

INSTRUCTIONS TO BE FOLLOWED IN PREPARING APPLICATION

(No Application will be accepted from a Minor.)

1. An application must be filed for any public utility or an affiliated interest of a public utility prior to its selling or transferring membership to any person, partnership or corporation.
2. An affiliated interest of a public utility includes every corporation or person owning or holding directly or indirectly 5% or more of the of the public utility.
3. It is not required that the parties be represented by an attorney to file the application. However, a corporation must be represented by an attorney at a hearing.
4. The original application signed at the place designated and duly verified must be filed with the Pennsylvania Public Utility Commission, 400 North Street, 2nd Floor, Harrisburg, PA 17120. A filing fee of \$350 is required and shall be paid by certified check or money order, made payable to the Commonwealth of Pennsylvania.

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website (www.puc.pa.gov), OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

5. If the seller is not a member of record with the PUC, provide a full and complete explanation and attach appropriate agreements of sale for all transactions not previously approved by the PUC.
6. If space provided on the form is not sufficient, prepare response on a separate sheet, attach it to the application and give it the same number as the question or statement to which it refers. All questions **must** be answered – if one is not applicable, answer N/A.
7. The Sales Agreement must specify that the interest being purchased will be paid for within a reasonably short period of time (*i.e.*, less than one year) following PUC approval. If it is intended that payments be made over an extended period of time (*i.e.*, one year or more), the sales agreement must indicate that the parties will execute a separate demand judgment or promissory note. The Sales Agreement must be bilateral (*i.e.*, binding on all parties).

NOTE: INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE FOR FILING AND WILL BE RETURNED. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CALL 717.787.3834.

**APPLICATION FOR APPROVAL TO CHANGE LIMITED LIABILITY CORPORATION
MEMBERSHIP FOR COMMON CARRIERS OF HOUSEHOLD GOODS OR
PASSENGERS (Except GP16+)**

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

SEE INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. Full and correct name of Certificated Carrier:

2. Docket number of Certificated Carrier: _____

3. Attorney(s) for the Application:

Name: _____
Address: _____ _____
Telephone: _____ - _____ - _____
Email: _____
REPRESENTING: _____

Name: _____
Address: _____ _____
Telephone: _____ - _____ - _____
Email: _____
REPRESENTING: _____

Name: _____
Address: _____ _____
Telephone: _____ - _____ - _____
Email: _____
REPRESENTING: _____

1. Current Members of Limited Liability Corporation of Certificated Carrier:

a) Number of current members: _____

b) Member Names:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Requested Membership Changes of Limited Liability Corporation:

a) Exiting Members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

b) New Members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. If existing, new, or departing members of the limited liability corporation are in control of, or affiliated with each other, or with any other carrier, state the name of carriers, their docket numbers, and nature of the control or affiliation.

4. Consideration for the transfer of membership (if nominal, explain):

5. The consideration will be paid as follows:

6. The reasons for the proposed transfer are:

7. The following must be attached to the completed application

- A statement containing a brief corporate history of the Certificated Carrier, the purpose for which it was created, a description of the service it furnishes to the public and a description of the territory in which it operates.
- Statements of Financial Condition (Income Statements and Balance Sheets) for the Limited Liability Corporation and the proposed new members.
- Verified Statement(s) of new member(s)/owner(s) if a complete change of ownership
- If the new member/owner is a corporate entity provide a complete list of members, or officers and shareholders with shares.
- If the new member/owner is a corporate entity provide a copy of corporation papers from PA Dept. of State

WHEREFORE, the Limited Liability Corporation Memberships request that the Commission approve the Application.

Existing
Members sign
here:

(Each Member must sign) (Date)

(Corporate Seal)

(Date)

(Date)

(Date)

Exiting
Members sign
here:

(Date)

(Corporate Seal)

(Date)

(Date)

(Date)

**THIS MUST BE COMPLETED BY A NOTARY PUBLIC
AFFIDAVIT OF BUYER (NATURAL PERSON)**

COMMONWEALTH OF PENNSYLVANIA :

: SS:

_____ County :

_____, being duly sworn (affirmed) according to law, deposes and says that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects to be able to prove the same at the hearing hereof.

