

  
**JOHN A. PILLAR**  
Attorney-at-Law  
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Hours by Appointment Only at:  
300 Mt. Lebanon Blvd.  
Suite 220-A  
Pittsburgh, PA 15234

August 20, 2015

Re: Fullington Trailways, LLC  
d/b/a Fullington VIP Limousine  
Docket No. A-2015-2472803

**RECEIVED**

AUG 20 2015

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
P. O. Box 3265  
Harrisburg, PA 17105-3265

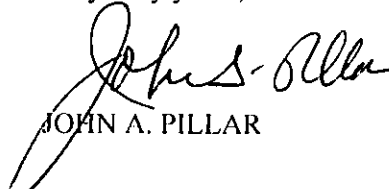
PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Dear Secretary Chiavetta:

Enclosed for filing is the Verified Statement of the applicant and all supporting statements in connection with the above docketed application proceeding.

Please acknowledge receipt of the enclosures on the duplicate of this letter of transmittal and return it in the stamped, self-addressed envelope provided.

Very truly yours,

  
JOHN A. PILLAR

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Enclosures

cc: David P. Thompson, Compliance Specialist  
Fullington Trailways, LLC

Before the  
PENNSYLVANIA PUBLIC UTILITY COMMISSION

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In re: Fullington Trailways, LLC ) Docket A-2015-2472803  
d/b/a Fullington VIP Limousine )

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**VERIFIED STATEMENT OF APPLICANT  
AND STATEMENTS IN SUPPORT OF APPLICATION**

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By this application, Fullington Trailways, LLC, d/b/a Fullington VIP Limousine, seeks authority to transport persons, in group and party service in vehicles seating 11 to 15 passengers including the driver, from points in the Counties of Blair, Cambria, Cameron, Centre, Clarion, Clearfield, Elk, Huntingdon, Jefferson and Mifflin to points in Pennsylvania, and return.

The attached verified statement of the applicant sets forth all of the information requested as to the background of the applicant, its fitness to provide service, and its service proposal. The public statements in support of the application show that the witnesses have expressed a need for service from such points as Altoona, Mifflinburg, Clearfield, State College, University Park Airport, Emporium, Driftwood, Dubois, Clarion, Boalsburg, Boyertown, and Bellefonte. These origins are representative of points in the application area and warrant a grant of authority throughout the application territory.

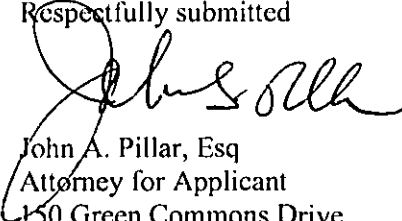
Applicant respectfully requests that its application to provide group and party service in vehicles seating 11 to 15 passengers including the driver be granted in its entirety.

**RECEIVED**

AUG 20 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Respectfully submitted

  
John A. Pillar, Esq  
Attorney for Applicant  
150 Green Commons Drive  
Pittsburgh, Pa. 15243  
412 343 0970

## 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.

**PUC Application Docket No.** Docket A-2015-2472803  
**Legal Name of Applicant:** Fullington Trailways, LLC  
**Trade Name, if any:** d/b/a Fullington VIP Limousine  
**Address (Principal place of business):** 316 East Cherry Street, Clearfield, PA 16830

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.

*Terry Welker, Vice President*  
*Fullington Trailways, LLC*  
*316 East Cherry Street, Clearfield, PA 16830*  
*814-765-7871*

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

*None.*

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.

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AUG 20 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

*Fullington has been in business for over 100 years providing safe and reliable transportation service. Our safety division members have approximately 52 years of experience in all facets of our company's transportation services. I am fully acquainted with all facets of the operation of Fullington Trailways and I have provided the information on this business plan.*

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.

