

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.

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A. 2015-2511756

PUC Application Docket No.

Austin's AI Transportation Service, LLC

Legal Name of Applicant

Trade Name, if any

316 Folsom PA 19033

Street Address (principal place of business)

City or Municipality

PA

State

19033

Zip Code

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.

Alex Austin - operator / owner (50%)

Aykema Mabeary - Austin - owner (50%)

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

Alex Austin - operator / owner

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.

Rapid Rover driver - 3 yrs

Van Go driver - 5 yrs

Drexel Public Safety - Mobile Patrol driver 4 yrs

Prison Van Service (AI Transportation) - 2 yrs

Armada Chauffered - 1 1/2 yrs

Uber driver - 1 yr

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.

Vehicle stored in home driveway. Computer, printer, fax & phone used for business.

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 made by phone or email.
Dispatched by phone or email by one of the owners.

6. Please explain:

- a. Your hiring standards for drivers:

No employees at this time. Owner is the only operator. Owner has previous driving experience, current limo license, and child abuse, criminal, & FBI clearances.

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

Annual criminal background checks

- c. Your driver training program:

Employees will be required to do 3 ride alongs & at least 2 yrs of experienced driving.

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

Quarterly driving record checks

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

Annual checks required. Drivers cannot drive if not current.

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

No tolerance for alcohol/drugs use. Any violations of this policy are grounds for 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> |
|-------------|-------------|--------------|-------------------------|----------------------|
| 2010 | Chevy | Suburban | 8 | 1G N4K JF 5AR 133555 |
| | | | | |
| | | | | |
| | | | | |

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

- a. Your periodic vehicle maintenance plan;

All fluids are checked daily, your regular routine maintenance is completed as scheduled. (oil change every 3,000 miles, transmission every 30,000, tires rotated every 6,000)

- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

Completely Annual Inspections

- c. 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.

Jacob Gray-Farm Insurance - 484-200-8290 FAX 484-454-5283
 Progressive \$4143.⁰⁰
 Babbs Insurance - Adam Levine

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

**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) 5/30/16

ASSETS

Current Assets
Cash \$ 2000
Other Current Assets (specify) _____

Other Assets
Motor Vehicle Equipment 25,000
Building and Structures 0
Office Equipment \$ 2500
Investments and Funds (specify) 0

TOTAL ASSETS 29,500

LIABILITIES

Current Liabilities (Due within one year of date)
Long Term Liabilities (Due after one year of date)

TOTAL LIABILITIES \$ 23,000

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets) 6500

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

| | |
|---|--------|
| Operating Revenue | 40,000 |
| Net Revenue from non-carrier operations | 0 |
| Dividend and interest revenues | 0 |
| Other non-operating revenue | 0 |
| Gains | 0 |
| Total Revenue and Gains | 40,000 |

EXPENSES

| | |
|--|--------|
| Equipment Maintenance and Garage Expense | 2500 |
| Insurance Expense | 4000 |
| Employee Salaries | 15000 |
| Supervisory Salaries | 0 |
| Officer Salaries | 0 |
| Fuel Expense | 4800 |
| Purchased Transportation (Lease Expense) | 4900 |
| Materials and Supplies Expense | 0 |
| General Office Expense | 300 |
| Advertising Expense | 1500 |
| Telephone Expense | 500 |
| Accounting Expense | 0 |
| Legal Expense | 0 |
| Uncollectible Revenue | 0 |
| Depreciation Expense | 1000 |
| Amortization | 0 |
| Operating Taxes and Licenses -- | 1000 |
| Rent Expense | 0 |
| Loss | 0 |
| Total Operating Expenses and Losses | 35,000 |

Net Income Before Taxes

| | |
|----------------------------|-------|
| Provision for Income Taxes | 5,000 |
| <u>Net Income (Loss)</u> | 300 |
| | 4700 |

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.

Alex R Austin
(Signature)

5-31-16
(Date)

Alex R Austin Owner / Operator
(Name and Title, printed or typed) Austin's A-1 Transportation Service, LLC

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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.

