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GORDON S. JOHNSTON 404-662-2615

December 11, 2014

Ms. Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, Pa. 17105

Re: Docket No. A-2014-2403391

Dear Ms. Chiavetta,

Enclosed for filing with the Commission is Applicant Hampton Township Emergency Medical Services Inc.'s Motion for Reconsideration.

Sincerely,



Gordon S. Johnston

PAID No. 39584

Stuart & Johnston, LLC

Atlanta Financial Center

3343 Peachtree Road, N.E., Suite 530

Atlanta, GA 30326

Direct: 404-662-2615

Facsimile: 404-935-6194

Attorney for Hampton Township Emergency
Medical Services Inc.

cc: Mr. David Thompson (via e-mail)
Mr. James M. Kline (via e-mail)

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**Before the
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**Application of
HAMPTON TOWNSHIP EMERGENCY
MEDICAL SERVICES**

Docket No. A-2014-2403391


MOTION FOR RECONSIDERATION

Applicant, Hampton Township Emergency Medical Services by its counsel hereby requests reconsideration of the Commission's November 18, 2014 denial of its application in this matter and in support thereof states as follows:

1. The Commission notified Applicant by letter dated November 18, 2014 that its application in this matter had been denied for, "Failure to File Verified Statements of Applicant."
2. The letter indicated that the Commission believed that the Applicant had not submitted Verified Statements to it as of November 18, 2014.
3. In fact, Applicant submitted Verified Statements which the Commission received on or before November 4, 2014. (A copy of the submission to the Commission is attached).
4. Commission representatives have confirmed that the Verified Statements were received by the Commission in a timely fashion.

Wherefore, Applicant respectfully requests that the Commission reconsider its denial of its Application and grant the Applicant's Certificate.

Respectfully submitted this 11TH day of DECEMBER, 2014,


Gordon S. Johnston
Stuart & Johnston, LLC
Atlanta Financial Center
3343 Peachtree Road, N.E., Suite 530
Atlanta, GA 30326
404-662-2615
Attorney for Hampton Township Emergency
Medical Services Inc.

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BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

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

PUC Application Docket No.

Hampton Township Emergency Medical Services, Inc.
Legal Name of Applicant

Trade Name, if any

4725 William Flynn Hwy. Allison Park PA. 15101
Street Address (principal place of business) City or Municipality State Zip
Code

This document is a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, 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.

You are encouraged to provide as much information as possible 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 providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

James M. Kline, CEO

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

N/A

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

I am a certified Emergency Medical Technician +
Emergency Vehicle Operations Course Instructor for past
29 years. The business of Hampton Twp. EMS Inc.
started in 1985 + has been in business since.

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4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

The Location of Business is 4725 William Flynn Hwy / Route 8 Allisou Park, PA 15101. The Building has 3 Bays, office for crews + a business office. 4 phones thru out Building with 4 computers.

5. 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 continuous communication with drivers.

Customer Request are received by Telephone or Cellular Phone, typed up and handed to each driver. All communication is thru the chief to the drivers cell phones.

6. Please explain:

- a. Your hiring standards for drivers;

All Drivers are Emergency Medical Technicians who have a Drivers License check every 6 months. EVOC/EDDT certified every 3 yrs., Criminal Background check + Act 33 + 34 clearances.

- b. Your system to ensure prospective drivers will be subject to a criminal background check;

YES

- c. Your driver training program;

Emergency Vehicle Operations Course (EVOC/EDDT)
Emergency Vehicle Defensive Training. Every 3 yrs.

- d. Your system for ensuring that your drivers are properly licensed at all times;

Drivers License check every 6 months

- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;

EMVU Employee at time of Hire has to have a Criminal Background check along with Act 33 + 34 child clearance + every 6 months a Drivers check

- f. Your policies regarding alcohol and drug use by your drivers.

Please see attached policy.

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. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2013	Dodge	CARAVAN	3	WCV-1
2005	Ford	E-250	3	WCV-2

8. Describe your vehicle safety program. Please include the following in your explanation:

a. Your periodic vehicle maintenance plan;

Vehicles are serviced + inspected every 3,000 miles.

b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

Our vehicles are serviced @ Dealership or Schieler's Automotive in Glenshaw, PA.

c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;

N/A

d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

N/A

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

American Alternative Insurance Corp

Policy# VFIS TR 206864502

Effective 11/15/2013 to 11/15/2014

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution?

YES NO

11. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

Statement of Financial Position (Balance Sheet)

As of (date) 12/31/2013

ASSETS

Current Assets

Cash

Other Current Assets (specify)

570,211.71

Other Assets

Motor Vehicle Equipment

Building and Structures

Office Equipment

Investments and Funds (specify)

413,876.55

130,000.00

79,790.02

TOTAL ASSETS

859,810.07

LIABILITIES

Current Liabilities (Due within one year of date)

Long Term Liabilities (Due after one year of date)

TOTAL LIABILITIES

859,810.07

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)

Disclaimer: Applications are public records and can be accessed on the PUC's website. DO NOT provide social security numbers, credit card numbers, bank account numbers, tax information, or any other confidential information on your application, business plan, or verified statement forms.

