STATE OF SOUTH CAROLINA

(Caption of Case)
Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

APPLICATION FOR A CLASS C STRETCHER CERTIFICATE FOR

GLOBE UNITED TRANSPORTATION, LLC

(Please type or print)
Submitted by: Rodriguez Jones
Address: 13760 Hiram Dox-Martinez Dr.
Hiram, GA 30141

Telephone: (770) 674-6442
Fax: (770) 674-6451
Other: (404) 507-6551
Email: 

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted
☐ Application - Class C Taxi
☐ Application - Class C Charter
☐ Application - Class C Charter Bus
☐ Application - Class C Non-Emergency
☐ Application - Class C Stretcher Van
☐ Application - Class E Household Goods
☐ Application - Class E Hazardous Waste
☐ Application
☐ Request for Extension to Comply with Order
☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
☐ Request for Cancellation of Certificate
☐ Request for Suspension
☐ Request for Reinstatement
☐ Request for Name Change on Certificate
☐ Request to Amend Scope of Authority
☐ Request to Amend Tariff (rate increase, etc.)
☐ Request to Amend Passenger Limit
☐ Request
☐ Exhibit
☐ Late-Filed Exhibit
☐ Letter
☐ Proposed Order
☐ Publisher's Affidavit
☐ Reservation Letter
☐ Response
☐ Return to Petition
☐ Other: 

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN

Date: 10/10/2010

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.)

   GLOBAL UNITED TRANSPORTATION, LLC.
   1370 HIRAM DOUGLASSVILLE HWY, HIRAM, GA 30110

   Street Address of Applicant

   Mailing Address of Applicant if different from street address

   (770) 694-4442 (770) 694-4451

   Phone Fax

   jones@globalunlimited.com

   Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

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

   RODRIGUEZ JONES - 83 INSPECTION CG, DALLAS, TX 75215
   DANIEL MISES - 470 DUNHILL VIEW CT, AQUARIETTA, GA. 30005
Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>2010</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assets:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$5100</td>
</tr>
<tr>
<td>Receivables</td>
<td>$17499</td>
</tr>
<tr>
<td>Real Estate</td>
<td>$0</td>
</tr>
<tr>
<td>Buildings and Equipment (Net)</td>
<td>$0</td>
</tr>
<tr>
<td>Motor Vehicles (Net)</td>
<td>$6,000</td>
</tr>
<tr>
<td>Garage Equipment (Net)</td>
<td>$3,000</td>
</tr>
<tr>
<td>Machinery and Tools (Net)</td>
<td>$1,500</td>
</tr>
<tr>
<td>Supplies on Hand</td>
<td>$5,000</td>
</tr>
<tr>
<td>Prepaids and Other Assets</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$38,499</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Equity:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$36,95</td>
</tr>
<tr>
<td>Notes Payable</td>
<td>$2,857</td>
</tr>
<tr>
<td>Mortgages Payable</td>
<td>$0</td>
</tr>
<tr>
<td>Equipment Obligations</td>
<td>$0</td>
</tr>
<tr>
<td>Accrued Salaries and Wages</td>
<td>$450</td>
</tr>
<tr>
<td>Other Accrued Obligations</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Other Liabilities</strong></td>
<td><strong>$2,000</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$12,582</strong></td>
</tr>
</tbody>
</table>

Capital Stock
Retained Earnings

**Total Equity**

**Total Liabilities and Equity**
PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Rates and Charges for Service are as follows:

$10 A MILE

Counties to be Served:
GREENVILLE, OCONEE, PICKENS, LAURENS
## DESCRIPTION OF EQUIPMENT

<table>
<thead>
<tr>
<th>MAKE</th>
<th>YEAR &amp; MODEL</th>
<th>VIN#</th>
<th>WEIGHT EMPTY</th>
<th>SEATING CAPACITY</th>
<th>*Designate if equipped with a wheelchair lift by using &quot;HC&quot; (Handicapped.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ford</td>
<td>2001 E-350</td>
<td>1FBNE36L17DA53850</td>
<td>9600 lbs</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Ford</td>
<td>1998 E-350</td>
<td>1FBS83L7WBA39408</td>
<td>9300 lbs</td>
<td>2 (HC)</td>
<td></td>
</tr>
</tbody>
</table>

*Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

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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.

The following insurance quote is for:

Global United Transportation LLC
Name of Motor Carrier
1326 Hiram Douglasville Hwy Hiram GA 30141
Address of Motor Carrier

Amount of Premium:

Liability Insurance $ 19,880

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

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

<table>
<thead>
<tr>
<th>Limits Quoted</th>
<th>Limits Quoted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liability Combined Each Occurrence</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Medical Payments per Person</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Empire Fire and Marine Company
Name of Insurance Company
PO Box 440546 Kershaw SC 29067
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.

10-5-10
Date

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 FWA

GLOBAL UNITY TRANSPORTATION, U.S.

Name

U.S.D.O.T No. ___________________________ ICC No. ___________________________

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
   - Yes
   - No
   - Pending
   
   If Yes, indicate rating below and provide copy.
   - Satisfactory
   - Conditional
   - Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "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 judgment(s) against applicant.

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
   - Yes
   - No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
   - Yes
   - No
Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).
   - Yes   - No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.
   - Yes   - No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.
   - Yes   - No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.
   - Yes   - No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
   - Yes   - No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.
   - Yes   - No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.
   - Yes   - No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.
   - Yes   - No

STATE OF SOUTH CAROLINA
COUNTY OF PAULDINE
Applicant's Signature

1. RODRIGUEZ JONES,
Name of Applicant's Representative

PRESIDENT
Title

of GLOBAL UNITED TRANSPORTATION, LLC.,
Applicant

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

Signature of Applicant's Representative

SWORN TO BEFORE ME
This day of October, 2010

Commission Expires July 30, 2011

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STATE OF GEORGIA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

GLOBAL UNITED TRANSPORTATION, LLC
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on 06/19/2006 by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on June 19, 2006

Cathy Cox
Secretary of State