### REGER | RIZZO | DARNALL LLP

Attorneys at Law

RECEIVED

FEB 26 2015

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

Margaret A. Morris Partner mmorris@regerlaw.com

Cira Centre, 13th Floor 2929 Arch Street Philadelphia, PA 19104

Main: 215.495.6500 Direct: 215.495.6524 Fax: 215.495.6600

Via UPS Next Day

Rosemary Chiavetta, Esquire Secretary PA Public Utility Commission Commonwealth Keystone Building, 2 North 400 North Street Harrisburg, PA 17120

Re: Docket No. A-2015-\_\_\_\_

Application of Fabian Transportation, Inc.

Dear Secretary Chiavetta:

Enclosed for filing is application of Fabian Transportation Inc. for Motor Common Carrier of Persons in Airport Transfer Service. The requisite filing fee in the amount of \$350.00 (my firm's check no. 1028), made payable to the Commonwealth of PA is also enclosed.

Kindly return a date stamped copy of the Application, with the assigned docket number, to my attention in the envelope enclosed for your convenience.

If there are any questions, please do not hesitate to contact me.

Very truly yours,

Howall

Reger Rizzo & Darnall LL

Margaret Al Morris

MAM/mdh Enclosures

cc: Leandro Brito, Fabian Transportation, Inc.



FEB 26 2015

Revised 12/1/13

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

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

### **Application for Motor Common Carrier of Persons in Airport Transfer Service**

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGED SERVICE WHEN PROVIDING TRANSPORTATION THAT

ORIGINATES OR TERMINATES AT AN AIRPORT BETWEEN POINTS IN PENNSYLVANIA.				
Legal Name of Applicant (Individual, Partnership or Corporation)				
FABIAN TRANSPORTATION INC				
<ul> <li>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.</li> </ul>				
<ul> <li>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.</li> </ul>				
<ul> <li>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.</li> </ul>				
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.				
Do you currently hold PUC Authority? $\underline{X}$ NO Previous Authority? $\underline{X}$ NO				
Do you currently hold PUC Authority? X_NO Previous Authority? X_NO If YES, at PUC No. A				

If YES, provide your PA Corporation Bureau Entity ID Number 4309688

(see checklist and indicate type of business entity registered)

Physical Address (do not use PO Box)  444 NORTH LITH STREET					
Street Address	IOIREDI				
LEBANON, PA 13	7046				
		· · · · · · · · · · · · · · · · · · ·			
(717) 639-7457		LEBANON			
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.					
Mailing Address	(if different from Phys	sical Address)			
Street Address					
City, State and Zip Co	ode				
This is the address to which the Commission will send all official documents issued by the Commission. If these lines are left blank, it will be assumed that the MAILING ADDRESS is the same as the PHYSICAL ADDRESS.					
Attorney (if applica	ble)				
Margaret A. Morris, Esquire & Debra L. Roscioli, Esquire (215) 495-6524					
Attorney's Name & Telephone Number for this Filing					
	nall, LLP, 2929 Arc	h Street, 13th Floor, Ph	iladelphia, PA 19104		
An attorney's name s			application for a client and		
Does applicant h	old interstate op	erating authority?			
No	X* Yes, at No	. USDOT #2556777	*Application Approved - Compliance Phase		
	444 NORTH HTF  Street Address  LEBANON, PA 17 City, State and Zip Co (717) 639-7457 Telephone Number  The address enterer address the Commequipment.  Mailing Address  City, State and Zip Co This is the address Commission. If these the same as the PHY  Attorney (if applicate Margaret A. Morris Attorney's Name & To Reger Rizzo & Dar Attorney's Name se the application is being the application is being the same as the Phy  Does applicant how transport people in recommendation is recommendation.	Street Address  LEBANON, PA 17046  City, State and Zip Code  (717) 639-7457  Telephone Number  The address entered here should reflect address the Commission needs in ord equipment.  Mailing Address (if different from Physics Street Address  City, State and Zip Code  This is the address to which the Commis Commission. If these lines are left blank, the same as the PHYSICAL ADDRESS.  Attorney (if applicable)  Margaret A. Morris, Esquire & Debra Attorney's Name & Telephone Number for Reger Rizzo & Darnall, LLP, 2929 Arc Attorney's name should only be entered the application is being sent under the attorney based on transport people in motor vehicles in Air or transport people in transport peopl	A44 NORTH 11TH STREET  Street Address  LEBANON, PA 17046  City, State and Zip Code  (717) 639-7457  Telephone Number  County  The address entered here should reflect the actual location of address the Commission needs in order to dispatch Enforce equipment.  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 Commission. If these lines are left blank, it will be assumed that the same as the PHYSICAL ADDRESS.  Attorney (if applicable)  Margaret A. Morris, Esquire & Debra L. Roscioli, Esquire Attorney's Name & Telephone Number for this Filing  Reger Rizzo & Darnall, LLP, 2929 Arch Street, 13th Floor, Phattorney's name should only be entered if an attorney is filing the the application is being sent under the attorney's cover letter.  Does applicant hold interstate operating authority?		

Examples:

- To transport people in motor vehicles in Airport Transfer Service from points in Lehigh County to the Lehigh Valley International Airport.
- To transport people in motor vehicles in Airport Transfer Service from points in the counties
  of Luzerne and Lackawanna to the Wilkes-Barre/Scranton International Airport.

#### 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 Airport Transfer 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.

Leandro Brito

(Print Name)

December 15, 2014

(Signature)

(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).

RECEIVED

Revised 12/1/13

FEB 26 2015

## FABIAN TRANSPORTATION INC Docket No. A-2015-\_\_\_\_

### PA Corporations Bureau Entity ID No. 4309688

### Application for Motor Common Carrier of Persons upon Call or Demand Taxi Service

### **LIST OF CORPORATE OFFICERS**

<u>NAME</u>	TITLE	PERCENTAGE OF OWNERSHIP
Leandro Amilkar Brito	President	55%
Romer Etna Fabian	Vice- President	45%

eight limit respondence nen a UPS Envelopes e are subject weight.

Envelope iercial value. pages you

velopes

6104291369 REGER RIZZO & DARNALL 790 EAST MARKET STREET WEST CHESTER PA 19382

400 NORTH STREET

O.3 LBS LTRUE DOF 1

SHIP TO: ROSEMARY CHIAVETTA, ESQ, SECRETARY

PA PUBLIC UTILITY COMMISSION
PA PUBLIC UTILITY COMMISSION 2 NORTH COMMONWEALTH KEYSTONE BETARY'S BUREAU

HARRISBURG PA 17120-0200



# PA 171 9-20

**UPS NEXT DAY AIR** 

TRACKING #: 1Z 4XF 624 01 9377 5004



BILLING: P/P

Reference # 1: 14-771 MDH