11:25 AM

10/30/14

Accrual Basis

Hampton Twp. Emergency Medical Services Inc.
Balance Sheet
As of December 31, 2013

	<u>Dec 31, 13</u>
ASSETS	
Current Assets	
Checking/Savings	
10001 · PNC Bank - Checking	71,064.92
10002 · PNC Bank - Money Market	0.95
10003 · First Commonwealth Bank	99,145.84
10009 · TREASURY BILLS	400,000.00
Total Checking/Savings	<u>570,211.71</u>
Other Current Assets	
12500 · Prepaid Expenses	5,479.43
13000 · Inventory	200.00
Total Other Current Assets	<u>5,679.43</u>
Total Current Assets	575,891.14
Fixed Assets	
14000 · Building	130,000.00
14100 · Land	100,000.00
14500 · Building Improvements	21,613.05
16000 · Vehicles	413,876.55
16000 · Computers & Software	29,790.02
16100 · Medical Equipment	53,791.60
16200 · Office Furniture/Equipment	2,525.01
17000 · Accumulated Depreciation	-467,617.30
Total Fixed Assets	<u>283,978.93</u>
TOTAL ASSETS	<u><u>859,870.07</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
24100 · Payroll Tax Liability	1,299.87
24200 · Wage Attachment Liability	650.00
Total Other Current Liabilities	<u>1,949.87</u>
Total Current Liabilities	<u>1,949.87</u>
Total Liabilities	1,949.87
Equity	
32000 · Unrestricted Fund Balance	1,193,093.13
Net Income	-335,172.93
Total Equity	<u>857,920.20</u>
TOTAL LIABILITIES & EQUITY	<u><u>859,870.07</u></u>

SUPPORTING STATEMENT FOR THE APPLICATION

At Docket Number A-

52 Pa. Code Section 41.14(a), states that an applicant seeking motor common carrier authority has the burden of demonstrating that approval of the application will serve a useful public purpose, responding to a public demand or need. This form documents a statement of support on behalf of the applicant to demonstrate need by the public for the service the applicant wishes to offer. This form may be duplicated as needed for use by each supporting witness.

The Commission requires: 1) supporting witnesses must give evidence proving they need the applicant's service; 2) the supporting witnesses must identify origin and destination points in Pennsylvania which they require transportation AND those points must fall within the operating territory specified in the application; and, 3) there must be a sufficient number of supporters for the proposed operating territory.

Failure to demonstrate a public need for the application will result in the application's dismissal. Failure to obtain supporting statements from witnesses in all parts of the proposed operating territory could result in the Commission granting only limited authority consistent with the need demonstrated by the applicant.

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Verification of Statement

The undersigned deposes and says 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 penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Joe - Kline, CEO
(Signature)

10/31/2014
(Date)

James M. Kline, Chief Executive Officer
(Name and Title, printed or typed)

Please print or type.

Village of Hampton Fields
Name of Supporter

4480 Mount Royal Blvd. Allison Park PA 15101
Street Address City or Municipality State Zip Code

Hampton Township EMS Inc.
Name of Applicant

- Describe the type of transportation service needed.
wheel-chair van for outside appointments, and to return residents from hospital stays & emergency visits.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Passavant Hospital, St. Margaret's Hospital, Hampton Fields Village, Veteran's Hospital - Aspinwall, Allegheny
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
weekly or more often.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
None
- Have you supported similar applications in the past? If so, who was the applicant?
No

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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. Section 4904 relating to unsworn falsification to authorities.

Gloria L. Combi
(Signature of Supporter)

10-30-14
(Date)

Gloria L. Combi
(Supporter's Name, printed or typed)

Please print or type.

ORION Personal Care Residence
Name of Supporter

391 Ferguson Road Allison Park Pa 15101
Street Address City or Municipality State Zip Code

Hampton Twp. EMS Inc
Name of Applicant

- Describe the type of transportation service needed. Wheelchair van for outside appointments, plus return residents from the ER & hospital visits.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
ORION PCH TO ER'S - PESSUMPT HOSPITAL Allison Park Pa
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
AS needed for emergency ER VISITS & doctor clinic appointments Return to
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NONE ORION PCH.
- Have you supported similar applications in the past? If so, who was the applicant? No

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. Section 4904 relating to unsworn falsification to authorities.

[Signature of Supporter]
(Signature of Supporter)

M. Suzanne DeVone
(Supporter's Name, printed or typed)

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11-03-2014
(Date)

Please print or type.

Elmerott of Allison Park
Name of Supporter

2224 Walters Rd Allison Park PA 15101
Street Address City or Municipality State Zip Code

Hampton Township EMS
Name of Applicant

- Describe the type of transportation service needed.
Wheel chair van for outside appts and return from hospital stays/ER visits.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Origin - Elmerott of Allison Park (Hampton Twp.)
destination - Psh area locations (Allegheny, City of Psh)
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Daily - weekly - monthly as needed
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
There are no others in the township that provide this service.
- Have you supported similar applications in the past? If so, who was the applicant?
No.

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.

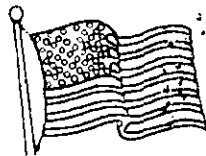
The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

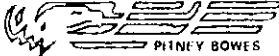
[Signature]
(Signature of Supporter)

Marcia McAfee
(Supporter's Name, printed or typed)

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(Date)

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Atlanta, GA 30326



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Ms. Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, Pa. 17105

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