

August 31, 2016

Via Electronic Filing

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
P.O. Box 3265
Harrisburg, PA 17105-3265

Re: Application of Metro Transportation, LLC (Call or Demand)
Docket No. A-2015-2520130

Dear Secretary Chiavetta:

Enclosed for filing on behalf of Metro Transportation, LLC (“Applicant”) are the Verified Statement submitted by Applicant and other interested parties in support of the above-referenced Application in accordance with 52 Pa. Code § 3.381(c)(1)(iii)(A)(I). A courtesy set of the Verified Statements is also being provided to Joshua S. Kwiatkowski, Compliance Specialist with the Commission's Bureau of Technical Utility Services.

Should you have any questions or require additional information concerning this matter, please do not hesitate to contact me.

Very truly yours,

THOMAS, NIESEN & THOMAS, LLC

By



Charles E. Thomas, III

Enclosures

cc: Joshua S. Kwiatkowski (TUS) (w/encls.) (via email)
Kusa Tolla (w/encls.) (via email)

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-2015-2520130

PUC Application Docket No.

Metro Transportation, LLC

Legal Name of Applicant

Trade Name, if any

207 W. Sun Hill Road

Manheim

PA

17545

City or Municipality

State

Zip Code

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.

**Kusa Tolla, President
Metro Transportation, LLC
207 W. Sun Hill Road
Manheim, PA 17545
(717) 682-8815**

Mr. Tolla, as President and sole owner/member of Metro Transportation, LLC, is authorized to speak on behalf of Applicant and complete this Verified Statement.

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

None

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.

Mr. Tolla has over three years of direct experience operating and managing a taxi company business. Prior to starting Metro Transportation, LLC, Mr. Tolla served as Manager of Lancaster City Cabs LLC (PA PUC Utility Code/Carrier ID # 6315202). As Manager, Mr. Tolla oversaw all operations of the company, performed maintenance and servicing on vehicles, hired employees and drivers, conducted background checks, performed dispatching duties when needed, and also drove taxicabs from time to time.

Mr. Tolla also has six years of experience as a vehicles inspector for River Oaks Shell Service Station in Houston, Texas. In that capacity, he was responsible for inspecting vehicles in accordance with state standards, conducting safety and emissions testing, and performing routine and special maintenance on vehicles.

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.

Applicant intends to operate the proposed services out of a single facility located within the city limits of Allentown. The location will be determined once PA PUC approval is granted. The facility will include two separate offices/rooms and an attached garage with two service bays. One of the offices will be utilized for dispatching. The second office will be a private locked office used for management, recordkeeping, and document storage in secure, fire-proof filing cabinets. Electronic records will be stored on a password protected computer system. A system backup procedure will be performed weekly to ensure proper protection of the company's electronic records.

Applicant plans to have six telephone lines capable of inbound and outbound calling. Once a call is received, the dispatcher will make immediate contact with the nearest available vehicle via cellular phone and/or radio and dispatch the vehicle to fulfill the request. Continuous communication will be maintained with all vehicles, as such vehicles will be equipped with a dispatching system that has radio service, GPS, and transaction equipment.

Applicant intends to operate the business 24 hours a day and 7 days a week.

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).**

Initially, Applicant intends hire five employees: a part-time mechanic to perform service and maintenance on the vehicles and four dispatchers whose primary duties will include answering telephone calls, handling on-line communications, scheduling appointments, dispatching calls to drivers, and assisting walk-in customers, as necessary. As President and sole owner, Mr. Tolla will be responsible for all day-to-day management and administrative functions.

Based on his previous taxi management experience and prior operations in the City of Lancaster, Mr. Tolla believes 5 employees are sufficient, in the interim, to provide reasonable and efficient service within the City of Allentown. Applicant will re-evaluate its hiring needs from time to time and will hire more employees as the business grows and demand warrants.

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.

Initially, Applicant intends to use up to 15 drivers based on anticipated demand and the number of vehicles to be used at the onset of business. This number is based on Mr. Tolla's past experience in managing a comparable sized operation and geographic territory for Lancaster City Cabs, as well as his discussions with the public. All drivers will be independent contractors. Applicant will re-evaluate its driver needs after the first 6 months of operations and will add additional drivers should demand warrant.

Applicant has high standards for selecting drivers, including, but not limited to, requiring all employees to undergo pre-employment drug screenings, as well as passing random drug testing throughout the course of their employment; conducting safety meetings periodically during the year; and performing annual reviews of each driver's personal motor driving records. A more specific discussion is set forth below.

