



COMMONWEALTH OF PENNSYLVANIA
 PENNSYLVANIA PUBLIC UTILITY COMMISSION
 P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
 REFER TO OUR FILE

Monday, August 11, 2003

FREDERICK O BRUBAKER ESQUIRE
 543 ELM STREET
 READING PA 19601

In re: A-00109547, F. 3 - Application of Reading Yellow Cab, Inc.

To Whom It May Concern:

The above referenced application has been assigned for review without oral hearing. In order to reach a determination on the application, you are being required to file verified statements in accordance with 52 Pa. Code Section §3.381(e)(1). You will be required to file:

- A. VERIFIED STATEMENT OF THE APPLICANT
- B. VERIFIED STATEMENT(S) IN SUPPORT OF THE APPLICATION.

The verified statements should be in paragraph form. Each heading contained in the attached minimum outline should be a separate section or paragraph.

You should be aware of the fact that the verified statements will be reviewed based on the Commission's decision in the Application of Blue Bird Coach Lines, Inc., (A-00088807, F. 2, Am-K) 72 Pa. P.U.C. 262 (1990), which indicates: (1) the supporting witnesses must give evidence which is probative and relevant to the application proceeding; (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must correspond with the scope of the operating territory specified in the application, including requests for vice versa authority; and (3) the number of witnesses which will represent a cross section of the public on the issue of need will vary with the breadth of the intended territory and commodity description.

You are being granted an initial thirty (30) day to file verified statements. They will be due on or before September 15, 2003.

If additional time is required, it may be requested by telephone but must be followed in writing with the reasons for the extension requested. Questions about the application should be directed to Gale E. Travitz at (717) 787-5513.

DOCKETED
 AUG 11 2003

Very truly yours,

**DOCUMENT
 FOLDER**

Gale E. Travitz
 Transportation Application Specialist
 Compliance Office
 Bureau of Transportation & Safety
 (717) 787-5513

GET:gt

Enclosures

1

FREDERICK O. BRUBAKER
ATTORNEY AT LAW
543 ELM STREET
READING, PENNSYLVANIA 19601
TELEPHONE & FAX (610) 374-1919

RUSSELL H. YODER (1902-1974)

HAMBURG OFFICE:
123 NORTH FOURTH STREET
HAMBURG, PA. 19526
(610) 562-7255

September 11, 2003

Gale E. Travitz
Transportation Application Specialist
Bureau of Transportation and Safety
Pennsylvania Public Utility Commission
P O Box 3265
Harrisburg, Pennsylvania 17105-3265

RECEIVED
SEP 12 11 51 AM '03
ADMINISTRATIVE SERVICES

RE: **A-00109547, F.3**
APPLICATION OF READING YELLOW CAB, INC.

Dear Ms. Travitz:

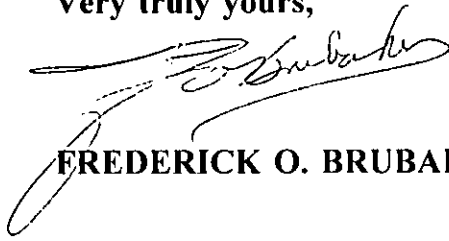
Responding to your letter of August 11, 2003 wherein you requested Verified Statements in accordance with the Application for Paratransit Rights, I am enclosing the following:

1. Verified Statement of Applicant;
2. Verified Statements in Support of Application.

Should any other information be required, please do not hesitate contacting me.

I await your response.

Very truly yours,



FREDERICK O. BRUBAKER

DOCKETED

SEP 19 2003

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DOCUMENT
FOLDER

FOB:pas
Encls. 1

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF
READING YELLOW CAB, INC.
A.109547.F.1, Am-A

VERIFIED STATEMENT OF APPLICANT

Frederick O. Brubaker, Esquire
543 Elm Street, Reading PA 19601
Telephone 610-374-1919

Dated: September 9, 2003

RECEIVED
SEP 12 11 53 AM '03
TRANSPORTATION SECURITY

VERIFIED STATEMENT OF
CURTIS G. STRICKER
FOR
READING YELLOW CAB, INC.

1. LEGAL NAME AND DOMICILE OF APPLICANT:

Reading Yellow Cab, Inc.
543 Elm Street
Reading, PA 19601
Telephone (610) 373-8666

2. IDENTITY AND QUALIFICATIONS OF PERSON MAKING STATEMENT FOR APPLICANT:

My name is Curtis G. Stricker, and I am the President and Treasurer of Reading Yellow Cab, Inc. My responsibilities include supervision of all activities and of the transport services of Applicant. I am familiar with the equipment, operations, and finances of Reading Yellow Cab, Inc. I am authorized to provide this verified statement on behalf of Applicant.

3. IS THE APPLICANT AFFILIATED WITH OTHER CARRIERS?

This Applicant is affiliated with Reading Metro Taxi Cab, Inc., which holds authority from this Commission for call and demand service. I am also an officer of Reading Metro Taxi Cab, Inc.