Signature of Affiant

Sworn and subscribed before me on this
_____ day of _____
20_____ My Commission expires

Signature of Official Administering Oath

AFFIDAVIT OF CERTIFICATED CARRIER (CORPORATION)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

_____ County :

_____, being duly sworn (affirmed) according to law, deposes and says that he/she is _____ of _____

(Office of Affiant)

(Name of Corporation)

that he/she is authorized to and does make this affidavit for it; and that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects the said _____

to be able to prove

(Name of Corporation)

the same at the hearing hereof.

Signature of Affiant

Sworn and subscribed before me on this
_____ day of _____
20_____ My Commission expires

Signature of Official Administering Oath

**THIS MUST BE COMPLETED BY A NOTARY PUBLIC
AFFIDAVIT OF SELLER (NATURAL PERSON)**

COMMONWEALTH OF PENNSYLVANIA :

: SS:

_____ County :

_____, being duly sworn (affirmed) according to law, deposes and says that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects to be able to prove the same at the hearing hereof.

Signature of Affiant

Sworn and subscribed before me on this
_____ day of _____
20_____ My Commission expires

Signature of Official Administering Oath

AFFIDAVIT OF BUYER/SELLER (CORPORATION)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

_____ County :

_____, being duly sworn (affirmed) according to law, deposes and says that he/she is _____ of

(Office of Affiant)

(Name of Corporation)

that he/she is authorized to and does make this affidavit for it; and that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects the said

_____ to be able to prove
(Name of Corporation)

the same at the hearing hereof.

Signature of Affiant

Sworn and subscribed before me on this
_____ day of _____
20_____ My Commission expires

Signature of Official Administering Oath

Statement of Certificate Holder's Financial Position (Balance Sheet)

**as of (date) _____
(Must be less than 6 months old)**

ASSETS

Current Assets			
Cash		_____	
Accounts Receivable		_____	
Notes Receivable		_____	
Other Current Assets (specify)		_____	
Total Current Assets			_____
Tangible Assets			
Land		_____	
Motor Vehicle Equipment		_____	
Less: Accumulated Depreciation			=
-		_____	_____
Building and Structures		_____	
Less: Accumulated Depreciation			=
-		_____	_____
Office Equipment		_____	
Less: Accumulated Depreciation			=
-		_____	_____
Investments and Funds (specify)			_____
Intangible Assets			_____
Other Assets (advances and idle equipment – specify)			_____

			=====
			=====

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable		_____	
Notes Payable		_____	
Equipment Obligations		_____	
Other Liabilities (Attach schedule)		_____	
Total Current Liabilities			=====
Long Term Liabilities (Due after one year of date)			
Accounts Payable		_____	
Notes Payable		_____	
Equipment Obligations		_____	
Other Liabilities (Attach Schedule)		_____	
Total Long-Term Liabilities			_____
			=====
			=====

NET WORTH (Partnerships and individuals, only) _____

Statement of Certificate Holder's Income
Income Statement for the 12-month period
ending _____

REVENUE and GAINS

Operating Revenue	_____
Net Revenue from non-carrier operations	_____
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
Total Revenue and Gains	_____

EXPENSES

Equipment Maintenance and Garage Expense	_____
Insurance Expense	_____
Employee Salaries	_____
Supervisory Salaries	_____
Officer Salaries	_____
Fuel Expense	_____
Purchased Transportation (Lease Expense)	_____
Materials and Supplies Expense	_____
General Office Expense	_____
Advertising Expense	_____
Telephone Expense	_____
Accounting Expense	_____
Legal Expense	_____
Uncollectible Revenue	_____
Depreciation Expense	_____
Amortization	_____
Operating Taxes and Licenses	_____
Rent Expense	_____
Loss	_____
Total Operating Expenses and Losses	_____

