



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

IN REPLY PLEASE  
REFER TO OUR FILE

April 6, 1998

BROCKWAY AREA AMBULANCE SERVICE INC  
1147 CHERRY STREET  
PO BOX 222  
BROCKWAY PA 15824

In re: A-00114679 - Application of Brockway Area Ambulance Service, Inc.

Dear Sir or Madam:

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 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) days to file verified statements. They will be due on or before May 6, 1998.

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

Very truly yours,

Gale E. Travitz  
Compliance Office  
Bureau of Transportation & Safety

GET:rs

|                                       |
|---------------------------------------|
| <b>DOCKETED</b><br>APPLICATION DOCKET |
| APR 06 1998                           |
| ENTRY No. <u>st</u>                   |

**DOCUMENT FOLDER**

**Brockway Area Ambulance Service, Inc.**



P.O. Box 222,  
Brockway, Pennsylvania 15824

Ph. 268-6000

(814) 268-6774

MAY 11, 1998

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

ATTENTION: GALE E. TRAVITZ  
COMPLIANCE OFFICE  
BUREAU OF TRANSPORTATION

RE: A-00114679-- APPLICATION OF BROCKWAY AREA AMBULANCE  
SERVICE, INC.

DEAR MX TRAVITZ:

THANK YOU FOR YOUR EXTENDING OUR APPLICATION FOR THIRTY DAYS PER  
OUR TELEPHONE CONVERSATION THIS MORNING. I HAVE JUST RETURNED FROM  
MY VACATION AND APPRECIATE YOUR ASSISTANCE IN THIS MATTER.

SINCERELY,

MARILYN L. BECKER  
ADMINISTRATOR

DOCKETED  
APPLICATION DOCKET  
MAY 14 1998  
ENTRY No. JA

UMENT  
OLDER

53 MAY 13 11 21 AM '98



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

IN REPLY PLEASE  
 REFER TO OUR FILE

May 14, 1998

BROCKWAY AREA AMBULANCE SERVICE INC  
 1147 CHERRY STREET  
 PO BOX 222  
 BROCKWAY PA 15824

In re: A-00114679 - Application of Brockway Area Ambulance  
 Service, Inc.

Dear Sir or Madam:

In accordance with your request of May 11, 1998 for an extension of  
 time to file verified statements, we are granting an additional thirty (30) days  
 for filing of statements.

Please be advised that verified statements are now due on June 8, 1998.  
 If said statements are not filed with this office by that date we shall assume that  
 you do not desire to pursue this matter and shall recommend to the Commission that  
 the application be dismissed for lack of prosecution.

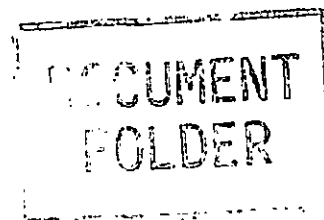
If you have any questions, please do not hesitate to contact Gale E.  
 Travitz at (717) 787-5513.

Very truly yours,

DOCKETED  
 APPLICATION DOCKET  
 MAY 14 1998  
 ENTRY No. \_\_\_\_\_

By Gale E. Travitz  
 For Peter S. Marzolf, Supervisor  
 Compliance Office  
 Bureau of Transportation

GET:rs



**Brockway Area Ambulance Service, Inc.**



P.O. Box 222,  
Brockway, Pennsylvania 15824

Ph. 268-6000

6774

JUNE 4, 1998

GALE E. TRAVITZ  
COMPLIANCE OFFICE  
BUREAU OF TRANSPORTATION AND SAFETY  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
P.O. BOX 3265  
HARRISBURG, PENNSYLVANIA 17105-3265

IN RE: A-00114679 APPLICATION OF BROCKWAY AREA AMBULANCE SERVICE, INC.

DEAR MS TRAVITZ:

ENCLOSED IS THE VERIFIED STATEMENT OF APPLICATION AND FOUR VERIFIED STATEMENTS IN SUPPORT OF THE APPLICATION. THIS APPLICATION IS DUE IN YOUR OFFICE ON JUNE 8, 1998.

THANK YOU FOR REVIEWING OUR APPLICATION.