3. AUTHORITY SOUGHT:

By this Application Reading Yellow Cab, Inc. seeks the following authority:

DOCKETED
SEP 29 2003

To transport, as a common carrier, by motor vehicle, persons in paratransit service on a non-exclusive advance reservation basis between points originating or terminating in Berks County, Pennsylvania

No protests were filed in this proceeding. By letter dated August 11, 2003 the matter is assigned for review without oral hearing, and this Verified Statement is accordingly submitted, along with the attached Verified Statements of public support.

5. GENERAL SCOPE OF CURRENTLY AUTHORIZED OPERATIONS:

Applicant currently holds operating authority from this Commission to provide call and demand service. The scope of our current operating authority at A.109547.F.1, Am-A, is as follows:

To transport, as a common carrier, persons upon call or demand in the County of Berks.

6. DUPLICATING AUTHORITY WHICH WILL RESULT FROM GRANT OF AUTHORITY:

This Application seeks paratransit authority for all of Berks County, Pennsylvania. It will not duplicate present authority held.

7. PERTINENT TERMINAL FACILITIES AND COMMUNICATIONS NETWORK:

Our offices are located at 543 Elm Street, Reading, Pennsylvania. Operations are conducted from a separate physical location at 615 Elm Street, Reading, Pennsylvania. At the operations location the company has office space and communications

facilities for managing the paratransit rights sought.

Fuel for the equipment is obtained from outside sources.

There is present radio communication facilities from our terminal to all vehicles.

No additional facilities will be required to provide the additional service. Applicant currently has additional capacity available to serve the public in the territory sought in this proceeding.

8. PERTINENT EQUIPMENT:

I have attached as Exhibit A a current equipment list for the Applicant. All equipment is regularly maintained and inspected in an official Pennsylvania licensed inspection station as required by law. We have 4 mechanics, two of whom are State-Inspection Licensed, and inspect all equipment at the beginning of each shift, and any safety deficiencies noted are immediately corrected before the equipment is placed in service. Applicant's roster of drivers currently includes twenty individuals. Additional drivers are available as necessary. Applicant maintains a continuing file of applicants for driver positions. From these individual applications Reading Yellow Cab, Inc. hires only experienced drivers.

9. SAFETY PROGRAM:

A full safety program of equipment inspection, maintenance,

driver training and driver record keeping is conducted by the ✓
Applicant. We maintain appropriate records on all drivers. We
also maintain complete vehicle maintenance records for each unit.
We are in compliance with the safety requirements of this
Commission. All drivers are thoroughly screened to ensure their
qualifications. Drivers are provided information regarding the
Motor Safety Regulations and are expected to maintain familiarity
with them. We have an ongoing program for safety training
including safety lectures and demonstrations of the equipment.
Safety meetings are held annually with additional meetings with
operating personnel to cover seasonal items such as weather, road
conditions, and hazardous areas of operations. Our insurance
company also provides safety training materials which are presented
to our drivers at frequent intervals.

Applicant currently conducts a comprehensive safety program.
In addition to monitoring the equipment through vehicle
inspections, and requiring the highest level of driver
qualifications, we conduct a full driver training program. The
driver program consists of a continuous education program for
driver accident prevention and awareness of safety measures. We
have instituted a driver incentive program based on safety records
which has enabled us to maintain a safe and efficient operation.
We also assure safe operation of our service for the public through
a program of driver surveillance and monitoring by company

supervising personnel. The public is encouraged to report driving violations to the company through the use of bumper stickers on our vehicles. As anticipated, this has not resulted in an appreciable number of reports from the public, but has made our drivers more aware of the need for safe driving.

In the event of accidents we institute an accident investigation team. The drivers participate in these accident investigation teams, and the training for these teams is an important part of our safety program. An important feature of the investigation team concept is the post-accident debriefing sessions with the driver. This not only results in further safety awareness for the particular driver, but the results of these debriefing sessions are shared with all drivers. The company has a policy requiring monetary contribution of accident costs to the company and these funds are utilized in our driver retention incentive program. The goal of the program is to promote safety awareness, encourage safe operation, and to reward safe operation and longevity of service with the company, rather than to punish drivers by monetary penalties payable to the company.

10. TYPE OF SERVICE CURRENTLY PROVIDED:

Reading Yellow Cab, Inc. is currently providing transportation of persons in call or demand service. This service is provided as a common carrier to persons in the County of Berks in our current authority from this Commission.

11. TYPE OF SERVICE TO BE OFFERED:

Following approval of this Application we will provide paratransit service throughout Berks County as requested by individuals, corporations and governmental agencies. Particular features of this service will include:

- (a) Late model four-door sedans;
- (b) Wheel-Chair Accessible Vans, equipped with wheelchair lifts;
- (c) Experienced drivers trained in proper use of vehicles and in safe operation of a passenger transportation service;
- (d) Accurate response to customer pre-arranged trips;
- (e) Excellent safety record;
- (f) Every vehicle has constant contact between dispatcher and vehicles through two-way radio network. In addition, many of our drivers have individual cell phones.

12. FINANCIAL DATA:

As an approved Pennsylvania Public Utility Carrier, reference is made to the most recent Annual Report which has been filed with the Pennsylvania Public Utility Commission.

