

VERIFIED STATEMENT OF APPLICANT

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-2015-2474734

PUC Application Docket No.

Frank Ryder

Legal Name of Applicant

Ryder Transit

Trade Name, if any

2914 S. 61st Street

Street Address (principal place of business)

Philadelphia Pa

City or Municipality

19142

State

Zip Code

The Verified Statement of the Applicant is more or less 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.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary 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 making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

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See attached for all

JUL 10 2015

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.
3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
1998	Ford	E350 club wagon	15 seat	1FMSS31L3WMA31651

8. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan;
 - b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - c. Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
 - d. Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines);
 - e. Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
 - f. Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

10. Please describe your customer service standards. Within your description, please explain:
- a. Your plan to inform customers of the procedures for filing complaints with the PUC;
 - b. Your intended customer complaint resolution procedure.

11. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES
 NO

12. **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. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. 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.

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.

Frank Ruden
(Signature)

Frank Ruden
(Name and Title, printed or typed)

7/9/15
(Date)

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Statement of Financial Position (Balance Sheet)

As of (date) 7/9/15

ASSETS

Current Assets		
Cash	\$ 17,351.25	
Accounts Receivable	_____	
Notes Receivable	_____	
Other Current Assets (specify)	_____	
Total Current Assets		\$ 17,351.25
Tangible Assets		
Motor Vehicle Equipment	_____	
Less: Accumulated Depreciation	_____	= _____
-		
Building and Structures	_____	
Less: Accumulated Depreciation	_____	= _____
-		
Office Equipment	_____	
Less: Accumulated Depreciation	_____	= _____
-		
Land	_____	
Investments and Funds (specify)	_____	
Intangible Assets	_____	
Other Assets (advances and idle equipment – specify)	_____	
TOTAL ASSETS		\$ 17,351.25

LIABILITIES

Current Liabilities (Due within one year of date)		
Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		_____
Long Term Liabilities (Due after one year of date)		
Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long Term Liabilities		_____
TOTAL LIABILITIES		_____

NET WORTH (Partnerships and individuals, only) _____

OWNER'S EQUITY (Corporations only)

Capital Stock	_____	
Additional Paid-in Capital	_____	
Retained Earnings	_____	
Less: Treasury Stock	- _____	= _____
Total Owner's Equity		_____

TOTAL LIABILITIES & OWNER'S EQUITY _____

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	97,000
Net Revenue from non-carrier operations	
Dividend and interest revenues	
Other non-operating revenue	
Gains	7,000
Total Revenue and Gains	94,000

EXPENSES

Equipment Maintenance and Garage Expense	6,900 6,900
Insurance Expense	10,000
Employee Salaries	
Supervisory Salaries	
Officer Salaries	
Fuel Expense	19,200
Purchased Transportation (Lease Expense)	
Materials and Supplies Expense	1200
General Office Expense	1,000
Advertising Expense	3600
Telephone Expense	1,392
Accounting Expense	
Legal Expense	
Uncollectible Revenue	
Depreciation Expense	
Amortization	
Operating Taxes and Licenses	2800
Rent Expense	
Loss	4000
Total Operating Expenses and Losses	94,000
<u>Net Income Before Taxes</u>	40,092
Provision for Income Taxes	
<u>Net Income (Loss)</u>	53,908

9/11/15

Good Morning,

I ~~try~~ calling the office many times to get help and answer some questions I have. I never got no return call I'm lost with those last 2 pages I'm just starting this business. so I will I have financial information I put in a estimated on what I expect to do the cash on hand is good. I ran business before I have experience I been self employed for over 10 yrs as a real estate agent I hope you except my Application cause I'm sending it off now on 9/11/15 at 9:12 am and I will fax it also to the number I was given yesterday when I called. The woman couldn't answer none of my questions she said she is the messenger. No help from anybody I did my best with this application I hope it works out if not I will keep applying until it's done. I have plenty of people that need my service I'm just waiting to get everything legit, but alot of other law service go to the prisons and it's ok for them to go and I have to go threw all this stress with this paper work.