SINCERELY,

MARILYN BECKER, ADMINISTRATOR

CC:

BOYD TAYLOR,  
BOARD PRESIDENT

99 JUN -9 PM 9:19

DOCUMENT  
FOLDER

# VERIFIED STATEMENT OF APPLICANT

The following information is required by the Commission to determine applicant's fitness to operate.

STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

**1. Legal name and domicile of applicant.**

BROCKWAY AREA AMBULANCE SERVICE, INC.  
LOCATED 1147 CHERRY STREET, BROCKWAY, PA 15824  
PENNSYLVANIA STATE OF INCORPORATION

**2. Identity and qualifications of person making statement for the applicant**

MARILYN BECKER, ADMINISTRATOR  
PO BOX 222  
BROCKWAY, PA 15824  
814 268-6774 AUTHORIZED TO SPEAK FOR BROCKWAY AREA AMBULANCE SERVICE, INC.

**3. Whether applicant is affiliated with (owner, manager, controls) any other carrier, with a description of affiliation.**

NOT AFFILIATED WITH ANY OTHER CARRIER

**4. Authority sought (if amended since application filed).**

NO AUTHORITY AMENDED SINCE APPLICATION FILED

**5. General scope of currently authorized operations - attach a copy of any operating rights, which relate to the authority sought.**

NO ICC AUTHORITY IN PENNSYLVANIA OR ANY OTHER STATE  
NO INTRASTATE OPERATIONS CURRENTLY PERFORMED

**6. Duplicating authority which will result from grant of authority.**

DOCKETED  
APPLICATION DOCKET  
JUL 06 1998  
ENTRY No.   1  

**7. Terminal facilities and communications network.**

GARAGE LOCATED AT 1147 CHERRY ST, BROCKWAY, PA. JEFFERSON CO SITUATED ON 41,935 SQ. FT. LOT. BUILDING HAS 4 BAYS, 3 OCCUPIED BY AMBULANCES. VAN TO BE STORED IN 4<sup>TH</sup> BAY. TELEPHONE IN OFFICE RECEIVE CALL FOR PARATRANSIT. PATIENTS TO BE PICKED UP INFORMATION GIVEN DIRECTLY TO CREW MEMBERS.

**8. Equipment - make, model, year, owned or leased, and lessor.**

1998 FORD VAN OWNED BY BROCKWAY AREA AMBULANCE SERVICE, INC.

**9. safety program.**

ALL DRIVERS TAKE EVOC COURSE AND PATIENTS ATTENDED BY EMT S. ALL ATTENDANTS AND DRIVERS RECEIVE OSHA EDUCATION.

DOCUMENT  
FOLDER

93 JUN 6 11 51 AM '98

10. **Service currently provided to supporting witness.**

AMBULANCE EMERGENCY/NON-EMERGENCY TRANSPORT

11. **Type of service offered.**

PARATRANSIT CALL OR DEMAND

12. **Financial data - complete attached sheet.**

ATTACHED

13. **Other information deemed pertinent.**

25 YEARS EXPERIENCE TRANSPORTING PATIENTS IN EMERGENCY AND NON EMERGENCY SITUATIONS. NOT AFFILIATED/RELATED WITH ANY SUPPORTING WITNESS BY FAMILY/OWNERSHIP/MANAGEMENT, ETC.

14. **Statement must be notarized or verified according to instructions below.**

*(Same as shipper support instruction).*

## VERIFICATION OF STATEMENTS

*Applicant and supporting statements may be sworn/affirmed before a notary public or contain the following verification, without appearing before a notary public:*

*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 the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities*

Dated 6-4-98 Signature Marilyn Becker Name printed or typed Marilyn Becker

*Signed before me  
this 4th day June  
1998.*

*Marilyn Becker*  
Marilyn A. Becker, Notary Public  
Snyder Twp., Jefferson County  
My Commission Expires Sept. 26, 1999

STATEMENT OF FINANCIAL CONDITION

INCOME STATEMENT

For the 12-month period ending JUNE 30, 1997  
(Date)