Our cash flow has enabled us to remain current with our expenses. We have no outstanding liabilities.

Attached is a copy of our Pennsylvania Department of Revenue Bureau of Corporation Tax Report filed March 15, 2003, Exhibit "B" attached hereto.

In addition, attached is a copy of our PUC Assessment Report for the year January to December 2002, Exhibit "C" attached hereto.

Applicant is financially sound.

13. OTHER INFORMATION DEEMED PERTINENT:

Attached hereto, marked Exhibit "D" is a letter from the Berks County Office of Aging setting forth the need for paratransit service, and the fact that there are approximately 200 customers.

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned 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.

Dated: Sept 8, 2003



(Signature)

Curtis G. Stricker

(Print Name)

READING YELLOW CAB, INC.

EQUIPMENT LIST 08/12/03

CAB NO	VIN NO.	PLATE NO.	YEAR	MAKE	EXPIRES	
98	1G1BL5475LA158734	TX-36625	90	CHEV	10/03	
97	1G1BL5170KR218651	TX-36624	89	CHEV	10/03	
96	1G1BL5173KR219955	TX-36623	89	CHEV	10/03	
95	1G1BL5173KR222161	TX-36622	89	CHEV	10/03	
94	1G1BL5177KR196065	TX-36621	89	CHEV	10/03	
93	1G1BL51E9KR197071	TX-36620	89	CHEV	10/03	
92	1G1BL5175KR220461	TX-36619	89	CHEV	10/03	
91	1GNEG25K1H7111609	TX-36618	87	CHEV	10/03	VAN W/C ✓
90	1G1BL5176KR195294	TX-36617	89	CHEV	10/03	
89	1G1BL517XKR222125	TX-36616	89	CHEV	10/03	
88	2GBGG39K1N4136166	TX-36615	92	CHEV	10/03	VAN W/C ✓
87	1GNEG25H3RF175100	TX-36614	94	CHEV	10/03	VAN ✓
86	1G1BL5171KR221462	TX-36613	89	CHEV	10/03	
85	1G1BL5179KR220690	TX-36612	89	CHEV	10/03	
84	1G1BL54E8LA134118	TX-36611	90	CHEV	10/03	
83	1G1BL5170KR221789	TX-40318	89	CHEV	10/03	
82	1G1BL5170KR220710	TX-41254	89	CHEV	10/03	
81	1G1BL54E5LA134562	TX-41253	90	CHEV	10/03	
80	1G1BL5174KR222041	TX-41252	89	CHEV	10/03	
79	2FAFP71WXXX193552	TX-41251	99	FORD	10/03	
78	1G1BL5176KR221599	TX-41250	89	CHEV	10/03	

EXHIBIT "A" - CURRENT EQUIPMENT LIST

RCT-101 PAGE 1

PENNSYLVANIA CORPORATE TAX REPORT 2002

STEP A

Tax year beg XX 01012002
 Tax year end XX 12312002

STEP B

Regulated Inv Co XX N First Report XX N
 52-53 Week Filer XX N Koz/EIP Credit XX N
 Address Change XX N File Period Change XX N

STEP C

Pennsylvania Account ID XX 3222151
 Federal EIN XX 232610988
 Corporation Name XX READING YELLOW CAB INC
 Address line 1 XX 543 ELM STREET
 Address line 2 XX
 City XX READING
 State XX PA
 Zip XX 19601

STEP D

	A Tax Liability from Tax Report	B Estimated Payments and Credits on Deposit	C Restricted Credits	Calculation: A minus B minus C
CS/FF	7508	8093	0	-585
LOANS	0	0	0	0
CNI	0	0	0	0
TOTAL	7508	8093	0	-585

STEP E: PAYMENT

CS/FF 0
 LOANS 0
 CNI 0
 TOTAL 0

STEP F: Refund/Transfer Method

Select one of the following options:

- A Automatically transfer overpayment(s) to current tax period underpaid taxes and the remaining portion to the next tax period.
- B Automatically transfer this amount of the current tax period overpayment(s) to the next tax period after paying any current tax period underpaid taxes and refund the remaining portion of the current tax period overpayments. (Include amount)
- C Refund the overpayment from the current tax period after paying any current tax period underpaid taxes.

Made Payment Via EFT N

A Y
 B N AMT B 0
 C N

I hereby affirm under penalties prescribed by law that this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Corporate Officer Signature/Date	Phone Number (610) 372-5111
Print Officer Name	E-Mail Address

10100022398

NAME READING YELLOW CAB INC
 ACCOUNT ID 3222151 TAX YEAR END 12312002

RCT-101 PAGE 2

PENNSYLVANIA CORPORATE TAX REPORT 2002

SECTION A: CS/FF

OLDEST PERIOD FIRST	TAX PERIOD BEGINNING	TAX PERIOD ENDING	BOOK INCOME			
YEAR 1	01011998	12311998	237370	Investment in LLC	XX	N
YEAR 2	01011999	12311999	255803	Holding Company	XX	N
YEAR 3	01012000	12312000	302509	Family Farm	XX	N
YEAR 4	01012001	12312001	159392			
YEAR 5	0	0	0			
YEAR 6	0	0	0			
YEAR 7	0	0	0			
CUR YR	01012002	12312002	130957			