Thank you for listening

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Kareemah Mathis-Gee				
Name of Supporter				
2210 S. 22nd Street	Phila	PA	19145	
Street Address	City or Municipality	County	State	Zip Code
Frank Ryder				
Name of Applicant				

- Describe the type of transportation service needed.

I need transportation service to visit my father.

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

SCI: Graterford PA
19126

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

Weekly basic

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.

Kareemah M. Gee
(Signature)
Kareemah M. Gee
(Name, printed or typed)

6/23/15
(Date)

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Marquits Felder
Name of Supporter

2307 Drakey terr Phila PA 19145 1
Street Address City or Municipality County State Zip Code

Frank Byder
Name of Applicant

- Describe the type of transportation service needed.

Transport to see husband at Graterford prison

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Sci Graterford PA 19426

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

weekly basic

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Marquits Felder
(Signature)
Marquits Felder
(Name, printed or typed)

6/23/15
(Date)

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Janniel Turner
Name of Supporter

2330 Bailey Terrace Phila Phila PA 19145
Street Address City or Municipality County State Zip Code

Frank Ryder
Name of Applicant

- Describe the type of transportation service needed.

I need transportation service to all state Correctional Facilities for me and my family

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

SCI Retreat 660 US-11 Hunlock creek, PA 18621

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

on a monthly bases

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Janniel Turner
(Signature)
Janniel Turner
(Name, printed or typed)

6/23/15
(Date)

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Sonya Eastley
Name of Supporter

5524 REARIST Phila, PA 19139
Street Address City or Municipality County State Zip Code

FRANK Ryder
Name of Applicant

- Describe the type of transportation service needed.
I need transportation to all state correctional facilities
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Greaterford Prison
Greaterford PA 19426
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
weekly

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Sonya Eastley 6-23-15
(Signature) (Date)

Sonya Eastley
(Name, printed or typed)

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Janiyyah Berry
Name of Supporter
2332 Baitey Terr. Phila, Pa 19145
Street Address City or Municipality County State Zip Code
Frank Ryder
Name of Applicant

- Describe the type of transportation service needed. *Safe, convenient, and affordable to State Correctional Facilities to see love ones.*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *SCI Summerset 1590 Walters Mill Road 15510
SCI Waymart 100 U.S. 6, Waymart, PA 18472
SCI Graterford Graterford Pa. 191426*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
weekly basis

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Janiyyah Berry
(Signature)
Janiyyah Berry
(Name, printed or typed)

6-23-15
(Date)

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Verified Statement of Applicant

1. The person making the Verified Statement is Frank Ryder; the applicant is a sole proprietor making a statement.
2. I'm the owner of the business and I will be handling all aspects of the business with the help of a personal assistant.
3. I'm currently doing Day Care Trips, Amusement Park Trips for the community/churches and County Prison trips since January 2015. From 1998 to 1999 I worked at Avis Car Rental transporting cars from different locations in the city of Philadelphia. From 1999 to 2012 I was a correctional officer transporting inmates to the hospital. I currently hold a real estate license from 2013 to present and I transport clients around to show them houses.
4. Record maintenance with all important paperwork from the PUC, van maintenance, and all customers trip booking sheets pertaining to the business will be stored and locked in a file cabinet and/or saved on our website. Business is conducted out of a home office which is located at 2914 S. 61st Street Philadelphia Pa. 19142. There are file cabinets, fax machine, printer, copier, scanner and a desk set up to conduct all business matters. Communication will be handled with our 24/7 office number (customers will hear a professional greeting and be able to leave a message after business hours or calls will be forwarded to cell phone when conducting business outside of the office), cell phone, mass text messages (mass text message software and email software to keep customers up to date on our specials, discounts, cancellations and policies) and a website for booking trips. Our physical location is 2914 S. 61st Street Philadelphia Pa. 19142 we will use this location for housing the vehicle and for all important paperwork pertaining to the business. Currently there is one van with 15 seat passenger capacity. Our business hours are from Monday-Friday from 10am-6pm and Saturday from 11am-3pm. Sunday closed.