Net Income Before Taxes

Provision for Income Taxes	_____
Net Income (Loss)	_____

Statement of New Member's Financial Position (Balance Sheet)

as of (date) _____
 (Must be less than 6 months old)

ASSETS

Current Assets			
Cash			
Accounts Receivable		_____	
Notes Receivable		_____	
Other Current Assets (specify)		_____	
Total Current Assets			=====
Tangible Assets			
Land		_____	
Motor Vehicle Equipment		_____	
Less: Accumulated Depreciation			=
-			
Building and Structures		_____	
Less: Accumulated Depreciation			=
-			
Office Equipment		_____	
Less: Accumulated Depreciation			=
-			
Investments and Funds (specify)		_____	
Intangible Assets		_____	
Other Assets (advances and idle equipment – specify)		_____	

		TOTAL ASSETS	=====

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable		_____	
Notes Payable		_____	
Equipment Obligations		_____	
Other Liabilities (Attach schedule)		_____	
Total Current Liabilities			=====
Long Term Liabilities (Due after one year of date)			
Accounts Payable		_____	
Notes Payable		_____	
Equipment Obligations		_____	
Other Liabilities (Attach Schedule)		_____	
Total Long-Term Liabilities			=====
		TOTAL LIABILITIES	=====

NET WORTH (Partnerships and individuals, only) _____

Statement of New Member's Projected Income and Expenses
Projected Income and Expense Statement for the 12-month period ending

REVENUE and GAINS

Operating Revenue	_____
Net Revenue from non-carrier operations	_____
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
Total Revenue and Gains	_____

EXPENSES

Equipment Maintenance and Garage Expense	_____
Insurance Expense	_____
Employee Salaries	_____
Supervisory Salaries	_____
Officer Salaries	_____
Fuel Expense	_____
Purchased Transportation (Lease Expense)	_____
Materials and Supplies Expense	_____
General Office Expense	_____
Advertising Expense	_____
Telephone Expense	_____
Accounting Expense	_____
Legal Expense	_____
Uncollectible Revenue	_____
Depreciation Expense	_____
Amortization	_____
Operating Taxes and Licenses	_____
Rent Expense	_____
Loss	_____
Total Operating Expenses and Losses	_____

Net Income Before Taxes

Provision for Income Taxes	_____
Net Income (Loss)	_____

VERIFIED STATEMENT OF NEW MEMBER

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE BUYER'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Purchaser's Name

Street Address

City or Municipality

State

Zip Code

The Verified Statement of the Buyer is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to become a member, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Buyer should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the buyer. If the buyer is an individual making the statement, this will be the same information as provided above. If the buyer is a corporate entity and an employee/officer of the buyer is making the statement, give name, title, business address and telephone number, and indicate that the buyer's directors/owners/partners/etc. have authorized the witness to speak for the business.

2. List the buyer's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:
 - a) Your hiring standards for drivers;
 - b) Your driver training program;
 - c) Your system for ensuring that your drivers are properly licensed at all times;
 - d) Your policies regarding alcohol and drug use by your drivers.

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>	<u>SEATING CAP.</u>

8. Describe your vehicle safety program. Please include the following in your explanation:
- a) Your periodic vehicle maintenance plan;
 - b) Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code & Chapter 175, requirements for vehicle inspections) that are applicable to the type of vehicles used in your business;
 - c) Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, § 29.402 and 29.403. (A copy of these requirements is on a separate page.)

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

10. Please describe your customer service standards. Within your description, please explain your intended customer complaint resolution procedure.

11. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES _____ NO _____

*If the new member is a corporate entity, this question applies to all shareholders and corporate officers. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. § 4904 relating to unsworn falsification to authorities.

(Signature)

(Date)

(Name, printed or typed)