- A. Each driver must be 21 year of age or older. Each driver must have a clean driving record and a reliable employment history, including a strong attendance and punctuality record. Each driver must possess good decision-making skills and basic math skills, the ability to read and understand a map, and a general knowledge and familiarity with the local area. Drivers must have a clean and professional appearance, good communication skills, and a sincere desire to work with the general public.
- B. Each prospective driver will be subject to a criminal background check, including checks of national and state criminal history databases, and child abuse clearance. Motor vehicle records checks will also be conducted.
- C. Applicant will train all presumptive drivers for three consecutive days to make sure they know how to maintain the vehicles they will driving by checking all the fluids, tires, read gages. Applicant will also train them on how to serve customers with courteousness. Going forward, drivers will also be trained on safety issues and customer service related issues at special training sessions from time to time.
- D. A file will be created and maintained for each driver. Each file will be reviewed by Mr. Tolla quarterly to ensure each driver is properly licensed at all times. Applicant will also work with its insurance agent and governmental agencies to check prospective drivers' driving records before contracting with them. Subsequent checks will be conducted every six months thereafter.
- E. Applicant will maintain separate files for each driver, which will include background check reports. Applicant will perform criminal background checks every two years, and will advise drivers of this practice at the time of contracting. Files will be updated and reviewed upon receipt of results of each check performed. Each driver, however, will have an ongoing duty to report and disclose any violations of the law. Failure to do so may result in termination.
- F. Use of drugs and alcohol is strictly prohibited. Any driver (or employee for that matter) found to be using drugs or alcohol before or during times of employment, or driving under the influence, will be immediately terminated.

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.

At the time of startup, Applicant intends to start service with 3 to 5 vehicles. Applicant has not obtained any vehicles for the business and is awaiting PA PUC approval before committing itself to purchasing and/or leasing the necessary vehicles. Applicant has researched vehicles and spoken with a few dealers concerning its needs as a call and demand service provider.

Based on Mr. Tolla's previous experience with Lancaster City Cabs, anticipated demand, the number of licensed taxi companies presently operating in the territory, and conversations with the travelling public, Applicant firmly believes that 3 to 5 vehicles would be sufficient to serve the City of Allentown. Applicant will increase (or decrease) the number of vehicles as demand warrants.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>

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).

Applicant's vehicles will be maintained periodically and serviced by the company's part-time mechanic. In addition, drivers will be trained to check every day before driving on the road: the condition of the tires, fluids level, proper function of all lights, vehicle cleanliness, and exterior damage. Engine oils will be changed every 3,000 miles and the general vehicle condition will be checked and serviced if needed at the same time. All vehicles will inspected for safety and emission annually by certified inspector. All vehicles will be also be checked by drivers after each shift. All vehicle work will be documented and related records (maintenance, inspection, repair, etc.) will be maintained and stored in the company's office.

All vehicles must have parts and accessories necessary for safe operation. Moreover, all vehicles will be properly insured with the minimum coverage limits and fully comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175). Any vehicle found to be non-complaint will be pulled off the road and not return to service until it is fully compliant.

To ensure compliance with 52 Pa. Code § 29.403, Applicant requires all vehicles satisfy applicable seating capacity requirements and mandates the following:

- Vehicles which are equipped with folding, temporary or removable seats will have hinges, latches, brackets or other hardware associated with the seats in working order.**
- Vehicles will be in clean and sanitary condition.**
- Vehicles will have a factory-type heater, capable of producing heat for the accommodation of passengers. The heater will be in working order.**
- Trunk compartments will be clean and suitable for carrying passengers' luggage.**

- 5) Vehicles will have snow tires or all-weather tires on the drive wheels between October 1 and April 1 of the following year.
- 6) Vehicles' exteriors will not have any dents or gouges larger than 4 inches in diameter or damage that protrudes from the vehicle.
- 7) Vehicles will have 4 matching wheel covers, or the equivalent.
- 8) Vehicles will have operative air conditioning.
- 9) Vehicles' seats will be secure and not be damaged so as to allow springs or other cushioning or support devices to protrude through the seats.

To comply with 52 Pa. Code § 29.314(d), Applicant will maintain a list of the age of each vehicle in service and will add the dates they must be retired from service in a tickler system. As a vehicle is approaching its final year of service, Applicant will take steps to ensure the vehicle is removed from service and retired and that a fully compliant vehicle is obtained and entered into service.

Applicant agrees to file a vehicle list annually with the PA PUC and will place calendar reminders to ensure that such lists are timely filed.