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5. The owner/CEO will be transporting customers to and from the State Correctional Institutes. There will be three pick up and drop off locations in City of Philadelphia. Once customers are picked up they will be transported and drop off at the State Correctional Facility we will wait until their visit is over and transport them back to there pick up/drop off location from where they were picked up at..
There will be a personal assistant that will be maintaining all records for the business, communicating with customers, answering phone calls, returning phone calls, making the schedules, booking all the trips. We currently have dozens of people on hold waiting to travel to the State Correctional Facilities, with the help of a personal assistant all the back end work will be handle and all the owner has to do is transport the customer to and from. The business will ran smoother for the public and will be professional and organized

6. There is a high demand of people in the Philadelphia County areas that needs transportation services to the State Correctional Facilities and it's hard for them to travel to see there love one. We plan on hiring at least two drivers to help the high demand of customers travel to and from the facilities. We will use hiring software to check all new applicant drivers' license history, criminal back round checks, and for training programs. Our hiring standards for drivers, you must have over 3 years of experience with a clean driving record, CDL with passenger endorsement, no DUI we will not accept any persons with DUI on there driving record. Must be over 25 year old to apply, and random drug testing. We will conducted a background check on all drivers, we will not tolerate any records dealing with transporting drugs or people convicted of bringing in drugs to the facilities. Must have over 3 years experience driving long distance with a group of passengers. We are looking for experience drivers only. We will disclose that our company has the right to check driver license on a regular basis. We will disclose to all new hires that we will conduct a back round check in the beginning of the application process, and all drivers must disclose if they have been arrested for any type of offense, and a back round check will be conducted every 2 years. There will be a policy regarding alcohol and drug use waiver in the beginning with the application process explaining that there is a zero tolerance and new employee must sign the waiver.

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7. Currently we will be operating with one van, this will give our customers transportation to see their love ones at least once or twice a month.
8. It is the policy of the company that our passenger's vehicles will be used only for company business and will operate only by authorized persons. All employees must comply with federal, state and local laws and policies and be professional when they are on company business. Drivers must be mentally and physically able to do their jobs. Employees must do a walk around inspection of the vehicle before driving it and they must sign and date and provide any issues to the vehicles in the maintenance record log along with the PUC requirements for passenger's service. We will provide the PUC requirements for all passengers on our website that way all passengers can read or accept the requirements before they book their trip.
9. Currently we have one vehicle, and our insurance is maintained and paid annually from our Day Care Trips, Amusement Park Trips and our County Prison Trips.
10. We provide fast and reliable transportation service to all the communities in Philadelphia, we communicate with our customer in a timely professional manner, if there are any issues you have with our company we will resolve them. If you have any complaints about our service or company you can file a complaint with the PUC (Full name, Address, and phone number will be provided to customers) We will identify the problem and hear both sides to the story and do what it takes to make the customer happy and want to come back to us and do business. We will offer them, discounts, specials, refunds it depends on the issue

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PRESS FIRMLY TO SEAL

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-  DATE OF DELIVERY SPECIFIED*
-  USPS TRACKING™ INCLUDED*
-  INSURANCE INCLUDED*
-  PICKUP AVAILABLE

* Domestic only



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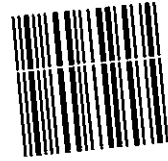
FROM: Frank Ryden
P.O. Box 23917
Phila Pa 19143

TO:

The Secretary
Pennsylvania PUC
P.O. Box 3265
Harrisburg Pa 17105



1006



17105

U.S. POSTAGE
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JUL 10 2015
AMOUNT

\$5.75
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