REVENUE and GAINS

|  |         |
|--|---------|
| Operating Revenue                      | 126,421 |
| Net Revenue from non-carrier operation |         |
| Dividend and interest revenues         | 8,374   |
| Other non-operating revenue            | 12,243  |
| Gains                                  |         |
| Total Revenue and Gains                | 145,038 |

EXPENSES

|  |         |
|--|---------|
| Equipment Maintenance and Garage Expense | 10,989  |
| Insurance Expense                        | 7,910   |
| Employee Salaries                        | 11,350  |
| Supervisory Salaries                     | 1,471   |
| Officer Salaries                         |         |
| Fuel Expense                             | 2,998   |
| Purchased Transportation (Lease Expense) | 30,550  |
| Materials and Supplies Expense           | 4,406   |
| General Office Expense                   | 2,558   |
| Advertising Expense                      | 252     |
| Telephone Expense                        | 3,213   |
| Accounting Expense                       | 950     |
| Legal Expense                            |         |
| Uncollectible Revenue                    |         |
| Depreciation Expense                     | 33,364  |
| Amortization                             |         |
| Operating Taxes and Licenses             | 3,321   |
| Rent Expense                             |         |
| Loss                                     |         |
| Total Operating Expense and Losses       | 113,232 |

|                            |        |
|----------------------------|--------|
| Net Income before Taxes    | 31,806 |
| Provision for Income Taxes | 0      |
| Net Income                 | 31,806 |

## STATEMENT OF FINANCIAL POSITION (Balance Sheet)

as of JUNE 30, 1997

Date

ASSETSCURRENT ASSETS

|                                |  |                |
|--------------------------------|--|----------------|
| Cash                           |  | <u>72,770</u>  |
| Accounts Receivable            |  | <u>3,305</u>   |
| Notes Receivable               |  |                |
| Other current assets (Specify) | CERTIFICATE OF DEPOSIT 137,031<br>PREPAID INSURANCE 1673 | <u>138,704</u> |
| Total current assets           |  | <u>214,779</u> |

TANGIBLE ASSETS

|   |                       |                |
|---|-----------------------|----------------|
| Land  |                       | <u>6,283</u>   |
| Motor Vehicle Equipment   | <u>234,351</u>        |                |
| Less: Accumulated Depreciation                                  | <u>177,860</u>        | <u>56,491</u>  |
| Buildings and Structures  | <u>210,313</u>        |                |
| Less: Accumulated Depreciation                                  | <u>55,740</u>         | <u>154,573</u> |
| Investments and Funds (Specify)                                 |                       |                |
| Intangible Assets   |                       |                |
| Other assets (Such as advances and<br>idle equipment - specify) |                       |                |
|   | TOTAL TANGIBLE ASSETS | <u>217,347</u> |

LIABILITIES

TOTAL ASSETS

432,126Current Liabilities (liabilities due within one year of date)

|                                     |  |               |
|-------------------------------------|--|---------------|
| Accounts Payable                    |  |               |
| Notes Payable                       |  |               |
| Equipment Obligations               |  | <u>5,444</u>  |
| Other Liabilities (attach schedule) |  | <u>19,670</u> |
| Total Current Liabilities           |  | <u>25,114</u> |

Long Term Liabilities (liabilities due after one year of date)

|                                     |  |               |
|-------------------------------------|--|---------------|
| Accounts Payable                    |  |               |
| Notes Payable                       |  |               |
| Equipment Obligations               |  | <u>916</u>    |
| Other Liabilities (attach schedule) |  |               |
| Total Long Term Liabilities         |  | <u>916</u>    |
| Total Liabilities                   |  | <u>26,030</u> |

Net Worth (partnerships &amp; individuals)

OWNERS EQUITY (Corporations only)

|   |                |                |
|---|----------------|----------------|
| Capital Stock (Corporations only)                         |                |                |
| Additional paid-in capital                                |                |                |
| Retained Earnings (Corporations only)                     | <u>406,096</u> |                |
| Less: Treasury Stock                                      |                | <u>406,096</u> |
| Total Owner's Equity (Corporations only)                  |                | <u>406,096</u> |
| Total Liabilities & Owner's Equity<br>(Corporations only) |                | <u>432,126</u> |

