

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
(717) 772-7777  
[www.puc.pa.gov](http://www.puc.pa.gov)

JAN 24 2014

Revised 12/1/13

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**Application for Motor Common Carrier of Persons in  
Paratransit Service**

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

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

HAMPTON TOWNSHIP EMERGENCY MEDICAL SERVICES INC.

- 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 PUC Authority?**  **NO** **Previous Authority?**  **NO**

**If YES, at PUC No. A-**\_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?**  **NO**  
If NO, you must register (see checklist on how to register)

**If YES, provide your PA Corporation Bureau Entity ID Number** 251508344  
(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use PO Box)

**4725 WILLIAM FLYNN HIGHWAY**

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Street Address

**ALLISON PARK, PA. 15101**

City, State and Zip Code

**412-486-2007**

Telephone Number

**ALLEGHENY**

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.

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

**P.O. BOX 833**

Street Address

**ALLISON PARK, PA. 15101**

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**.

7. **Attorney** (if applicable)

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Attorney's Name & Telephone Number for this Filing

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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.

8. **Does applicant hold interstate operating authority?**

No  Yes, at No. \_\_\_\_\_

9. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

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The services provided will be Paratransit by transporting patients by Wheelchair Van from hospitals, extended care facilities, nursing homes, doctor's offices & there residence and return. The areas covered would be the following counties, Allegheny, Beaver, Butler, Lawrence, Westmoreland.

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Examples:

- To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.
- To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.
- To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.

10. **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.

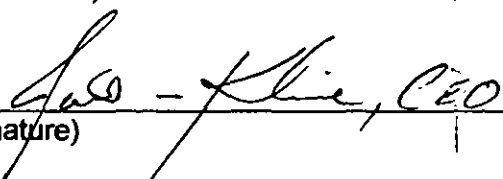
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure 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.

James M. Kline, CEO  
\_\_\_\_\_  
(Print Name)

 \_\_\_\_\_  
(Signature)

01/23/2014  
\_\_\_\_\_  
(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).

PSCL 7214

ARTICLES OF INCORPORATION  
DOMESTIC NON PROFIT CORPORATION

FEE \$75.00

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
HARRISBURG, 17120

1 NAME OF CORPORATION

HANPTON TOWNSHIP EMERGENCY MEDICAL SERVICES

2 ADDRESS OF REGISTERED OFFICE IN PENNSYLVANIA (P.O. BOX NUMBER NOT ACCEPTABLE)

4725 3101 MELBURY ROSS PO BOX 833 (MAILING ONLY)  
William Flinn Hwy

3 CITY

Allison Park

COUNTY

Allegheny

STATE

Pennsylvania

ZIP CODE

15101 (61)

4 EXPLAIN THE PURPOSE OF THE CORPORATION

This purpose of the Corporation is to render emergency assistance to the community and transport individuals to and from various medical centers, and all other legal purposes under Act of November 15, 1972, P.L. 271.

(ATTACHMENT SHEET IF NECESSARY)

5 THE CORPORATION DOES NOT CONTEMPLATE PECUNIARY BENEFIT OR GAIN INCIDENTAL OR OTHERWISE.

6 (OPTIONAL) THE CORPORATION IS TO HAVE NO MEMBERS

CHECK APPROPRIATE SECTION:

THE CORPORATION IS TO BE ORGANIZED ON A NON-STOCK BASIS

THE CORPORATION IS TO BE ORGANIZED ON A STOCK BASIS AS FOLLOWS

7 Number and Class of Shares (If applicable)

Par Value for Shares, if any

Total authorized Shares

Term of Shares

Perpetual

8 Name and address of each incorporator, and the Number and Class of Shares subscribed to by each incorporator

Name	Address	Shares, City, State, Zip Code	Number & Class of Shares
Chester Kline, Jr.	4355 Roundama Drive, Allison Park, PA	15101	---
Robert Skertich	2983 Haberlein Drive, Gibsonia, PA	---	---
Bill Panton	4155 Branding Place, Allison Park, PA	15101	---

9 IN TESTIMONY WHEREOF, THE INCORPORATORS HAVE SIGNED AND SEALED THE ARTICLES OF INCORPORATION

THIS 15 DAY OF JULY 1973

*[Signatures]*

SEP 23 1985

*[Signature]*

FOR OFFICE USE ONLY

DATE FILED	FILE NO.	RECEIVED	RECEIVED	RECEIVED
SEP 23 1985	112	REV 001	REV 002	REV 003
REVIEWED BY	DATE APPROVED	DATE RECEIVED	CERTIFY TO	LOG IN
			<input type="checkbox"/> REV	
MAILED BY	DATE	FILED BY	FILED BY	FILED BY
		11/4	11/4	11/4



**Board of Directors**

**Year 2014**

Chester J. Kline Sr. – President – 4355 Rosanna Drive Allison Park, PA. 15101

412-670-0704

Nancy Higgins – Treasurer – 2272 Lake Ave. Allison Park, PA. 15101

724-759-5050

Tracy M. Kline – Secretary – 4357 Rosanna Drive Allison Park, PA. 15101

412-670-3754

Tracy Maggiorini – Board Member – 2272 Lake Ave. Allison Park, PA. 15101

412-965-7498

Nancy Perestock – Board Member – 5163 Virginia Drive Gibsonia, PA. 15044

412-670-9874

James M. Kline – Chief Executive Officer / Administration Manager

412-670-0702

**RECEIVED**

JAN 24 2014

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**CERTIFIED MAIL™**

**Hampton Township Emergency Medical**



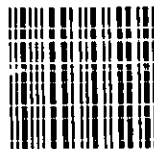
P.O. Box 833  
Allison Park, PA 15101



7013 1090 0002 0463 5483



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U.S. POSTAGE  
PAID  
ALLISON PARK, PA  
15101  
JAN 24, 14  
AMOUNT

**\$6.31**

*Secretary, PA. Public Utility Commission  
400 North Street, 2nd Floor  
HARRISBURG, PA. 17120*

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