2 TOTAL	2	1086031
3 DIVISOR	3	5.000
4 AVERAGE BOOK INCOME	4	217206
5 SHAREHOLDERS' EQUITY at the end of the current period	5	50146
6 SHAREHOLDERS' EQUITY at the beginning of the current period	6	39189
7 NET WORTH (see instructions)	7	50146
8 CAPITAL STOCK VALUE (Worksheet 1)	8	1036995
9 TAXABLE CAPITAL STOCK VALUE (line 8 x Schedule A-1 line 5)	9	1036995
10 CAPITAL STOCK/FOREIGN FRANCHISE TAX	10	7508

SCHEDULE A-1 Apportionment Schedule for Capital Stock/Foreign Franchise Tax
 (include Form RCT-102, RCT-105, or RCT-106)

1A Property Factor – Pennsylvania	1A	0		
1B Property Factor – Total	1B	0	1C	0.000000
2A Payroll Factor – Pennsylvania	2A	0		
2B Payroll Factor – Total	2B	0	2C	0.000000
3A Sales Factor – Pennsylvania	3A	0		
3B Sales Factor – Total	3B	0	3C	0.000000
4A Single Factor – Numerator	4A	0		
4B Single Factor – Denominator	4B	0		
5 Apportionment Proportion			5	0.000000

10100022398

Corporation READING YELLOW CAB INC Account ID 3222151 Tax Period Ending 12/31/02

Section A: Capital Stock/Foreign Franchise Tax

	Taxable Period Beginning	Taxable Period Ending	Taxpayer Use (whole dollars only)
History of Earnings	MM DD YY	MM DD YY	Book Income
Oldest period — start here	01/01/98	12/31/98	237,370.
	01/01/99	12/31/99	255,803.
	01/01/00	12/31/00	302,509.
	01/01/01	12/31/01	159,392.
Additional periods use these spaces (skip lines if not required)			
1 Current tax period book income (loss)	01/01/02	12/31/02	130,957.
2 Total book income (sum of income for all tax periods within, up to, but not over, 5 years total)		2	1,086,031.
3 Divisor (in years and part years rounded to three decimal places)		3	5.000
4 Divide line 2 by line 3		4	217,206.
5 Average Book Income — Enter line 4 or if line 4 is less than zero enter '0'		5	217,206.
6 Divide line 5 by .095		6	2,286,379.
7 Sum of capital stock, paid-in capital and retained earnings less treasury stock at the end of the current period		7	50,146.
8 Sum of capital stock, paid-in capital and retained earnings less treasury stock at the beginning of the current period		8	39,189.
9 If line 7 is more than twice as great or less than half as much as line 8, add lines 7 and 8 and divide by 2. Otherwise enter line 7		9	50,146.
10 Net Worth — Enter line 9 or if line 9 is less than zero enter '0'		10	50,146.
11 Multiply line 10 by 0.75		11	37,610.
12 Add lines 6 and 11		12	2,323,989.
13 Divide line 12 by 2		13	1,161,995.
14 \$125,000 valuation deduction		14	(\$125,000)
15 Capital Stock Value — Line 13 less line 14 but not less than '0'. If 100% taxable, enter line 15 on line 17		15	1,036,995.
16 Proportion of taxable assets or apportionment proportion (from RCT-101, page 2, Schedule A-1, line 5)		16	
17 Taxable Value — Multiply line 15 by line 16. If less than zero, enter '0'		17	1,036,995.
18 Capital Stock/Foreign Franchise Tax — Multiply line 17 by .00724, and enter this amount		18	7,508.

PACW0102.SCR 01/17/03

RCT-101 PAGE 3

PENNSYLVANIA CORPORATE TAX REPORT 2002

SECTION B: Bonus Depreciation

1 Current Year Fed Depreciation of 168k Prop	1	0
2 Current Year Adj for Disposition of 168k Prop	2	0
3 Other Adjustments	3	0

(Must Attach Schedule C-3 if claiming bonus depreciation)