*The physical location of the company is 316 East Cherry Street, Clearfield, PA 16830. Our company's office is fully equipped with the necessary office equipment, including computers, copiers, fax and telephone, to operate the proposed service. Our company has 4,000 square feet of indoor space on Adler Street in Phillipsburg, PA for equipment.*

*Customer requests will be received via phone, internet, and fax, all of which are available for the customers' convenience. Our dispatch will be completed through our dispatch operations department which is also in communication with drivers, if necessary, by cell phone. Our company has been operating in this manner successfully for many years.*

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.)**

*The applicant employs office staff, dispatchers and maintenance employees in sufficient number to operate its current business transporting passengers within Pennsylvania. No additional employees are contemplated to provide the additional service proposed by this application.*

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

- a. *Drivers are licensed as required under the Pennsylvania state and federal regulations, and they hold an acceptable driving record and pass criminal history background checks. Our drivers must pass a pre-employment drug test and a US DOT physical. Our drivers are road tested and are provided with relevant information necessary to provide safe and efficient service.*
- b. *All applicants must pass an Act 34 criminal background check prior to being considered for employment.*
- c. *A driver trainee will work with a trainer from the safety division. All company policies, procedures and expectations will be explained by the trainer to the drivers. The trainee will also receive on the road training to insure safe operation of the vehicle to our company's standards. Training will be completed by working with senior drivers.*
- d. *Our drivers are licensed as required under Pennsylvania state and federal regulations. We have a program in place to alert us when driver credentials are due for renewal and we require the driver to provide copies of these documents for our record keeping. We conduct MVR reviews yearly.*
- e. *Every two years, the Human Resources Department conducts a criminal background check on all drivers. Copies are maintained as required by law.*
- f. *Our company has a substance abuse and testing program which requires pre-employment, random, post-accident, and reasonable suspicion testing for drugs or alcohol.*

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.

*See attached vehicle list. We believe these vehicles are sufficient to provide adequate service in the application area. If additional equipment is needed, Fullington has the financial ability to acquire additional equipment.*

YEAR	MAKE	MODEL	SEATING CAPACITY	VEHICLE ID #

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).
- 
- a. *All vehicles are inspected every 3,000 miles for both safety regulations and mechanical operation.*
  - b. *See 8.a. above.*
  - c. *All vehicles are checked out by its operator before and after each trip and any defects are repaired or corrected by our maintenance department.*
  - d. *Our company has a program to update our equipment so that no vehicles operated are older than 8 model years.*
  - e. *Our company properly files all required reports with the PUC including an annual vehicle list.*
  - f. *Not applicable.*
9. Please explain what steps you have taken to determine if you can obtain and pay the premium to maintain insurance coverage for the proposed number of vehicles for your business.
- Our company has maintained insurance on our equipment for all the years we have been in business. We have always maintained the requisite amount of insurance and paid all premiums when received. No additional steps have been taken to determine if we can pay our insurance coverage since our insurance coverage is always paid in full and maintained in full compliance.*
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.
- 
- a. *Our customers are made aware that any complaint should be forwarded directly to our company after which it would be forwarded to the appropriate department based on whether it is safety related or service related. Our safety department would investigate any safety claim. Our safety department is headed by a retired police officer with 20 years of experience. A follow-up would be made to the customer after investigation. In addition, all complaints are forwarded to our CEO and President, as well as our management team, so that they are aware of the nature of the complaint.*
  - b. *If a customer service complaint is made, it would be handled by the customer service manager and handled through our company's management team, including our CEO and President to ensure that we provide exceptional customer service.*

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                        X   NO

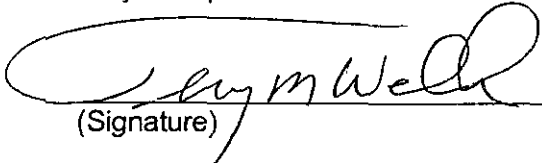
12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore, you must complete both parts of the "Statement of Financial Position" which follows this page. The first 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.