# VERIFIED STATEMENTS IN SUPPORT OF APPLICATION

APPLICANTS MUST SUBMIT SUFFICIENT STATEMENTS TO PROVE A NEED FOR THE SERVICE IN THE AREA OF APPLICATION. TO ESTABLISH THAT THERE IS A PUBLIC NEED FOR THE PROPOSED SERVICE, STATEMENTS MUST BE PROVIDED FROM SHIPPERS THAT NEED THIS SERVICE AND WOULD USE IT IF IT WAS MADE AVAILABLE TO THEM. THE STATEMENTS MUST REPRESENT A CROSS SECTION OF PUBLIC NEED APPLICANT INTENDS TO SERVE; THE NUMBER OF STATEMENTS REQUIRED WILL VARY DEPENDING UPON THE PROPOSED COMMODITIES TO BE TRANSPORTED/TYPE OF SERVICE AND THE EXTENT OF THE PROPOSED TERRITORY TO BE SERVED. IF SPECIFIC SHIPPERS ARE NAMED IN THE PROPOSED RIGHTS, EACH SHIPPER MUST SUBMIT A STATEMENT. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION. APPLICANTS MAY USE "FILL IN THE BLANK" FORMS FOR WITNESSES.

1. Name and docket number of applicant being supported. docket number is A-00 114679.
2. Legal name and domicile of supporting party or firm.  
Highland View Health Care - Skilled Nursing & Rehabilitative Services  
90 MAIN ST.  
Brockway, PA 15824
3. Identity and qualifications of person making statement for supporting shipper or firm.  
KATHLEEN MARGLE  
Director of Resident Services
4. General Description of supporting party, organization, or operations.  
Highland View Health Care is a 60 Bed Licensed Skilled long or short term Nursing facility. We offer... Nursing CARE and therapy
5. Volume and frequency of intended use.  
As needed by the Residents 6-10 trips per week
6. Specific or representative origins and destinations.  
From the Nursing home to Hospitals in Jefferson, B&K and Clearfield Co.  
To Clinics, Dialysis, Xray, Chemo-Radiation treatment, to Dental appts,  
Eye Appts. - for LAB work, CAT SCANS - MRI, Consults, DR Appts, etc.

DOCKETED  
APPLICATION DOCKET

JUL 05 1998

ENTRY No. A

DOCUMENT  
FOLDER

7. Type of service offered. CALL

24 Hours / Nursing Care - Skilled and Intermediate Care  
Therapy

8. Similar application supported. NONE

9. Any other information deemed pertinent.

This service would be vital as we have 1 van that is used and when it is out we need another mode of transportation

10. Statement must be notarized or verified according to instructions below.

## VERIFICATION OF STATEMENTS

Applicant and supporting statements may be sworn/affirmed before a notary public or contain the following verification, without appearing before a notary public:

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 the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Dated 6-4-98 Signature Kathleen Margle Name printed or typed KATHLEEN MARGLE

Signed before  
me this 4th day  
of June 1998.  
Juanita A. Becker

Notarial Seal  
Juanita A. Becker, Notary Public  
Snyder Twp., Jefferson County  
My Commission Expires Sept. 26, 1999

# VERIFIED STATEMENTS IN SUPPORT OF APPLICATION

APPLICANTS MUST SUBMIT SUFFICIENT STATEMENTS TO PROVE A NEED FOR THE SERVICE IN THE AREA OF APPLICATION. TO ESTABLISH THAT THERE IS A PUBLIC NEED FOR THE PROPOSED SERVICE, STATEMENTS MUST BE PROVIDED FROM SHIPPERS THAT NEED THIS SERVICE AND WOULD USE IT IF IT WAS MADE AVAILABLE TO THEM. THE STATEMENTS MUST REPRESENT A CROSS SECTION OF PUBLIC NEED APPLICANT INTENDS TO SERVE; THE NUMBER OF STATEMENTS REQUIRED WILL VARY DEPENDING UPON THE PROPOSED COMMODITIES TO BE TRANSPORTED/TYPE OF SERVICE AND THE EXTENT OF THE PROPOSED TERRITORY TO BE SERVED. IF SPECIFIC SHIPPERS ARE NAMED IN THE PROPOSED RIGHTS, EACH SHIPPER MUST SUBMIT A STATEMENT. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION. APPLICANTS MAY USE "FILL IN THE BLANK" FORMS FOR WITNESSES.