Business Trust	XX	N
Solicitation Only	XX	N
PA-S	XX	Y
LLC	XX	N

SECTION C: CORPORATE NET INCOME TAX

1 Income or Loss from federal return on a separate company basis	1	0
2 DEDUCTIONS:		
A Corporate Dividends Received (From Schedule C-2, Line 6)	2A	0
B Interest on U.S. Securities (GROSS INT less EXPENSES)	2B	0
C Current Yr Additional PA Deprec plus Adjust for Sale (Att Schedule C-3)	2C	0
D Other (Attached Schedule). See Instructions	2D	0
TOTAL DEDUCTIONS - Sum of (A) through (D)	2	0
3 ADDITIONS:		
A Taxes imposed on or measured by net income (attached schedule)	3A	0
B Tax Preference Items (Attached copy of Federal Form 4626)	3B	0
C Employment Incentive Payment Credit Adjustment (Attached Schedule W)	3C	0
D Current Year Bonus Depreciation (Attached Schedule C-3)	3D	0
E Other (Attached Schedule). See Instructions	3E	0
TOTAL ADDITIONS - Sum of (A) through (E)	3	0
4 Income or Loss with Pennsylvania Adjustments (Line 1 - Line 2 + Line 3)	4	0
5 Total Nonbusiness Income (or Loss)	5	0
6 Income (or Loss) to be Apportioned (Line 4 - Line 5)	6	0
7 Income (or Loss) Apportioned to Pennsylvania (Line 6 x Schedule C-1 Line 5)	7	0
8 Nonbusiness Income (or Loss) allocated to Pennsylvania	8	0
9 Taxable Income (or Loss) after Apportionment (Line 7 + Line 8)	9	0
10 Total Net Operating Loss Deduction (from RCT-103) can not exceed \$2,000,000	10	0
11 Pennsylvania Taxable Income (or Loss) after Apportionment (Line 9 - Line 10)	11	0
12 Corporate Net Income Tax (Line 11 x .0999)	12	0

1	0
2A	0
2B	0
2C	0
2D	0
2	0
3A	0
3B	0
3C	0
3D	0
3E	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11	0
12	0

SCHEDULE C-1: Apportionment Schedule for Corporate Net Income Tax (include Form RCT-106)

1A Property Factor - Pennsylvania	1A	0	
1B Property Factor - Total	1B	0	1C 0.000000
2A Payroll Factor - Pennsylvania	2A	0	
2B Payroll Factor - Total	2B	0	2C 0.000000
3A Sales Factor - Pennsylvania	3A	0	
3B Sales Factor - Total	3B	0	3C 0.000000
4A Single Factor - Numerator	4A	0	
4B Single Factor - Denominator	4B	0	
5 Apportionment Proportion			5 0.000000

10100024390

NAME READING YELLOW CAB INC
ACCOUNT ID 3222151 TAX YEAR END 12312002

RCT-101 PAGE 4

PENNSYLVANIA CORPORATE TAX REPORT 2002

SECTION D: LOANS TAX

- 1 Did this corporation have a fiscal officer resident in Pennsylvania and paying interest on indebtedness of the corporation? N
- 2 Did this corporation have indebtedness outstanding to individual residents and/or partnerships resident in Pennsylvania? N
- 3 Did this corporation have indebtedness outstanding held by a trustee, agent or guardian for a resident individual taxable in its own right or by an executor or administrator of an estate wherein the decedent was a resident of Pennsylvania? N

Interest Amount	Interest Rate	Taxable Value			
<input type="checkbox"/>		<input type="checkbox"/>	TAX INDEBT	XX	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	LOANS TAX	XX	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>			

SECTION E: CORPORATE STATUS CHANGES

Out of Existence	XX	N	Out of Existence Date	XX		
(Final Report)			Date of Distribution of Assets	XX	OR No Assets to distribute	XX

Pennsylvania corporations: Report date business activity ceased and date assets were distributed.
 Foreign (non-Pennsylvania) corporations: Report date business activity in Pennsylvania ceased and date Pennsylvania assets were distributed.

Has the corporation sold or transferred in bulk 51% or more of any of the following classes of assets: XX N
 any stock of goods, wares, merchandise of any kind, fixtures, machinery, equipment, buildings or real estate.
 If so, please provide the name and address of the purchaser.

Purchaser name
 Address line 1
 Address line 2
 City
 State
 Zip

SECTION F: GENERAL INFORMATION QUESTIONNAIRE

Brief Description of corporate activity in Pennsylvania	PUBLIC UTILITY - TRANSPORTATION
Brief Description of corporate activity outside of Pennsylvania	NONE
List other states in which taxpayer has activity	NONE

Is the corporation incorporated under the laws of the Commonwealth of Pennsylvania? Y

If incorporated outside of Pennsylvania, does the corporation solicit sales in Pennsylvania? If yes, does the corporation use:

Employee
 Exclusive sales representative
 Independent sales representative

10100024390

10100025391

NAME READING YELLOW CAB INC
ACCOUNT ID 3222151 TAX YEAR END 12312002

RCT-101 PAGE 5

PENNSYLVANIA CORPORATE TAX REPORT 2002

- 1 Has federal government changed taxable income as originally reported for any prior period for which reports of change have not been filed in Pennsylvania? N First period end date:
Last period end date:
- 2 Does any corporation hold all or a majority of the stock of this corporation? N
- 3 Does this corporation own all or a majority of stock in other corporations? N If yes, complete Schedule X.

