

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-2015-2475065
PUC Application Docket No.

Leon Earle Saucier
Legal Name of Applicant

Leon Saucier
Trade Name, if any

237 Lomparter Rd Quakerville PA 17566
Street Address (principal place of business) City or Municipality State Zip Code

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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.

Leon Earle Saucier

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

No other affiliations.

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.

I was a dairy & beef farmer from 1980 to 1995. I towed a fifth wheel 20FT horse trailer from 1995 to 2013.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. 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 how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

I have a cell phone that customers call me on. I have a computer that I keep my business records on. I drive a Chevy Silverado HD 2500. It is a 2013 and I have it serviced every 5,000 miles.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. (Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).

I do not have any employees.

6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:

- Your hiring standards for drivers;
- Your system to ensure prospective drivers will be subject to a criminal background check;
- Your driver training program;
- Your system for ensuring that your drivers are properly licensed at all times;
- Your system to ensure that all drivers will be subject to a criminal background check every two years;
- Your policies regarding alcohol and drug use by your drivers.

I do not hire any drivers.

I do not use alcohol or drugs.

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.

I have one vehicle, 2013 Silverado HD 2500

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2013	Chevy	Silverado	6	16CZKXC6902227970

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
 - 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;
 - 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);
 - 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);
 - Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
 - 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).

I service my truck every 5,000 miles

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.

I have the insurance coverage I need at this time.

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

My customer service standards is to be on time and allow enough time for all the stops they want to do. I will explain how to file a complaint with Pennsylvania Public Utility Commission.

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

Statement of Financial Position (Balance Sheet)

As of (date) 8-11-15

ASSETS

Current Assets			
Cash		<u>1,000</u>	
Accounts Receivable		<u>0</u>	
Notes Receivable		<u>0</u>	
Other Current Assets (specify)		<u>0</u>	
Total Current Assets			<u>1,000</u>
Tangible Assets			
Motor Vehicle Equipment		<u>38,000</u>	
Less: Accumulated Depreciation		<u>0</u>	= <u>36,000</u>
-			
Building and Structures		<u>0</u>	
Less: Accumulated Depreciation			= <u>0</u>
-			
Office Equipment			
Less: Accumulated Depreciation			= <u>0</u>
-			
Land			
Investments and Funds (specify)			
Intangible Assets			
Other Assets (advances and idle equipment – specify)			
			<u>37,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable		<u>0</u>	
Notes Payable		<u>0</u>	
Equipment Obligations		<u>0</u>	
Other Liabilities (Attach schedule)		<u>0</u>	
Total Current Liabilities			<u>0</u>
Long Term Liabilities (Due after one year of date)			
Accounts Payable		<u>0</u>	
Notes Payable		<u>0</u>	
Equipment Obligations		<u>0</u>	
Other Liabilities (Attach Schedule)		<u>0</u>	
Total Long Term Liabilities			<u>0</u>
			<u>0</u>

NET WORTH (Partnerships and individuals, only)

37,000

OWNER'S EQUITY (Corporations only)

Capital Stock		<u>0</u>	
Additional Paid-in Capital		<u>0</u>	
Retained Earnings		<u>0</u>	
Less: Treasury Stock	-	<u>0</u>	= <u>0</u>
Total Owner's Equity			<u>0</u>

TOTAL LIABILITIES & OWNER'S EQUITY

\$ 37,000

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue
Net Revenue from non-carrier operations
Dividend and interest revenues
Other non-operating revenue
Gains
Total Revenue and Gains

EXPENSES

Equipment Maintenance and Garage Expense
Insurance Expense
Employee Salaries
Supervisory Salaries
Officer Salaries
Fuel Expense
Purchased Transportation (Lease Expense)
Materials and Supplies Expense
General Office Expense
Advertising Expense
Telephone Expense
Accounting Expense
Legal Expense
Uncollectible Revenue
Depreciation Expense
Amortization
Operating Taxes and Licenses
Rent Expense
Loss

Total Operating Expenses and Losses

Net Income Before Taxes

Provision for Income Taxes

Net Income (Loss)

*I have not been in
business for one year.*

Leon E. Sauer

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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.

Leon E. Saucier
(Signature)

Leon E Saucier
(Name and Title, printed or typed)

8-11-15
(Date)

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.

Ezra K. Esh
Name of Supporter
293 Lamparter Rd Quarryville PA 17566
Street Address City or Municipality County State Zip Code
Leoa Soucier
Name of Applicant

- Describe the type of transportation service needed.
Pick up Truck to pull Trailer
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Mostly local Hauling in Bart Twp
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

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Ezra K. Esh
(Signature)
Ezra K. Esh
(Name, printed or typed)

8-11-15
(Date)

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Daniel Ebersol (Ebersol Poly Crafts)
Name of Supporter

475 Dry Wells Rd. Quarryville Lanc. PA 17566
Street Address City or Municipality County State Zip Code

Lead Soucier Daniel E. Ebersol
Name of Applicant

- Describe the type of transportation service needed. taxi service
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Intercourse, Ronks, Bird in Hand
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

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Daniel E. Ebersol
(Signature)
Daniel E Ebersol
(Name, printed or typed)

8/11/15
(Date)

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Morris Hill Metal Craft Levi Smoker
Name of Supporter

468 Dry Wells Rd Bart Lancr Pa 17546
Street Address City or Municipality County State Zip Code

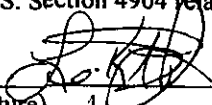
Leon Saucier
Name of Applicant

- Describe the type of transportation service needed.
Deliver Products to customers
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
From my shop on Dry Wells Road to other locations in Lancaster county PA.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Once or twice a month.

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(Signature) Levi Smoker
(Name, printed or typed)

8-10-15
(Date)

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David S King
Name of Supporter

224 Lamparter Rd Quarryville Lanc Pa 17566
Street Address City or Municipality County State Zip Code

Leon Saucier
Name of Applicant

- Describe the type of transportation service needed.
Leon takes my farm equipment to be repaired. He also takes my wife to the ~~grocery~~ grocery store.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
From my farm on Lamparter Road to other location in the town of Bart.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
This may be once a week.

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David S. King
(Signature)
David S King
(Name, printed or typed)

8/10/15
(Date)

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Isaac L. Blank
Name of Supporter

95 Drywells Rd. Bart Township Lancaster PA 17506
Street Address City or Municipality County State Zip Code

Leon Saucier
Name of Applicant

- Describe the type of transportation service needed.

Delivery of products

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

From my shop on Drywells Road To New Holland, PA

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

Once a week.

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Isaac L. Blank
(Signature)
Isaac L. Blank
(Name, printed or typed)

8-10-15
(Date)

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LEVI K. FISHER
Name of Supporter

149 LAMPARTER RD QUARRYVILLE LANC PA 17566
Street Address City or Municipality County State Zip Code

Leon Saucier
Name of Applicant

- Describe the type of transportation service needed.

Trucks to my produce to market

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

From my farm on Lamparter Road in Bart to the Produce Auction in Oxford

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

Once a week

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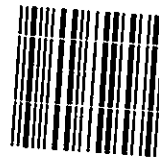
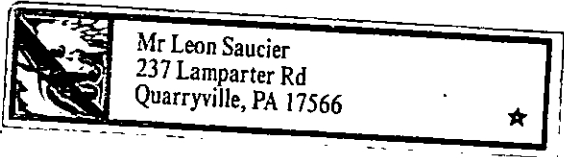
The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Levi K. Fisher
(Signature)
LEVI K. FISHER
(Name, printed or typed)

8-11-15
(Date)

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