*There is attached to this statement a supplement to question #12 which consists of a balance sheet of the applicant as of 12-31-14. This balance sheet fairly reflects the current financial condition of the applicant.*

*There is also attached as a supplement to question #12 a projected profit and loss statement for the applicant. This projection is based on our anticipated income from transportation in the application area and the anticipated expenses based on our company's history over the many years we have been in business. Our company believes that the proposed service is not only financial viable but will also enhance the profitability of the company and its ability to offer satisfactory service to the public. Our company believes we have sufficient funds to operate in the application area with our current equipment and we can purchase additional equipment, if necessary.*

### 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)

\_\_\_\_\_ 8/7 \_\_\_\_\_, 2015  
(Date)

\_\_\_\_\_  
Terry Welker  
Vice President

**Vehicle Inventory as of January 31, 2015  
Operated by Fullington Trailways, LLC**

<u>Vehicle No.</u>	<u>Make</u>	<u>Year of Mfg.</u>	<u>Seating Capacity</u>	<u>License No.</u>	<u>Type of Vehicle</u>
905	Ford	2007	15	BA39771	Van
933	Ford E-350	2008	15	BA64495	Van
946	Ford	2009	15	BA66264	Van
986	Ford	2012	15	OB75626	Van



Re: Docket A-2015-2472803  
Fullington Trailways, LLC  
d/b/a Fullington VIP Limousine

Supplement to Paragraph 12

As of 12-31-14:

Cash	944,000.00
Other current assets (accounts receivable – A/R, inventory, prepaid expenses)	2,500,000.00
Motor vehicle equipment	9,000,000.00
Building and structures	900,000.00
Office equipment	<u>48,000.00</u>
TOTAL ASSETS	\$13,392,000.00
Current Liabilities	3,806,000.00
Long-term liabilities	<u>6,404,000.00</u>
TOTAL LIABILITIES	10,210,000.00
Owner Equity	3,182,000.00

**Fullington Trailways, LLC**  
**Profit & Loss - VIP Limo Division**  
**Projected P&L**

<b>Revenue</b>	
Income	\$ 212,443
<b>Total Income</b>	<b><u>\$ 212,443</u></b>
<b>Expenses</b>	
Wages & Benefits - Operations	\$ 22,978
Rent, Taxes, Bldg Maint.	\$ 396
Fleet Maintenance	\$ 7,329
Tires	\$ 554
Fuel & Lubricant	\$ 12,700
Payroll Taxes	\$ 5,384
Insurance Exp	\$ 29,792
Advertising & Marketing	\$ 8,543
Utilities Exp	\$ 269
Charter / Tour Travel Exp	\$ 4,074
Depreciation Exp	<u>\$ 25,570</u>
<b>Total Operational Exp</b>	<b>\$ 117,590</b>
Wages & Benefits - Admin	\$ 23,682
General Admin Exp Alloc.	\$ 55,799
RATP Dev Management Fees	<u>\$ 4,248</u>
<b>Total Administrative Exp</b>	<b>\$ 83,729</b>
<b>Total Expense</b>	<b><u>\$ 201,319</u></b>
<b>Income / (Loss)</b>	<b>\$ 11,124</b>

In re: Application of Pullington Trailways, LLC  
Docket No. A-2015-2472803

STATEMENT OF SERVICE

1. State your name and address.  
RAWDY SCHMIDT DUBOIS AREA SCHOOL DISTRICT  
4255 ORIENT AVENUE DUBOIS PA 15801
2. State whether you are making this statement on behalf of a firm or organization, and if so, explain.  
TRANSPORTATION DIRECTOR - DUBOIS AREA SCHOOL DISTRICT
3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?  
POSSIBLE 10 TO 12 TIME A SCHOOL YEAR
4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)  

<u>Origins:</u>	<u>Destinations:</u>
<u>DUBOIS</u>	<u>PITTSBURGH</u>
<u>DUBOIS</u>	<u>WILLIAMS PORT</u>
<u>DUBOIS</u>	<u>ERIE</u>
5. Would approval of this application be beneficial to you and be in the public interest?  
YES

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. §4904 relating to unsworn falsification to authorities.

