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Ernest S. Angelos, Esquire
E-mail: cangelos@randplaw.com

September 11, 2014

Secretary, PA Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, Pennsylvania 17120

RE: Fleetwood Mid-Atlantic Transportation, Inc.

Dear Sir/Madam:

Enclosed please find the Application for Motor Common Carrier of Persons in Limousine Service for the above-captioned matter. Please file same on behalf of my client, Sharyn Redding. Additionally, enclosed is a check in the amount of \$350.00, representing the appropriate filing fee. Kindly return a time stamped copy to me via the enclosed self-addressed stamped envelope.

Should you have any questions or concerns following receipt of this correspondence, please do not hesitate to contact me.

Thank you for your time and cooperation.

Very truly yours,
RAFFAELE & PUPPIO, LLP

ERNEST S. ANGELOS

ESA/aj
Enclosures

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P.A.P.U.C.
SECRETARY'S BUREAU

Application for Motor Common Carrier of Persons in Limousine Service

This application is required to operate as a common carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants providing service between points in the city and county of Philadelphia or from any airport, railroad station or hotel located in whole or in part in Philadelphia, must apply to the Philadelphia Parking Authority. Contact PPA at (215) 683-9434 or the website at www.philapark.org

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

Fleetwood Mid-Atlantic Transportation, 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)

Fleetwood Mid-Atlantic Transportation, LLC

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?** **Yes** **NO**

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 4286409

(see checklist and indicate type of business entity registered)

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

940 Eddystone Avenue

Street Address

Eddystone, PA 19022

City, State and Zip Code

Telephone Number

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)

Street Address

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)

Raffaele & Puppio, LLP **610-891-6710**

Attorney's Name & Telephone Number for this Filing

19 West Third Street, Media, PA 19063

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).

Transport people in limousine service between points in Montgomery County, Chester County, and Delaware County to points in Pennsylvania. Pick up and drop off people to points in Pennsylvania and return.

Examples:

- *To transport people in limousine service between points in the counties of Erie and Crawford.*
- *To transport people in limousine service from points in Washington County to points in PA, and return.*

- To transport people in limousine service from points in Washington County to points in PA, 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 Limousine 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.

Sharyn Redding
(Print Name)

Shy- Redding (Signature) 8-20-14 (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).



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