

APPLICATION FOR APPROVAL OF ABANDONMENT OR  
DISCONTINUANCE OF SERVICE, IN WHOLE OR IN PART

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

(See Instructions Before Preparing Application)

In re:

C-2016-2548917  
Application Docket  
No. A-00123110 F0002  
Folder No. A-2015-2473574

For approval of the abandonment or discontinuance of common carrier service.

TO PENNSYLVANIA PUBLIC UTILITY COMMISSION:

1. Harold Leroy Shipman t/a Shipman Van Service \_\_\_\_\_  
(Name of applicant, and trade name, as it appears on the Certificate  
of Public Convenience.)

\_\_\_\_\_ 1233 Cherrytown Rd \_\_\_\_\_  
(Business Street Address)

\_\_\_\_\_ Dornsife \_\_\_\_\_ PA \_\_\_\_\_ 17823 \_\_\_\_\_ Northumberland \_\_\_\_\_ (570)758-3034 \_\_\_\_\_  
(City) (State) (Zip) (County) (Telephone)

2. Applicant's attorney (for this application) is:

\_\_\_\_\_  
(Name) (Address) (Telephone)

3. Any notice, process or order of the PUC should be served upon:

\_\_\_\_\_  
(Name) (Address)

4. This application is for the discontinuance of All (Paratransit) of the  
service now authorized. (All or Part)

RECEIVED  
2016 JUN 16 AM 10:36  
SECRETARY'S BUREAU

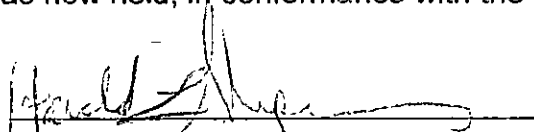
5. Attach the following, as appropriate (check those attached):

- Exhibit A: A statement of the right or rights to be abandoned or discontinued (required for partial abandonments or discontinuances only).
- Exhibit B: A statement of the revenues and expenses associated with the operation of the service to be discontinued or abandoned.
- Exhibit C: For motor carriers of passengers seeking to discontinue service over any scheduled route also encompassed by interstate operating authority, a statement containing:
  - i. Description of interstate authority;
  - ii. Statement of the extent to which interstate and intrastate revenues received for the service sought to be abandoned are less than the variable costs of providing that service, including depreciation for revenue equipment. This statement shall include a designation of those items claimed to be variable costs; and
  - iii. An estimate of the annual subsidy required, if any, to continue the service.

6. Approval of the application is necessary or proper for the following reasons: The Discontinuation of the Paratransit authority should be approved because I Disabled and in a wheelchair, have no drivers license, and an on a fixed income From Social Security of less than \$800 per month. I sold the business in 2013 And did not know I needed to send in this form and have been receiving fines And bills to this day. I do not own any vehicles and cannot drive.

Wherefore, Applicant requests the Commission to cancel, or amend the certificate of public convenience, as now held, in conformance with the application.

Applicant sign here:



---

(Corporate Seal)

---

(if a partnership, each partner must sign; if a corporation, at least one officer must sign and affix corporate seal.)

Exhibit B Revenues and expenses associated with the operation of the service being discontinued

Income from 2013 \$47,316.00

Total Expenses \$34,719.00\*

Total expensed include, general maintenance, oil changes, towing charges, turnpike and bridge tolls, fuel, bodywork, commercial insurance, and mechanical work.

No business income or expenses from 2014, or 2015 because I was not in business.

RECEIVED

JUN 16 2016

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

VERIFICATION

Harold Leroy Shipman

\_\_\_\_\_ hereby states that the statements made in the  
(Name of Person)

foregoing are true and correct to the best of his/her knowledge, information and belief. The undersigned understands that the estimates therein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

  
\_\_\_\_\_  
Signature of Person

Date: 6-6-16

RECEIVED

JUN 16 2016

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

WINDMILL  
1833 Cherytown RD  
Dorrsike PA 17823

HARRISBURG PA 171

14 JUN 2016 PM 3 L



PA PUC  
PO Box 3265  
Harrisburg PA 17105-3265

17105-326565