Dated: 6/20/15

Randy Schmidt  
(Signature)  
RAWDY SCHMIDT  
(Print Name)

**STATEMENT OF SUPPORT**

**1. State your name and address.**

Diana Stapleford, General Manager  
Magnum Broadcasting, Inc.  
315 S. Atherton  
State College, PA 16801

**2. State whether you are making this statement on behalf of a firm or organization, and if so, explain.**

I am making the statement on behalf of Magnum Broadcasting, Inc., we have done business with Fullington Trailways for many years.

**3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?**

Atleast one time per year.

**4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)**

Origins:

State College  
State College

Destinations:

Hershey, PA  
Entertainment venues around the area

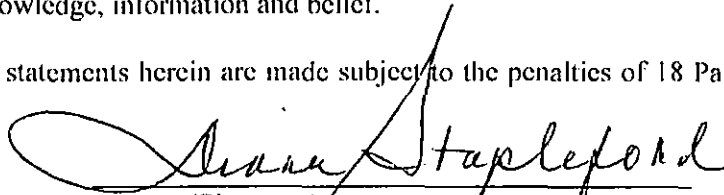
**5. Would approval of this application be beneficial to you and be in the public interest?**

Yes.

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. §4904 relating to unsworn falsification to authorities.

Dated: 8/12/2015

  
(Signature)  
Diana Stapleford  
(Print Name)

In re: **Application of Fullington Trailways, LLC**  
Docket No. A-2015-2472803

STATEMENT OF Support

1. State your name and address. Rich Tornicola  
185 E. Beaver St, Bellefonte, PA 16823

2. State whether you are making this statement on behalf of a firm or organization, and if so, explain. N/A

3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?  
1-2 times / yr

4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)

Origins:  
Bellefonte, PA

Destinations:  
State College, PA

5. Would approval of this application be beneficial to you and be in the public interest?  
Yes!

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. §4904 relating to unsworn falsification to authorities.

Dated: 8/10/15

Richard A. Tornicola  
(Signature)  
RICHARD A. TORNICOLA  
(Print Name)

In re: **Application of Fullington Trailways, LLC**  
Docket No. A-2015-2472803

**STATEMENT OF SUPPORT**

1. State your name and address.  
John Hardy, Owner, Happy Valley Refreshment  
420 Boal Ave, Boalsburg, PA 16827
2. State whether you are making this statement on behalf of a firm or organization, and if so, explain.  
Business – Fullington VIP Limousine
3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?  
Several Times/Year
4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)

Origins:

Boalsburg, PA / State College, PA

Destinations:

Pittsburgh, PA,  
Philadelphia, PA  
State College, PA

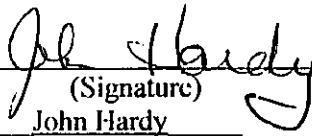
5. Would approval of this application be beneficial to you and be in the public interest?

I have used Fullington VIP Limousine Service for many years and the service they provided has always been efficient and professional. The vehicles have been properly maintained and the drivers are mannerly. The service ensures my party and myself safe, care-free transportation to/from concerts, and dinners and social events.

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. §4904 relating to unsworn falsification to authorities.

Dated: Aug 10, 2015

  
(Signature)  
John Hardy  
(Print Name)

In re: **Application of Fullington Trailways, LLC**  
Docket No. A-2015-2472803

**STATEMENT OF SUPPORT**

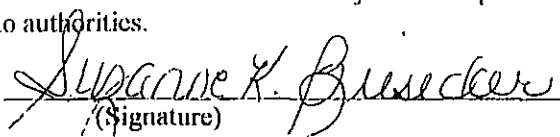
1. State your name and address.  
Suzanne Biesecker  
PO Box 608, Boyertown, PA 19512
  
2. State whether you are making this statement on behalf of a firm or organization, and if so, explain.  
No
  
3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?  
7 times a year
  
4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)  

<u>Origins:</u>	<u>Destinations:</u>
<u>University Park Airport</u>	<u>Penn State - Beaver Stadium</u>
_____	_____
_____	_____
  
5. Would approval of this application be beneficial to you and be in the public interest?  
Yes

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. §4904 relating to unsworn falsification to authorities.

