

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

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-2015-2511414			
PUC Application Docket No.			
Tyran Wheaton			
Legal Name of Applicant			
En Route Medical Transport			
Trade Name, if any			
5453 Garfield Ave	Pennsauken	NJ 08109	
Street Address (principal place of business)	City or Municipality	State	Zip Code

2016 FEB 19 AM 10:45
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This document is 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.

You are encouraged to provide as much information as possible 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 providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant. **Tyran Wheaton Officer of En Route Medical Transport.**
2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation. **I am not affiliated with any other motor carrier.**
3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.
I Have a military background where in which I functioned as an Hospital Corpsman (combat field medic) assigned to 2nd Battalion 2nd Marines, completed two tours in Iraq and at the completion of my obligated service, I attended Wake College where I obtained a degree in Emergency Medical Science. I also worked several years as an EMT.

4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable. **The Physical Address is on a private street where the ADA compliant van will be parked. I have an office area that holds all document of the business in a secure filing cabinet. Office machines that will be used include an all-in-one FAX, Printer and Scanner Laptop**

5. 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 continuous communication with drivers. **Request are received via phone or fax. We use smart devices to communicate with and track transports, drivers and We also have scheduling software in place to help with Dispatching.**

6. Please explain:

a. Your hiring standards for drivers;

1. Applicants should be at least 18 years of age.

2. You should have 1 year of verifiable experience operation a CMV in the last 3 years and you can't have more than 1 year gap from driving a CMV.

3. You must possess a valid Driver License with a from the state in which you reside.

4. You should not have excessive moving violations within the 3 years appearing on your MVR. Serious violations will have to be evaluated and may disqualify a potential applicant.

(Serious Violations can include, but are not limited to)

*Speed at or in excess if 15MPH

*Running Red Light/Stop Sign or other traffic control device *Following Too Closely

*Erratic/ Unsafe Lane Change

*Unsafe Driving

5. Accidents appearing on the MVR must be supported with a copy of a police report or other official documents before a hiring decision can be made.

6. You must be able to pass a DOT Physical and Drug Test to be administered by our company. Drug Tests and Physicals from another company may not be excepted.

7. All applicants must provide work history in accordance with DOT regulations, complete with addresses and phone numbers.

8. All applicants will undergo a thorough background check that will include an MVR, criminal report, social security number

check, and telephone reference checks of previous employers required by DOT.

9. Any of the following may disqualify you from being considered for a driving position with this company.

a. Conviction of DWI/DUI in the last 10 years.

b. Any Conviction of DWI/DUI in a CMV

c. Fleeing a police officer

d. Racing on a public highway

e. Careless or reckless driving

- f. Leaving the scene of an accident
- g. Conviction of a felony using a commercial vehicle ,
- h. Conviction of a crime involving the manufacturing, possession, sale or habitual use of a controlled substance
- i. Possession of an alcoholic beverage in a CMV
- j. DUI/DWI listed on MVR

b. Your system to ensure prospective drivers will be subject to a criminal background check;

As a condition of employment all drivers are subject to background checks which include finger printing.

c. Your driver training program;

All drivers are required to obtain and maintain MAVT certification. Drivers are required to pass a DOT approved defensive driving course and complete a 30 day mentor program to ensure drive has grasped all concepts of company standards and procedures.

d. Your system for ensuring that your drivers are properly licensed at all times;

An semiannual check to insure all current drivers are properly licensed.

e. Your system to ensure that all drivers will be subject to a criminal background check every two years;

All Drivers personnel files are subject to an semiannual review to ensure that they all licenses meet State, Local and Federal requirements.

f. Your policies regarding alcohol and drug use by your drivers.

Alcohol and Drug Use while operating a En Route vehicle is not tolerated! Grounds for immediate termination.

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>
2007	Chevy	Express	2WC/ 2 Ambulatory	729

8. Describe your vehicle safety program. Please include the following in your explanation:

a. Your periodic vehicle maintenance plan; **Vehicle safety:**
All vehicles are inspected daily before they can be put into service. The driver is responsible for tire inspection, fluid levels, checking the lift hydraulic system for leaks and insuring all wheelchair straps are functional.
Maintenance Plan: Vehicles are on a regular schedule for fluid changes and the Lift has a semiannual maintenance plan if no problems are found throughout the year. tires are inspected monthly and replaced as needed.

b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards; **All Vehicles and equipment are inspected daily and before put into service and any issue as logged and fixe before placed back into service.**

c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age; N/A

d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards. N/A

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted. **I currently am insured with limits that exceed PA minimums. Insurance Agent: Terry A. Mason, Jr. Senior Vice President / Agent M & C Insurance Agency, Inc. Phone-856-486-0077 ext. 210 Fax-856-486-0070**

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution?
YES___ NO_XX_

**If 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. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.*

11. 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. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. 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.

PLEASE NOTE: COMMISSION REGULATIONS REQUIRE THAT PARTNERSHIPS, LIMITED PARTNERSHIPS, LIMITED LIABILITY PARTNERSHIPS, LIMITED LIABILITY COMPANIES, AND CORPORATIONS MUST FILE A CURRENT INCOME STATEMENT.

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets

Cash 4500.00

Other Current Assets (specify) _____

Other Assets

Motor Vehicle Equipment 26000.00

Building and Structures _____

Office Equipment 3500.00

Investments and Funds (specify) _____

TOTAL ASSETS

34000.00

LIABILITIES

Current Liabilities (Due within one year of date)

Long Term Liabilities (Due after one year of date) 13000.00

TOTAL LIABILITIES

13000.00

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)

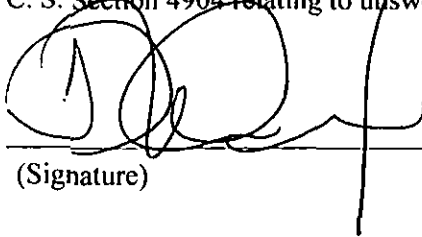
21000.00

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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.

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)

02/01/2016

(Date)

Tyran Wheaton, COO

(Name and Title, printed or typed)

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SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Cynthia Fairre
Name of Supporter

1323 N. 54th Street Philadelphia PA 19131
Street Address City or Municipality State Zip Code

En Route Medical Transportation
Name of Applicant

- Describe the type of transportation service needed.
transport to doctor appointments and hospital testing.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Lankenau Hospital - 100 Lancaster Ave Wynnewood PA. Dr. Watson 301 City Ave Phila PA 2 Bala Plaza Bala Cynwyd PA Dr. Saks
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
weekly/daily
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? yes. Never on time causing me to miss my doctor's appointments frequently.
- Have you supported similar applications in the past? If so, who was the applicant?
no.

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VERIFICATION OF STATEMENT

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. Section 4904 relating to unsworn falsification to authorities.

Cynthia Faire
(Signature of Supporter)

1/31/16
(Date)

Cynthia Faire

(Supporter's Name, printed or typed)

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