

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-2015-2475579

A-6417539

PUC Application Docket No.			
Thelmajane Hainey			
Legal Name of Applicant			
Duals Round Trip Transportation			
Trade Name, if any			
1106 South Peach Street	Philadelphia	PA	
	19143		
Street Address (principal place of business) Code	City or Municipality	State	Zip

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.

Thelmajane Hainey

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

Owner

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.

Dispatched and assisted with the daily operations of a tow company.

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 COMMISSION ON UTILITIES SERVICE

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 PA P.U.C.
 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 office located at address above. Communications consist of cell phones, fax machine, desktop computer and laptop which are connected to the internet. All business records will be maintained electronically with copies being maintained on files at the home office and within the Google Cloud. Customers will call, text or email requests for services. Drivers will be dispatched to predetermined pick- up points as will be listed on their daily itinerary. Business hours will vary depending on scheduled trips for that day. Office hours will depend on and whether or not I will be driving myself.

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).**

At this time, not including drivers, I will be the only employee.

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.

Excluding myself, there are two other drivers (three total). Drivers must be 25 years of age, have been licensed to drive for three years, have a valid driver's license, and be subject to random drug screening. To ensure proper licensure I will require prospective drivers to log onto the PA DMV website in my presence and print out the current status of their license, which is available 24 hours a day free of charge.

Drivers will receive on-the-job training by doing runs. I will accompany them on their first 3 runs to ensure that their driving practices and customer interactions are appropriate and counseling them on areas that I feel need improvement.

Drivers must authorize me to obtain a criminal background check from the Pa State Police and the \$10.00 fee associated therewith upon applying and every 2 years thereafter.

Alcohol use is prohibited from the period 24 hrs. prior to a trip up until the trip is concluded, van returned to its home location, and any required paperwork is completed.

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.

One vehicle.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2000	FORD	E350	12	1FBNE31L9YHA41973

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).

A daily maintenance log will be kept for each vehicle where each of the requirements set forth in the sections of the PA Code cited above will be individually listed and marked as being in compliance or out of compliance. Any issues deemed out of compliance will be remedied prior to any further trips being taken.

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.

Completed pro forma income and expense charts which showed how much I would need to make to cover payroll, maintenance etc. Amounts are not unreasonably high and are well within the capabilities of the service I am proposing.

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.

Customer service is an important part of this business, second only to compliance with PUC rules and regulations. A notice will be posted in each van listing the customers right to file complaints with the PUC along with the contact information for doing so. The notice will also have my contact information so that they can contact me directly. When given the opportunity, I will make every effort to resolve any reasonable complaint in order to avoid burdening the PUC.

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 XX NO

12. *Financial Data.* In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Thelmajane Hainey Owner
(Signature)
Thelmajane Hainey, Owner

(Name and Title, printed or typed)

(Date)

Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets

Cash	<u>3,000.00</u>
Other Current Assets (specify)	_____

Other Assets

Motor Vehicle Equipment	<u>5,000.00 Van</u>
Building and Structures	<u>60,000.00 Home office</u>
Office Equipment	<u>2,500.00 Office</u>
Investments and Funds (specify)	_____

<u>TOTAL ASSETS</u>	<u>\$70,000.00</u>
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LIABILITIES

Current Liabilities (Due within one year of date)	<u>Insurance - Maintenance - Gas</u>
Long Term Liabilities (Due after one year of date)	<u>Home Office</u>

<u>TOTAL LIABILITIES</u>	<u>\$13,700.00</u>
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<u>NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)</u>	<u>56,300.00</u>
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Disclaimer: Applications are public records and can be accessed on the PUC's website. DO NOT provide social security numbers, credit card numbers, bank account numbers, tax information, or any other confidential information on your application, business plan, or verified statement forms.

Please print or type.

Martha Paris

Name of Supporter

3346 Amber St Philadelphia PA 19134

Street Address

City or Municipality

State

Zip

Code

The Majanett-Hainey Duels Board Trip Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

Van Service

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

Tranahoy Philadelphia County Frackville

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

By Bi Weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

(Yes) Door to Door Feels like Family

- Have you supported similar applications in the past? If so, who was the applicant?

