

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.

A-2015-2472922

PUC Application Docket No.

DTS PA, LLC

Legal Name of Applicant

Trade Name, if any

2424 W. Woodlawn St.,

Street Address (principal place of business)

Allentown,

City or Municipality

PA

State

18104

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.

Brian Levine, owner

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

NONE

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 previously served as an operations manager for a limousine company in New Jersey. I was also an independent contractor for Federal Express, where I attended their many driver safety training courses. I currently hold a Pennsylvania CDL with HAZ-MAT and school bus endorsements.

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 physical location is a home office utilizing a new MAC computer and an HP fax/copier. Vehicles will be stored at each driver's home.

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. The companies I contract with will email me work on a daily basis. In turn I will dispatch work via email to the closest driver. Continuous communication will be through telephone and email or text whichever is most prudent.

6. Please explain:

- a. Your hiring standards for drivers: Experienced drivers with clean MVR's & vehicles less than 5 years old. In addition, they have to interview well.
- b. Your system to ensure prospective drivers will be subject to a criminal background check; Background checks are part of the initial hiring package
- c. Your driver training program; Each new hire will have to pass a safety questionnaire. In addition the company's policies & procedure are given to them and then reviewed
- d. Your system for ensuring that your drivers are properly licensed at all times; A database will track the expiration dates of their drivers license.
- e. Your system to ensure that all drivers will be subject to a criminal background check every two years; The same database will track anniversary dates of background checks
- f. Your policies regarding alcohol and drug use by your drivers. We have a zero tolerance for any drug use. Alcohol can not be consumed the day they work until after they have completed all of their trip for the day. Violation of either will result in immediate termination.

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>
2009	Jeep	GRAND Cherokee	5	1J8GR48K89C528006

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

- a. Your periodic vehicle maintenance plan; **OIL CHANGES EVERY 5,000 MILES. AT WHICH TIME BRAKES ARE ALSO CHECKED. WEEKLY VISUAL CHECKS OF TIRES AND BELTS ARE ALSO PERFORMED**
- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards; **MY VEHICLE WILL COMPLY WITH 67 PA. CODE, CHAPTER 175. I WILL ENSURE THE COMFORT & SAFETY OF PASSENGERS COMPLYING WITH 52 PA. CODE, SECTION 29.403!**
- 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**

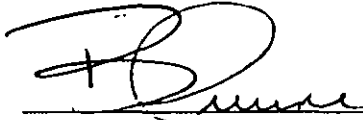
9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

ARI MUTUAL INSURANCE Co. 800-820-4506
QUOTED PREMIUM \$ 2490 ANNUALLY.

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

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.



(Signature)

6/10/15

(Date)

BRIAN LEVINE, OWNER

(Name and Title, printed or typed)

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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.

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Statement of Financial Position (Balance Sheet)

As of (date) 6/10/15

ASSETS

Current Assets

Cash

78,561.00

Other Current Assets (specify)

∅

Other Assets

Motor Vehicle Equipment

11,420.00

Building and Structures

∅

Office Equipment

2,945.00

Investments and Funds (specify)

∅

TOTAL ASSETS

92,926.00

LIABILITIES

Current Liabilities (Due within one year of date)

3,654.00

Long Term Liabilities (Due after one year of date)

∅

TOTAL LIABILITIES

3,654.00

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

\$ 89,272.00

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.



HOMELINK

HOMELINK Credentialing

PO Box 1860 · Waterloo, IA 50704
Main Phone 800-482-1993 · Credentialing Phone 866-575-8482 ·
Fax 855-863-7189

A-2015-2472922

To: DTSPA LLC *Brian* **Fax:** 610-841-4843

Attn: Dear Provider **Date:** 6/18/2015

From: HOMELINK Credentialing **Pages:** Page 1 of 3

Re: HOMELINK Credentialing Provisional Approval Letter

Urgent For Review Please Comment Please Reply Please Recycle

Notes:

*Provisional status is based upon receipt
of PUC license.*

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**HOMELINK**

June 18, 2015

A-2015-2472922

DTSPA LLC
2424 W Woodlawn St
Allentown, PA 18104

Your VGM Group # is: Z43924

Dear DTSPA LLC,

Thank you for continuing to be a HOMELINK® provider. We value your support and contribution to making our National Ancillary Network the largest network to provide these services in the United States and Canada. HOMELINK has received National Accreditation status by ACHC. As part of our credentialing process, HOMELINK re-credentials providers every three years in all states.

After receiving your credentialing materials, we are still missing the items indicated on the attached sheet. However, HOMELINK is pleased to announce that you are now listed as a * "provisional" provider with our organization until we receive the missing items.

Sincerely,

HOMELINK Credentialing Team
1-866-575-8482

** Provisional status is based upon receipt of
PUC license.*

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From: (610) 849-8240
Brian Levine

Origin ID: ABEA



Ship Date: 18JUN15
ActWgt: 0.3 LB
CAD: 103280586/INET3610

2424 Woodlawn St
Allentown, PA 18104



J151215022303uv

Delivery Address Bar Code



SHIP TO: (717) 772-7777

BILL SENDER

Rosemary Chiavetta
Pennsylvania Public Utility Comm.
400 NORTH ST

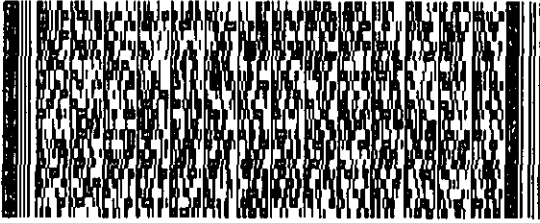
HARRISBURG, PA 17120

Ref #
Invoice #
PO #
Dept #

RELEASE#: 3785346

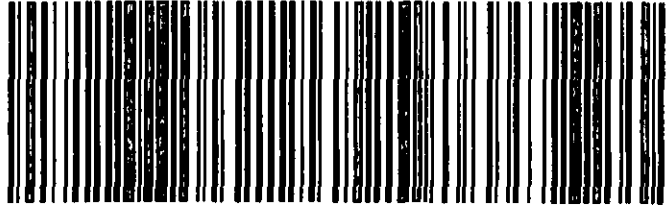
FRI - 19 JUN 10:30A
PRIORITY OVERNIGHT

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17120
PA-US
MDT



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2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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