Dated: 08/10/2015

  
(Signature)  
Suzanne Biesecker  
(Print Name)

In re: **Application of Fullington Trailways, LLC**  
Docket No. A-2015-2472803

STATEMENT OF Michael O'Connell

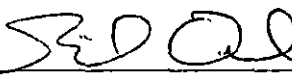
1. State your name and address.  
Michael O'Connell  
PO Box 155 Newry PA 16665
2. State whether you are making this statement on behalf of a firm or organization, and if so, explain.  
FULLINGTON
3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?  
Annually
4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)  

<u>Origins:</u>	<u>Destinations:</u>
<u>ALTOONA PA</u>	<u>LOCAL</u>
<u>ALTOONA PA</u>	<u>IN STATE</u>
<u>ALTOONA PA</u>	<u>MID-ATLANTIC STATES</u>
5. Would approval of this application be beneficial to you and be in the public interest?  
Yes

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. §4904 relating to unsworn falsification to authorities.

Dated: 7/1/15

  
(Signature)  
Michael O'Connell  
(Print Name)



In re: **Application of Fullington Trailways, LLC**  
Docket No. A-2015-2472803

**STATEMENT OF SUPPORT**

1. State your name and address.  
Kris Hallinan, Altoona Area School District,  
1415 Sixth Ave, Altoona PA 16602
  
2. State whether you are making this statement on behalf of a firm or organization, and if so, explain.  
On behalf of Altoona Area School District
  
3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?  
Approximately 5 times a year.
  
4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)  

<u>Origins:</u>	<u>Destinations:</u>
<u>Altoona</u>	<u>Pittsburgh</u>
<u>Altoona</u>	<u>Indiana</u>
<u>Altoona</u>	<u>State College</u>
  
5. Would approval of this application be beneficial to you and be in the public interest?  
Yes

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. §4904 relating to unsworn falsification to authorities.

Dated: 7/2/15

Kris A. Hallinan  
(Signature)  
Kris A. Hallinan  
(Print Name)

STATEMENT OF SUPPORT

1. State your name and address. Joyce L. Boone  
120 Boones Ln, Spring Mills, PA  
16875

2. State whether you are making this statement on behalf of a firm or organization, and if so, explain. Making statement on behalf of Voyages VIP  
Cruises + Tours, Inc as President

3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers? 6-8 Times yearly

4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)

Origins:  
Clearfield, PA  
State College PA  
State College, PA

Destinations:  
Baltimore, Md CRUISE  
to " " port  
Newark & La Guardia  
airports

5. Would approval of this application be beneficial to you and be in the public interest? Yes

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. §4904 relating to unsworn falsification to authorities.

Dated: 7/2/15

Joyce L Boone  
(Signature)  
Joyce L. Boone  
(Print Name)

In re: **Application of Fullington Trailways, LLC**  
Docket No. A-2015-2472803

**STATEMENT OF SUPPORT**

1. State your name and address.

Sally Bailey  
7185 3rd St Driftwood, Pa 15832

2. State whether you are making this statement on behalf of a firm or organization, and if so, explain.

We are the Driftwood Seniors  
Our group started from Senior Centers

3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?

? When needed

4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)

Origins:

Driftwood Senior Center  
Emporium Senior Center

Destinations:

many different destinations  
fairs, sports events, Casinos,  
Playas, NY, Buffalo, Harrisburg,  
Pittsburg, York,

5. Would approval of this application be beneficial to you and be in the public interest?

Yes

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. §4904 relating to unsworn falsification to authorities.

