

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)

Whitemarsh Community Ambulance Association

- 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 706817
(see checklist and indicate type of business entity registered)

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

4019 Joshua Road

Street Address

Lafayette Hill, Pennsylvania 19444

City, State and Zip Code

(610) 828-0955

Montgomery

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)

P.O. Box 376

Street Address

Lafayette Hill, Pennsylvania 19444

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)

Leigh Narducci (215) 628-3810

Attorney's Name & Telephone Number for this Filing

589 Skippack Pike #300, Blue Bell, Pennsylvania 19422

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).

To transport people to and from hospitals who do not require an ambulance.
To transport people who do not require an ambulance to and from their place of residence to a doctors office or hospital.
Provide workers transportation to and from doctors office or hospital for work related injury and/or illness that does not require an ambulance.

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.

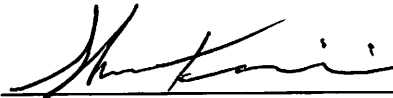
Verification of Application

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.

Shawn Finnigan

(Print Name)



(Signature)

03/10/2015

(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).



Whitemarsh Community Ambulance Association

4019 Joshua Road
Lafayette Hill, PA 19444

P.O. Box 376
Lafayette Hill, PA 19444

Emergency: 911 • Business: 610-828-0955

To whom it may concern,

Please accept this list of officers and ID numbers that is required with our PUC application.

President: Sandra Singrella

Vice-President: Nancy Langerfeld

Treasurer: John Coogan

Secretary: Michael Coogan

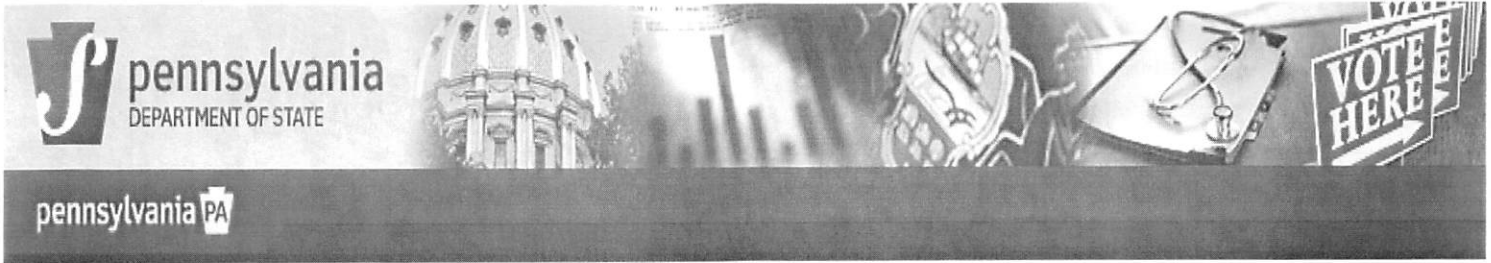
Trustees: Brian Kroker, Nancy Finnigan and Scott Savett

Administrative Director: Shawn Finnigan

Commonwealth of Pennsylvania Department of State Bureau of Corporations and Charitable Organizations registration number: 22160

Pennsylvania Department of State Business Entity Number: 706817

Shawn Finnigan
Administrative Director



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Business Entity Filing History

Date: 3/11/2015 (Select the link above to view the Business Entity's Filing History)

Business Name History

Name	Name Type
WHITEMARSH COMMUNITY AMBULANCE ASSOCIATION	Current Name
WHITEMARSH TOWNSHIP AMBULANCE ASSOCIATION	Prior Name
WHITEMARSH COMMUNITY AMBULANCE ASSOCIATION	Prior Name

Non-Profit (Non Stock) - Domestic - Information

Entity Number: 706817
Status: Active
Entity Creation Date: 3/28/1956
State of Business.: PA
Registered Office Address: 4021 JOSHUA RD
 P.O. BOX 376
 LAFAYETTE HILL PA 19444-0
 Montgomery
Mailing Address: No Address

Commonwealth of Pennsylvania



Department of State

Bureau of Corporations and Charitable Organizations

Certificate of Registration

No. 22160

This is to certify that Whitemarsh Community Ambulance Association is registered as a Charitable Organization with the Department of State, Bureau of Corporations and Charitable Organizations under The Solicitation of Funds for Charitable Purposes Act, 10 P.S. § 162.1 et seq., and is authorized to solicit charitable contributions under the conditions and limitations set forth under the Act.

This certificate is not to be used as identification, nor does it constitute an endorsement.

A handwritten signature in black ink, appearing to read "Carol Aichele".

Secretary of the Commonwealth

EXPIRATION DATE & AUTOMATIC EXTENSION: 11/11/2015