SCHEDULE OF REAL PROPERTY IN PENNSYLVANIA


Own/Rent	Street Address	City	County	KOZ/KOEZ
----------	----------------	------	--------	----------

CORPORATE OFFICERS

		Last Name	First Name	MI	SSN
President	XX				
Vice President	XX				
Secretary	XX				
Treasurer	XX				

TAX PREPARER'S NAME AND ADDRESS

Mail to Practitioner	XX	Y
Federal EIN	XX	231907132
Name	XX	WILLIAM R MASLO CPA
Address Line 1	XX	514 FRANKLIN STREET
Address Line 2	XX	
City	XX	READING
State	XX	PA
Zip	XX	19602

Tax Preparer's Signature/Date  03/13/03	Phone Number (610) 372-1180	
Print Tax Preparer's Name WILLIAM R MASLO CPA	E-Mail Address BILL@MASLOCPA.COM	

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION

P.O. BOX 3265

FORM MT-02

HARRISBURG PENNSYLVANIA 17105-3265

ASSESSMENT REPORT

STATEMENT OF OPERATING REVENUES FOR GENERAL ASSESSMENT OF
COMMON CARRIER OF PROPERTY AND/OR PERSONS BY MOTOR VEHICLE

READING YELLOW CAB, INC.
615 ELM STREET
READING PA 19601-3311

630327

PUC Certificate No. <i>109547</i>	
Utility Type CC	
2002 OPERATION PERIOD FROM <i>JANUARY</i> TO <i>DECEMBER</i>	

THIS REPORT MUST BE FILED NOT LATER THAN MARCH 31, 2003.
 IF NOT FILED, THE COMMISSION WILL ESTIMATE YOUR INTRASTATE OPERATING REVENUES AND WILL
 BASE YOUR ASSESSMENT ON THE ESTIMATED TOTAL. FAILURE TO FILE BY THE MARCH 31 DEADLINE
 MAY RESULT IN FINES OF UP TO \$1,000 FOR EACH DAY OF A VIOLATION (66Pa. C.S.§3301).
 (Complete the back of this form if claiming exemptions)

OPERATING REVENUES FOR CALENDAR YEAR 2002:

(Round to nearest dollar.)

	AMOUNT
1. <u>TOTAL GROSS OPERATING REVENUES</u> Earned from operating as a household goods carrier and a common carrier of property and passengers	\$ <i>744907</i>
2. <u>GROSS OPERATING REVENUES</u> From INTERSTATE operations	\$
3. <u>TOTAL GROSS INTRASTATE</u> operating revenue (line 1 minus line 2.)	\$ <i>744907</i>
4. <u>DEDUCTIONS</u> based on exemptions itemized on back of form	\$ <i>352263</i>
5. <u>GROSS INTRASTATE REVENUE</u> on which your assessment will be based (line 3 minus line 4.)	\$ <i>392644</i>

COPY

Indicate the method used to compute Intrastate operating revenue

Actual Records Estimated Other Describe

AFFIDAVIT The information reported above is true and correct.		CERTIFICATION Subscribed and sworn to before me this _____ day of _____ 2003	
Signature of Individual or Officer <i>3/12/03</i> <i>184-44-7543</i> Date SS#		SIGNATURE	
Trade or Corporate Name of Utility <i>READING YELLOW CAB INC</i>		OFFICIAL	
Federal I.D. Number <i>23-2610988</i>	Telephone Number <i>(610) 373-8666</i>	SEAL (Official Title)	
New Address - If different from above		(Date Commission Expires)	



B E R K S
C O U N T Y
O F F I C E
O F A G I N G

Commissioners

Timothy Anthony Reiver

Judy L. Schwank

Mark C. Scott

Executive Director

Barbara Coffin

September 10, 2003

Frederick O. Brubaker, Esquire
Reading Yellow Cab
543 Elm Street
Reading, PA 19601

Dear Mr. Brubaker:

Thank you for your interest in our Pennsylvania Department of Aging (PDA) Medical Assistance Waiver program. As you know, we are in need of transportation vendors for this program. BARTA, our local transit authority, is not interesting in participating because they receive their Medical Assistance dollars in grants, whereas this program requires transportation vendors to bill Medical Assistance on an individual consumer served basis.

The program is approaching nearly 200 consumers who are Medical Assistance eligible, have nursing home levels of care, yet choose to remain at home with services. Transportation to and from medical appointments and adult day-care facilities is a need for these consumers.

If you have additional questions or need more information, please contact me.

Sincerely,

DOCKETED

SEP 29 2003

st

Kathleen M. Frey
Kathleen M. Frey
Director of Administration

*9/15/03
sup*

RECEIVED
PROPERTY
SEP 12 11 19 2003

**DOCUMENT
FOLDER**

EXHIBIT "D" - REQUEST FOR PARATRANSIT SERVICE

**STATEMENT IN SUPPORT OF APPLICATION OF
READING YELLOW CAB, INC.**

1. NAME AND DOCKET NUMBER OF APPLICANT BEING SUPPORTED:

Reading Yellow Cab, Inc.
Docket No. A-109547, F.3

2. LEGAL NAME AND DOMICILE OF SUPPORTING PARTY OR FIRM:

The Hawthorne Residential Care Home
1501 Mineral Spring Road, Reading PA 19602

3. IDENTITY AND QUALIFICATIONS OF PERSON MAKING STATEMENT FOR SUPPORTING PARTY OR FIRM:

Owner of a Pennsylvania-licensed Residential Care Home,
with a capacity of 45 residents, plus staff of
Telephone 610-375-9696

4. GENERAL DESCRIPTION OF SUPPORTING PARTY, ORGANIZATION OR OPERATIONS:

Staff uses paratransit service from their homes to this address by advance reservation.