1. Name and docket number of applicant being supported. docket number is A-00 114679.

2. Legal name and domicile of supporting party or firm.

*Betty A. Rutch  
947 M<sup>c</sup> Cullough Ave.  
Brockway, Pa. 15824*

BETTY A. RUTCH  
947 M<sup>c</sup> CULLOUGH, AVE.  
BROCKWAY, PA. 15824

3. Identity and qualifications of person making statement supporting shipper or firm.

*BETTY A. RUTCH - DAUGHTER*

4. General Description of supporting party, organization, or operations.

*PASSENGER, 86 YR. OLD IN PARTIAL BODY CAST*

5. Volume and frequency of intended use.

*PRESENTLY ONCE A MONTH*

|  |
|--|
| DOCKETED<br>APPLICATION DOCKET<br>JUL 06 1998<br>ENTRY No. <i>ST</i> |
|--|

CURRENT  
OLDER

6. Specific or representative origins and destinations.

*BROCKWAY, PA., JEFFERSON COUNTY  
TO HOSPITAL/DOCTOR PITTSBURGH, PA.  
DR./HOSPITAL DUBOIS, PA., CLEARFIELD COUNTY  
AND RETURN TO BROCKWAY, PA.*

7. Type of service offered.

CALL OR DEMAND

8. Similar application supported.

N/A

9. Any other information deemed pertinent.

N/A

10. Statement must be notarized or verified according to instructions below.

### VERIFICATION OF STATEMENTS

Applicant and supporting statements may be sworn/affirmed before a notary public or contain the following verification, without appearing before a notary public:

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 the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Dated 6-4-98 Signature Betty Ann Routh Name printed or typed BETTY ANN ROUTH

Signed before me  
this 4th day of  
June 1998.  
Juanita A. Becker

Notarial Seal  
Juanita A. Becker, Notary Public  
Snyder Twp., Jefferson County  
My Commission Expires Sept. 26, 1999

# VERIFIED STATEMENTS IN SUPPORT OF APPLICATION

APPLICANTS MUST SUBMIT SUFFICIENT STATEMENTS TO PROVE A NEED FOR THE SERVICE IN THE AREA OF APPLICATION. TO ESTABLISH THAT THERE IS A PUBLIC NEED FOR THE PROPOSED SERVICE, STATEMENTS MUST BE PROVIDED FROM SHIPPERS THAT NEED THIS SERVICE AND WOULD USE IT IF IT WAS MADE AVAILABLE TO THEM. THE STATEMENTS MUST REPRESENT A CROSS SECTION OF PUBLIC NEED APPLICANT INTENDS TO SERVE; THE NUMBER OF STATEMENTS REQUIRED WILL VARY DEPENDING UPON THE PROPOSED COMMODITIES TO BE TRANSPORTED/TYPE OF SERVICE AND THE EXTENT OF THE PROPOSED TERRITORY TO BE SERVED. IF SPECIFIC SHIPPERS ARE NAMED IN THE PROPOSED RIGHTS, EACH SHIPPER MUST SUBMIT A STATEMENT. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION. APPLICANTS MAY USE "FILL IN THE BLANK" FORMS FOR WITNESSES.

1. Name and docket number of applicant being supported. docket number is A-00114679.

2. Legal name and domicile of supporting party or firm.  
Parkside Elder Care, division of Blase Development  
1200 Wood Street  
Brockway, Pa. 15824 - Jefferson County

3. Identity and qualifications of person making statement for supporting shipper or firm.  
John H. Esposito, Managing Partner, PCHA,  
Blase Development  
1200 Wood Street  
P. O. Box 86  
Brockway, Pa. 15824 - Jefferson County

4. General Description of supporting party, organization, or operations.  
Blase Development is the owner/operator of Parkside Elder Care, an assisted living facility, and Parkside Senior Independent Living Apartments seeking transportation for the residents of these facilities.

