

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-2015-2474729
~~2472432~~
PUC Application Docket No.

GARY L + MARIE SNYDER
Legal Name of Applicant

N/A
Trade Name, if any

2748 SCHWARZEN CREEK RD REBUCK PA 17867
Street Address (principal place of business) City or Municipality 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.

BOTH GARY + MARIE

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.

GARY HAS BEEN AN OWNER/OPERATOR W/PUC AUTHORITY FOR PROPERTY

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SECRETARY'S BUREAU

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.

HOME BASED OFFICE. HAVE COMPUTER, LAND-BASED PHONE + CELL PHONES. CUSTOMERS WILL USE EITHER NUMBER FOR CONTACT. RECORDS WILL BE HARD COPY KEPT IN FILE.

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).

GARY + MARIE WILL BE SOLE 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; WE WILL BE SOLE DRIVERS
- Your system to ensure prospective drivers will be subject to a criminal background check; WILL CONTACT PSP
- Your driver training program; WERE EXPERIENCED DRIVERS
- Your system for ensuring that your drivers are properly licensed at all times; N/A
- Your system to ensure that all drivers will be subject to a criminal background check every two years; N/A
- Your policies regarding alcohol and drug use by your drivers. N/A

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>
2010	FORD	TRUCK		1FTFW1EV3AKE80544

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).

*VEHICLE WILL BE INSPECTED IN ACCORD W/ MOTOR VEHICLE CODE.
TUNE UPS, OIL CHANGES, AND TIRE ROTATIONS PERFORMED REGULARLY
CHECK BEFORE AND AFTER EACH TRIP.*

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.

INSURANCE OBTAINED THROUGH PROGRESSIVE

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.

WILL PERSONALLY HANDLE ALL COMPLAINTS.

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 the "Statement of Financial Position", which follows this page. 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.

Gay L. Snyder Maria Sydor
(Signature)

11-23-15
(Date)

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets

Cash \$ 500
 Accounts Receivable _____
 Notes Receivable _____
 Other Current Assets (specify) _____

Total Current Assets \$ 500

Tangible Assets

Motor Vehicle Equipment \$20,000
 Less: Accumulated Depreciation _____
 - = \$20,000

Building and Structures \$120,000
 Less: Accumulated Depreciation _____
 - = \$120,000

Office Equipment _____
 Less: Accumulated Depreciation _____
 - _____ = _____

Land _____

Investments and Funds (specify) _____

Intangible Assets _____

Other Assets (advances and idle equipment – specify) _____

TOTAL ASSETS \$145,500

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 _____