Residents use paratransit for doctor and hospital appointments, as well as social and family visitations.

5. FREQUENCY OF INTENDED USE:

Staff travel requires 24 hours per day, 7 days per week.
Resident travel for prearranged doctor and hospital appointments occurs weekly.

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS:

Origin: 1501 Mineral Spring Road, Reading.
Destinations: Reading Hospital, St. Joseph Hospital,
doctors offices, resident's friends and homes
throughout Berks county.

7. TYPE OF SERVICE OFFERED:

Paratransit

8. SIMILAR APPLICATION SUPPORTED:

None

9. ANY OTHER INFORMATION DEEMED PERTINENT:


RECEIVED
MAY 12 1975
TRANSIT DIVISION

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned 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.

Dated: Sept 4, 2003



(Signature)

MARGARET KOSTRZEWSKI

(Print Name)

**STATEMENT IN SUPPORT OF APPLICATION OF
READING YELLOW CAB, INC.**

1. NAME AND DOCKET NUMBER OF APPLICANT BEING SUPPORTED:

Reading Yellow Cab, Inc.
Docket No. A-109547, F.3

2. LEGAL NAME AND DOMICILE OF SUPPORTING PARTY OR FIRM:

Daren Bolton ✓
516 Greenwich Street, Reading PA 19601

3. IDENTITY AND QUALIFICATIONS OF PERSON MAKING STATEMENT FOR SUPPORTING PARTY OR FIRM:

Resident of City of Reading, Pennsylvania ✓

4. GENERAL DESCRIPTION OF SUPPORTING PARTY, ORGANIZATION OR OPERATIONS:

Individual

5. FREQUENCY OF INTENDED USE:

Daily and/or weekly

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS:

Going to doctors, hospitals and social events

7. TYPE OF SERVICE OFFERED:

Paratransit

8. SIMILAR APPLICATION SUPPORTED:

None

9. ANY OTHER INFORMATION DEEMED PERTINENT:

RECEIVED
FEBRUARY 12 1968
TRANSPORTATION DIVISION

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned 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.

Dated: 9/3/03 2003



(Signature)

Darren L. Bolton

(Print Name)

**STATEMENT IN SUPPORT OF APPLICATION OF
READING YELLOW CAB, INC.**

1. NAME AND DOCKET NUMBER OF APPLICANT BEING SUPPORTED:

Reading Yellow Cab, Inc.
Docket No. A-109547, F.3

2. LEGAL NAME AND DOMICILE OF SUPPORTING PARTY OR FIRM:

Rodney R. DeLong
1338 North Tenth St., Reading PA 19604

3. IDENTITY AND QUALIFICATIONS OF PERSON MAKING STATEMENT FOR
SUPPORTING PARTY OR FIRM:

Resident of City of Reading

4. GENERAL DESCRIPTION OF SUPPORTING PARTY, ORGANIZATION OR
OPERATIONS:

Individual

5. FREQUENCY OF INTENDED USE:

Weekly

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS:

From my residence in the City of Reading to social events
and medical appointments at doctors' offices and
hospitals

7. TYPE OF SERVICE OFFERED:

Paratransit

8. SIMILAR APPLICATION SUPPORTED:

None

9. ANY OTHER INFORMATION DEEMED PERTINENT:

RECEIVED
MAY 12 1964
F.3

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned 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.

Dated: 9/8/03 2003

Rodney R. DeLano
(Signature)

Rodney R. DeLano
(Print Name)

STATEMENT IN SUPPORT OF APPLICATION OF
READING YELLOW CAB, INC.

RECEIVED
MAY 12 11 02 AM '67

1. NAME AND DOCKET NUMBER OF APPLICANT BEING SUPPORTED:
Reading Yellow Cab, Inc.
Docket No. A-109547, F.3

2. LEGAL NAME AND DOMICILE OF SUPPORTING PARTY OR FIRM:
Harold M. Freeburn
250 Penn Avenue, West Reading PA 19611

3. IDENTITY AND QUALIFICATIONS OF PERSON MAKING STATEMENT FOR SUPPORTING PARTY OR FIRM:
Resident of Borough of West Reading, Berks County, PA

4. GENERAL DESCRIPTION OF SUPPORTING PARTY, ORGANIZATION OR OPERATIONS:
Individual

5. FREQUENCY OF INTENDED USE:
Weekly

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS:
From my residence in West Reading Borough to various bowling areas in and around Reading for bowling purposes with bowling team

7. TYPE OF SERVICE OFFERED:
Paratransit

8. SIMILAR APPLICATION SUPPORTED:
None

9. ANY OTHER INFORMATION DEEMED PERTINENT:

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned 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.