5. Volume and frequency of intended use.  
6 to 10 trips per week

6. Specific or representative origins and destinations.  
Resident trips to local doctor's office on Main Street, Brockway, Pa. Also resident transportation to personal doctors in Reynoldsville Pa, Jefferson County; DuBois, Pa., Clearfield County, and non emergency transportation to DuBois Regional Medical Center, DuBois, Pa., Clearfield County.

|   |                    |
|---|--------------------|
| DOCKETED<br>APPLICATION DOCKET<br>JUL 06 1998<br>ENTRY No. <i>A</i> | DOCUMENT<br>FOLDER |
|---|--------------------|

7. Type of service offered.

call

8. Similar application supported.

none

9. Any other information deemed pertinent.

This service would be very helpful to our facilities as there is nothing now available.

10. Statement must be notarized or verified according to instructions below.

## VERIFICATION OF STATEMENTS

**Applicant and supporting statements may be sworn/affirmed before a notary public or contain the following verification, without appearing before a notary public:**

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 the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Dated 6/3/98 Signature *John H. Esposito* Name printed or typed John H. Esposito

*Signed before  
me this 4th day  
of June 1998.  
Juanita A. Becker*

Notarial Seal  
Juanita A. Becker, Notary Public  
Snyder Twp., Jefferson County  
My Commission Expires Sept. 26, 1999

# VERIFIED STATEMENTS IN SUPPORT OF APPLICATION

APPLICANTS MUST SUBMIT SUFFICIENT STATEMENTS TO PROVE A NEED FOR THE SERVICE IN THE AREA OF APPLICATION. TO ESTABLISH THAT THERE IS A PUBLIC NEED FOR THE PROPOSED SERVICE, STATEMENTS MUST BE PROVIDED FROM SHIPPERS THAT NEED THIS SERVICE AND WOULD USE IT IF IT WAS MADE AVAILABLE TO THEM. THE STATEMENTS MUST REPRESENT A CROSS SECTION OF PUBLIC NEED APPLICANT INTENDS TO SERVE; THE NUMBER OF STATEMENTS REQUIRED WILL VARY DEPENDING UPON THE PROPOSED COMMODITIES TO BE TRANSPORTED/TYPE OF SERVICE AND THE EXTENT OF THE PROPOSED TERRITORY TO BE SERVED. IF SPECIFIC SHIPPERS ARE NAMED IN THE PROPOSED RIGHTS, EACH SHIPPER MUST SUBMIT A STATEMENT. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION. APPLICANTS MAY USE "FILL IN THE BLANK" FORMS FOR WITNESSES.

1. Name and docket number of applicant being supported. docket number is A-00 114679.

2. Legal name and domicile of supporting party or firm.

JUDITH A. BIANCO  
1654 LYNTON STREET  
BROCKWAY, PA 15824

3. Identity and qualifications of person making statement supporting shipper or firm.

JUDITH A. BIANCO

DOCUMENT  
FOLDER

4. General Description of supporting party, organization, or operations.

PASSENGER TRANSPORTATION FOR INDIVIDUAL

5. Volume and frequency of intended use.

TWICE MONTHLY TO TWICE WEEKLY

6. Specific or representative origins and destinations.

PARKSIDE ELDERCARE, WOOD STREET, BROCKWAY, PA.  
TO HOSPITALS IN DUBOIS, PA. OR CLEARFIELD, PA.  
AND PHYSICIANS OFFICES IN DUBOIS, PA. AND  
BROCKWAY, PA.

JUL 06 1998

ENTRY No. ST

7. Type of service offered.

CALL ON DEMAND FOR PASSENGER TRANSPORTATION

8. Similar application supported.

N/A

9. Any other information deemed pertinent.

N/A

10. Statement must be notarized or verified according to instructions below.

## VERIFICATION OF STATEMENTS

Applicant and supporting statements may be sworn/affirmed before a notary public or contain the following verification, without appearing before a notary public:

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 the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Dated 6/4/98 Signature Judith A. Bianco Name printed or typed JUDITH A. BIANCO

Signed before  
me this 4th day  
of June 1998.  
Juanita A. Becker

Notarial Seal  
Juanita A. Becker, Notary Public  
Snyder Twp., Jefferson County  
My Commission Expires Sept. 26, 1999