No

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Martha Paris
(Signature of Supporter)

June 6, 2015
(Date)

Martha Paris
(Supporter's Name, printed or typed)

Please print or type.

Nyasia Augustin
Name of Supporter

225 Jackson Ave Collingdale PA 19023
Street Address City or Municipality State Zip Code

Duals Bound Trip Transportation LLC
Name of Applicant

- Describe the type of transportation service needed.

~~Van~~ Transportation to State Facilities

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

225 Jackson Ave ~~Collingdale~~ Collingdale, PA Delaware County

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

Weekly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

NO

- Have you supported similar applications in the past? If so, who was the applicant?

Yes, Frank the Ruler and Bridging the Gap

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Nyasia Augustin
(Signature of Supporter)

11/19/15
(Date)

Nyasia Augustin
(Supporter's Name, printed or typed)

Please print or type.

Shamaune Bennett

Name of Supporter

1801 N 17st

Street Address

APTA Phila

City or Municipality

PA

State

19121

Zip

Code

Duals Round Trip Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

CAMP Hill until Classification

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

~~CAMP Hill until Classification~~
1801 N 17st APTA Phila, PA 19121

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

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

yes. I ride with others depending on the date and the convenience

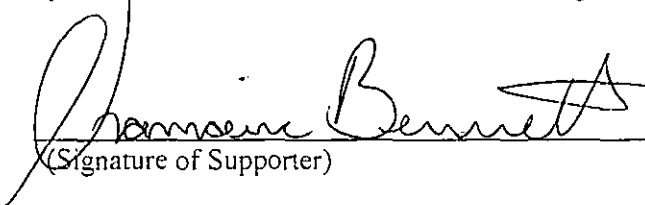
- Have you supported similar applications in the past? If so, who was the applicant?

NO

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(Signature of Supporter)

11/19/15
(Date)

Shamaune Bennett
(Supporter's Name, printed or typed)

Please print or type.

Shanai Allen

Name of Supporter

3514 N 18th Street APT A Philadelphia PA 19140

Street Address

City or Municipality

State

Zip

Code

Duals Round Trip Transportation LLC

Name of Applicant

- Describe the type of transportation service needed. *Going to the prison*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *3514 N 18th Street APT A Philadelphia County*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *Monthly basis*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? *NO*
- Have you supported similar applications in the past? If so, who was the applicant? *NO*

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Shanai Allen

(Signature of Supporter)

11-19-15

(Date)

Shanai Allen

(Supporter's Name, printed or typed)

Please print or type.

Kim Hale and Samiyah Byard

Name of Supporter

6010 Chew Ave

Street Address

Philadelphia

City or Municipality

PA

State

19138

Zip

Code

Duals Round Trip Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

Van service to and from coal town ship

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

6010 Chew Ave Philadelphia PA

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

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

no

- Have you supported similar applications in the past? If so, who was the applicant?

no

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Kim Hale

(Signature of Supporter)

11-22-2015

(Date)

Kim Hale

(Supporter's Name, printed or typed)

Please print or type.

Aniya Hammond
 Name of Supporter
6055 Cedarhurst Street Phila PA 19143
 Street Address City or Municipality State Zip
 Code

Aniya Hammond Duals Round Trip Transportation LLC
 Name of Applicant

- Describe the type of transportation service needed.

Van service

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

Coat township PA

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

monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

no I choose them because they are nice clean and on time.

- Have you supported similar applications in the past? If so, who was the applicant?

no

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Aniya Hammond
 (Signature of Supporter)

11-22-15
 (Date)

Aniya Hammond
 (Supporter's Name, printed or typed)

Please print or type.

Tenaja Hammoral
 Name of Supporter
3964 Market Pula
 Street Address City or Municipality
Pa 19124
 State Zip Code

~~Tenaja Hammoral~~ Duals Round Trip Transportation
 Name of Applicant

- Describe the type of transportation service needed.

Van service

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

Coaltownship

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

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yes Prefer to go with a small group

- Have you supported similar applications in the past? If so, who was the applicant?