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Dated: 9-4-03 2003

Harold M Freeburn
(Signature)

HAROLD M FREEBURN
(Print Name)

**STATEMENT IN SUPPORT OF APPLICATION OF
READING YELLOW CAB, INC.**

1. NAME AND DOCKET NUMBER OF APPLICANT BEING SUPPORTED:

Reading Yellow Cab, Inc.
Docket No. A-109547, F.3

2. LEGAL NAME AND DOMICILE OF SUPPORTING PARTY OR FIRM:

Doriann M. Klopp
839 Walnut Street, Reading PA 19601

3. IDENTITY AND QUALIFICATIONS OF PERSON MAKING STATEMENT FOR
SUPPORTING PARTY OR FIRM:

Resident of City of Reading

4. GENERAL DESCRIPTION OF SUPPORTING PARTY, ORGANIZATION OR
OPERATIONS:

Individual

5. FREQUENCY OF INTENDED USE:

Weekly

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS:

From my home in the City of Reading to various doctor
appointments in Berks County

7. TYPE OF SERVICE OFFERED:

Paratransit

8. SIMILAR APPLICATION SUPPORTED:

None

9. ANY OTHER INFORMATION DEEMED PERTINENT:

RECEIVED
MAY 12 1964
READING, PA

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned 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.

Dated:

9/3/03

2003

Dorian M. Klopp
(Signature)

DORIAN M. KLOPP
(Print Name)

**STATEMENT IN SUPPORT OF APPLICATION OF
READING YELLOW CAB, INC.**

1. NAME AND DOCKET NUMBER OF APPLICANT BEING SUPPORTED:

Reading Yellow Cab, Inc.
Docket No. A-109547, F.3

2. LEGAL NAME AND DOMICILE OF SUPPORTING PARTY OR FIRM:

Michael S. Landis
1119 Albright Avenue, Wyomissing, PA 19610

3. IDENTITY AND QUALIFICATIONS OF PERSON MAKING STATEMENT FOR
SUPPORTING PARTY OR FIRM:

Resident of Wyomissing, Berks County, Pennsylvania

4. GENERAL DESCRIPTION OF SUPPORTING PARTY, ORGANIZATION OR
OPERATIONS:

Individual

5. FREQUENCY OF INTENDED USE:

Weekly

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS:

From my home in Wyomissing to hospitals and doctors'
offices in Reading and surrounding townships and
boroughs

7. TYPE OF SERVICE OFFERED:

Paratransit

8. SIMILAR APPLICATION SUPPORTED:

None

9. ANY OTHER INFORMATION DEEMED PERTINENT:

RECEIVED
1967 JUN 15 10 07 AM
COUNTY CLERK

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned 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.

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Dated: 9/4/03 2003

Michael S. Landis
(Signature)

Michael S. Landis
(Print Name)

**STATEMENT IN SUPPORT OF APPLICATION OF
READING YELLOW CAB, INC.**

1. NAME AND DOCKET NUMBER OF APPLICANT BEING SUPPORTED:

Reading Yellow Cab, Inc.
Docket No. A-109547, F.3

2. LEGAL NAME AND DOMICILE OF SUPPORTING PARTY OR FIRM:

Elizabeth Maldonado
729 McIlvain St., Reading, PA 19602

3. IDENTITY AND QUALIFICATIONS OF PERSON MAKING STATEMENT FOR
SUPPORTING PARTY OR FIRM:

Resident of City of Reading

4. GENERAL DESCRIPTION OF SUPPORTING PARTY, ORGANIZATION OR
OPERATIONS:

Individual

5. FREQUENCY OF INTENDED USE:

Weekly, and at times daily

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS:

From my home in the City of Reading to places in Berks
County, including my place of employment in Bern
Township, which is approximately 7 miles

7. TYPE OF SERVICE OFFERED:

Paratransit

8. SIMILAR APPLICATION SUPPORTED:

None

9. ANY OTHER INFORMATION DEEMED PERTINENT:

RECEIVED
MAY 11 1968
FBI - PHILADELPHIA

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned 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.

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Dated: 9/8/03 2003

Elizabeth Maldonado
(Signature)

Elizabeth Maldonado
(Print Name)

**STATEMENT IN SUPPORT OF APPLICATION OF
READING YELLOW CAB, INC.**

1. NAME AND DOCKET NUMBER OF APPLICANT BEING SUPPORTED:

Reading Yellow Cab, Inc.
Docket No. A-109547, F.3

2. LEGAL NAME AND DOMICILE OF SUPPORTING PARTY OR FIRM:

Iris Medina
708 River Oak, Reading PA 19602

3. IDENTITY AND QUALIFICATIONS OF PERSON MAKING STATEMENT FOR
SUPPORTING PARTY OR FIRM:

Resident of City of Reading

4. GENERAL DESCRIPTION OF SUPPORTING PARTY, ORGANIZATION OR
OPERATIONS:

Individual

5. FREQUENCY OF INTENDED USE:

Weekly

6. SPECIFIC OR REPRESENTATIVE ORIGINS AND DESTINATIONS:

From my home in the City of Reading to social engagements
and activities with friends, particularly to bingo
operations in and around Berks County, Pennsylvania

7. TYPE OF SERVICE OFFERED:

Paratransit

8. SIMILAR APPLICATION SUPPORTED:

None

9. ANY OTHER INFORMATION DEEMED PERTINENT:

VERIFICATION OF STATEMENT

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Dated: 9/8/03 2003

Iris Medina
(Signature)

IRIS Medina
(Print Name)