Sueca Reid
Name of Supporter

1202 Boone Ave Abington Pt 19001
Street Address City or Municipality State Zip Code

Austin's A-1 Transportation Service, LLC
Name of Applicant

- Describe the type of transportation service needed.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
- Have you supported similar applications in the past? If so, who was the applicant?

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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.

Sueca Reid
(Signature of Supporter)

5/31/16
(Date)

Sueca Reid
(Supporter's Name, printed or typed)

INSTRUCTIONS FOR OBTAINING SUPPORTING STATEMENTS FOR THE APPLICATION

In accordance with 52 Pa. Code §41.14(a) "An applicant seeking motor common carrier authority has a burden of demonstrating that approval of the application will serve a useful public purpose, responsive to a public demand or need."

Accordingly, verified witness statements provide a means for demonstrating such a public demand or need. The attached form is for documenting witness statements demonstrating the need for the proposed service. This form may be duplicated as needed for use by supporting witnesses.

Earlier Decisions by the Commission require that:

- (1) the supporting witnesses must give evidence which proves there is a need for the service.
- (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must fall within the operating territory specified in the application.
- (3) there must be a sufficient number of supporters for the proposed operating territory.

The following form may be used to obtain witness statements in support of your application. Failure to demonstrate a public need will result in dismissal of your application. Failure to obtain supporting statements from those in all parts of the proposed area may result in the Commission granting limited authority consistent with the need demonstrated by the applicant.

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Sueca Reid
1202 Boone Ave
Abington, Pa 19001

Re: Austins's A-1 Transportation LLC

To Whom It May Concern:

I am a resident of the Montgomery County area. I utilize airport shuttle service for my family vacations as well as business trips. The owners of A1 Transportation are professional, dependable and courteous people. I will definitely utilize the services of A1 Transportation once they have their license because I am confident they will provide me with reliable and safe transportation for my family and I.

If you would like any additional information please contact me at ssanders214@gmail.com or 215-435-5864.

Kind regards,



Sueca Reid

From: **Ralph Burnley** ralphburnleyjr@hotmail.com
Subject: Shuttle service
Date: Today at 9:07 AM
To: a1transvc@gmail.com

To whom it may concern,

My name is Ralph Burnley I live at 7649 Front St in Cheltenham Pennsylvania. I'm writing this letter on behalf of A-1 transportation service. It has been brought to my attention that they are in the process of acquiring the proper permits to provide transportation service within my area. Lately my job requires me to fly out of the Philadelphia international Airport on Mondays and return on Fridays. This has become a big burden as I have to be at the airport at 6 AM which requires leaving home at 4:30 AM and it's been hard to get a reliable service. I wholeheartedly support this company and their endeavors and look forward to using them in the future. If you have any questions please feel free to contact me at 267-438-1237. Thanks for taking the time to take my letter into consideration.

Sent from my iPhone

From: **Michelle Gussom** michellegussom@yahoo.com
Subject: reference letter
Date: Today at 11:06 AM
To: a1transvc@gmail.com

To Whom it may concern,

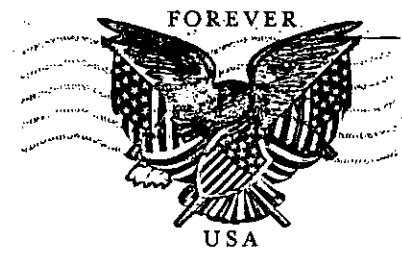
My name is Michelle Gussom I reside at 4991 Parkside Avenue, in the Wynnfield section of Philadelphia. I frequently fly out of Philadelphia International Airport on early morning flights and returning late nights. It has come to my attention that A-1 transportation Service is in the process of obtaining permits to provide service in my area. I would 100% rely on A-1 for my frequent, safe transportation to and from the airport if these permits can be acquired. If you would like to speak to me further please contact me at 267-699-6332

Mrs. Michelle G. W. Gussom

Austin's A-1 Transportation Service, LLC
316 Folsom Ave
Folsom PA 19033

PHILADELPHIA PA 190

31 MAY 2016 PM 8 L



Commonwealth of Pennsylvania
PA Public Utility Commission
P O Box 3265
Harrisburg PA. 17105-3265

17105-326565