Dated: 6-29-15

Sally Bailey  
(Signature)  
SALLY BAILEY  
(Print Name)

In re: **Application of Fullington Trailways, LLC**  
Docket No. A-2015-2472803

STATEMENT OF \_\_\_\_\_

1. State your name and address. Ken Nellis  
110 Oakridge Drive Clarion PA 16214
2. State whether you are making this statement on behalf of a firm or organization, and if so, explain. Penn State DuBois - Athletics  
We use services to transport Volleyball, Golf  
Cross Country Teams
3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?  
10 TO 15 TIMES A YEAR
4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)  

<u>Origins:</u> <u>DuBois, PA</u>	<u>Destinations:</u> <u>VARIOUS locations in PA WITH</u> <u>2-4 hour drive. Also Norfolk, VA</u> <u>Syracuse, NY</u>
--------------------------------------	-------------------------------------------------------------------------------------------------------------------------------
5. Would approval of this application be beneficial to you and be in the public interest?  
yes

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. §4904 relating to unsworn falsification to authorities.

Dated: 6/19/2015

Ken Nellis  
(Signature)  
Ken Nellis  
(Print Name)

In re: **Application of Fullington Trailways, LLC**  
Docket No. A-2015-2472803

STATEMENT OF JERRY BAKER

1. State your name and address.  
JERRY BAKER  
4265 William Penn Highway Mifflintown, PA 17059

2. State whether you are making this statement on behalf of a firm or organization, and if so, explain.  
TRUSTWORTHY TRAVEL AGENCY

3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?  
3-5 Times

4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)

Origins:  
MIFFLINTOWN  
MIFFLINTOWN  
MIFFLINTOWN

Destinations:  
HARRISBURG  
BALTIMORE  
PHILADELPHIA

5. Would approval of this application be beneficial to you and be in the public interest?  
YES

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. §4904 relating to unsworn falsification to authorities.

Dated: 6/22/2015

Jerry Baker  
(Signature)  
JERRY BAKER  
(Print Name)

In re: Application of Fullington Trailways, LLC  
Docket No. A-2015-2472803

STATEMENT OF Clarion Univ. Athletics

1. State your name and address. D. Van Epps  
CUP, 840 Wood St, Clarion, Pa. 16214
2. State whether you are making this statement on behalf of a firm or organization, and if so, explain. Business Mgt. - CUP.
3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?  
a few times - small groups.
4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)  

<u>Origins:</u>	<u>Destinations:</u>
<u>Clarion, PA.</u>	<u>California, PA.</u>
<u>" "</u>	<u>Bloomsburg, Pa.</u>
<u>" "</u>	<u>West Chester</u>
5. Would approval of this application be beneficial to you and be in the public interest?  
Yes

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. §4904 relating to unsworn falsification to authorities.

Dated: 6-17-15

Kiane Van Epps  
(Signature)  
Diane VAN Epps  
(Print Name)

In re: Application of Fullington Trailways, LLC  
Docket No. A-2015-2472803

STATEMENT OF Jennifer Brooks-Stall

1. State your name and address.  
Jennifer Brooks Stall  
1450 S. Athena St. State College PA 16801
2. State whether you are making this statement on behalf of a firm or organization, and if so, explain.  
Yes - Ramada Conference Center & Mountain View  
Country Club
3. How often would you or your organization intend to use group and party service in vehicles seating 11 to 15 passengers?  
Our clients would utilize couple dozen times a year
4. State specific origin points from which service is required and destination points to which service is required. (Please state points in terms of a city, township or borough.)

Origins:

Destinations:

Hotel (Ramada)

Golf Course (Mountain View)

Hotel

PSU Campus

5. Would approval of this application be beneficial to you and be in the public interest?

Yes - Fullington is well respected & is very reliable

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. §4904 relating to unsworn falsification to authorities.

Dated: 8/13/15

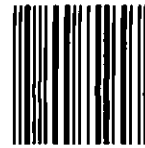
Jr  
(Signature)

Jennifer Brooks-Stall  
(Print Name)

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JOHN A. PILLER, ESQ  
120 GREEN COMMONS DR  
PITTSBURGH, PA. 15243

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PO ZIP Code 15243	Scheduled Delivery Date (MM/DD/YY) 8/21/15	Postage \$ 19.99	
Date Accepted (MM/DD/YY) 8/20/15	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 11:04 AM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight lbs. ozs.	<input checked="" type="checkbox"/> Flat Rate \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 19.99
Acceptance Employee Initials M P			

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Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

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