NO

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Tenaja Hammoral
 (Signature of Supporter)

11-22-15
 (Date)

Tenaja Hammoral
 (Supporter's Name, printed or typed)

Please print or type.

Dominique Gaddy

Name of Supporter

7610 Front Street

Street Address

Cheltenham

City or Municipality

PA

State

19012

Zip

Code

Duals Hound Trip Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

Bus service from home to coal township

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

Philadelphia to coal township

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

monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

NO

- Have you supported similar applications in the past? If so, who was the applicant?

NO

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Dominique Gaddy
(Signature of Supporter)

11-22-15
(Date)

Dominique Gaddy
(Supporter's Name, printed or typed)

Please print or type.

Eric Blount

Name of Supporter

4531 E LEIPER

Phila

Pa

19124

Street Address

City or Municipality

State

Zip

Code

Thelma Jane Hainey Duals Bound Trip Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

TRANSPORTATION TO PRISON

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

SCITMATONNY FRACKVILLE Pa.

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

monthly
BI, WEEKLY

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

YES, NO, cause they don't do door to door

- Have you supported similar applications in the past? If so, who was the applicant?

No No

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Eric J Blount

(Signature of Supporter)

12/8/15

(Date)

Eric J Blount

(Supporter's Name, printed or typed)

Please print or type.

RURELL CURBEAN

Name of Supporter

4901 STEVEN AVE Apt G-7 Phila, PA

Street Address

City or Municipality

State

19144

Zip Code

Thelma Jane Hainey Duals Bound Trip Transportation LLC

Name of Applicant

- Describe the type of transportation service needed.

TO AND FROM PA PRISONS.

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

FOREST, FAYETTE, CAMPH. CO, FRACKVILLE, ETC.

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

WEEKLY DEPENDS ON MONEY

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

YES. THIS SERVICE PROVIDES door to door

- Have you supported similar applications in the past? If so, who was the applicant?

NO

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Rurell Curbean

(Signature of Supporter)

12-8-15

(Date)

(Supporter's Name, printed or typed)

Please print or type.

Stacey L. Wilson

Name of Supporter

5004 Conly St. Phila, Pa.

Street Address

City or Municipality

State

19135

Zip

Code

The Majane Heiney Duals Bound Trip Transportation LLC

Name of Applicant

- Describe the type of transportation service needed. Van service to and from SCI PRISONS
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Frackville Pa, and Camp Hill
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? I need this service Bi-weekly.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? Yes their other van service I don't got to ~~become~~ because they don't have door to door service. Meeting spots are to far.
- Have you supported similar applications in the past? If so, who was the applicant? No.

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Stacey L. Wilson (Signature of Supporter)

Dec. 8, 2015 (Date)

Stacey L. Wilson (Supporter's Name, printed or typed)

Please print or type.

Daisy Coffey

Name of Supporter

2404-N-Bancroft St 19132

Street Address

City or Municipality

State

Zip

Code

Thelma Jane Hainey Duals Round Trip Transportation

Name of Applicant

- Describe the type of transportation service needed.

Van Service to and from SCI Prisons

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

Fradette

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

I need this service Bi-monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

This is my only way up and back door to door service

- Have you supported similar applications in the past? If so, who was the applicant?

NO

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Daisy Coffey

(Signature of Supporter)

10-12-2015

(Date)

Daisy Coffey

(Supporter's Name, printed or typed)

Please print or type.

Annette Moore
 Name of Supporter

333 N. 52ND ST PHILA PA 19139
 Street Address City or Municipality State Zip Code

SWOLE'S ROUND TRIP TRANSPORTATION
 Name of Applicant

- Describe the type of transportation service needed.
 DOOR TO DOOR SERVICE
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
 PHILA, CO TO FRACKVILLE PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
 Bi WEEKLY
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
 YES, THIS SERVICE IS DOOR TO DOOR N VERY CONVENIENT
- Have you supported similar applications in the past? If so, who was the applicant?
 NO.

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[Signature]
 (Signature of Supporter)

12.22.15
 (Date)

ANNETTE MOORE
 (Supporter's Name, printed or typed)