐ Corporation - List names and addresses of two principal officers.

dod

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
Thomas	1993 Saf-T-Liner ER	1T75R4B25P1118800	26,001	72
Blue Bird	1997 TC2000 FE	1BAAJCSA4VF070768	26,001	71

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.** The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Karim Hassan Johnson dba Integrity Student Transportation Services
Name of Applicant

2051 Blythewood Crossing Lane #514, Blythewood, SC 29016
Address of Applicant

Amount of Premium: Indication Only

Liability Insurance $ 5000 (# 4200)

Limits Quoted: (See Below)

Limits $1,000,000 ($350,000)

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* **$ 25,000/300,000/25,000**

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Occidental
Name of Insurance Company

Omaha NE
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6/19/2013
Date

Marion A. Kenney
Authorized Insurance Company Representative's Signature

NOTICE:
If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of $500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Karim Hassan Johnson dba Integrity Student Transportation Services
Name of Applicant

1605939
U.S.D.O.T No.

660693
ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
   ◉ Yes ○ No ○ Pending (Submit when received.)
   If Yes, indicate rating below and provide copy.
   ◉ Satisfactory ○ Conditional ○ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?
   ○ Yes ◉ No

3. Are there currently any outstanding judgments against the Applicant?
   ○ Yes ◉ No
   If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?
   ◉ Yes ○ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   ◉ Yes ○ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Owner/President
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Richland)

SWORN TO BEFORE ME
This 21 day of June, 2013

Notary Public

Commission Expires 9/14/2017