Applicant submits that it will comply with all State driver, vehicle, and other requirements, as well as the PUC Safety Code, and will keep copies of all applicable rules, regulations, and requirements in its private office. Such rules, regulations, and requirements will be periodically reviewed by the owner to ensure that all standards are being met.

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.

Applicant has contacted a couple of reputable insurance companies and received quotes based on the scope of the intended operations. Premiums would range between \$1,600 and \$2,500 per vehicle per year, depending on the insurance carrier. Applicant intends to set aside funds specifically earmarked for insurance to ensure the premiums will be timely paid and will use some of the initial startup capital to pay the initial premiums.

10. Please describe your customer service standards. Within your description, please explain:
 - a. Your plan to inform customers of the procedures for filing complaints with the PUC;
 - b. Your intended customer complaint resolution procedure.

- A. To provide passengers with the necessary information to file a complaint with the PUC, all of Applicant's taxis will display a PUC-issued complaint decal which lists the telephone number and web site to be used to lodge a complaint. The decal will be posted on the inside of the right rear window of the vehicle, along the bottom edge.
- B. Upon receipt of a complaint, the customer will be contacted by the President of the company within 24 hours in order to discuss the complaint and hopefully reach a resolution that is satisfactory to the customer. If any kind of serious violation is involved or a satisfactory resolution cannot be achieved, Applicant will refer the customer to the PUC to facilitate the further investigation of the complaint, including, if necessary, the filing of a complaint.

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 X 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.

SEE ATTACHED

METRO TRANSPORTATION, LLC
Statement of Financial Position (Balance Sheet)
As of (date) 07/31/2016

ASSETS

Current Assets			
Cash	55,000.00		
Accounts Receivable	N/A		
Notes Receivable	N/A		
Other Current Assets (specify)	N/A		
Total Current Assets			55,000.00
Tangible Assets			
Motor Vehicle Equipment	0.00		
Less: Accumulated Depreciation	00.00		0.00
-		=	
Building and Structures	00.00		
Less: Accumulated Depreciation	00.00	-	00.00
-		=	
Office Equipment	2,000.00		
Less: Accumulated Depreciation	00.00	-	2,000.00
-		=	
Land			00.00
Investments and Funds (specify)			00.00
Intangible Assets			00.00
Other Assets (advances and idle equipment – specify)			00.00
TOTAL ASSETS			57,000.00

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable	00.00		
Notes Payable	00.00		
Equipment Obligations	00.00		
Other Liabilities (Attach schedule)	00.00		
Total Current Liabilities			00.00
Long Term Liabilities (Due after one year of date)			
Accounts Payable	00.00		
Notes Payable	00.00		
Equipment Obligations	00.00		
Other Liabilities (Attach Schedule)	00.00		
Total Long Term Liabilities			00.00
			00.00
TOTAL LIABILITIES			00.00
<u>NET WORTH</u> (Partnerships and individuals, only)			57,000.00

OWNER'S EQUITY (Corporations only)

Capital Stock			N/A
Additional Paid-in Capital			N/A
Retained Earnings	N/A		
Less: Treasury Stock	N/A	-	N/A
Total Owner's Equity			N/A

TOTAL LIABILITIES & OWNER'S EQUITY 57,000.00

METRO TRANSPORTATION, LLC
STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	\$ 220,000.00
Net Revenue from non-carrier operations	0.00
Dividend and interest revenues	0.00
Other non-operating revenue	0.00
Gains	0.00
Total Revenue and Gains	<u>\$ 220,000.00</u>

EXPENSES

Equipment Maintenance and Garage Expense	18,000.00
Insurance Expense	7,500.00
Employee Salaries	70,000.00
Supervisory Salaries	00.00
Officer Salaries	30,000.00
Fuel Expense	4,000.00
Purchased Transportation (Lease Expense)	20,000.00
Materials and Supplies Expense	2,000.00
General Office Expense	4,000.00
Advertising Expense	3,000.00
Telephone Expense	1,500.00
Accounting Expense	2,000.00
Legal Expense	4,000.00
Uncollectible Revenue	2,000.00
Depreciation Expense	1,000.00
Amortization	3,000.00
Operating Taxes and Licenses	5,000.00
Rent Expense	15,000.00
Loss	00.00
Total Operating Expenses and Losses	<u>\$ 192,000.00</u>

Net Income Before Taxes

Provision for Income Taxes

Net Income (Loss)

\$ 21,600.00

Verification of Statement

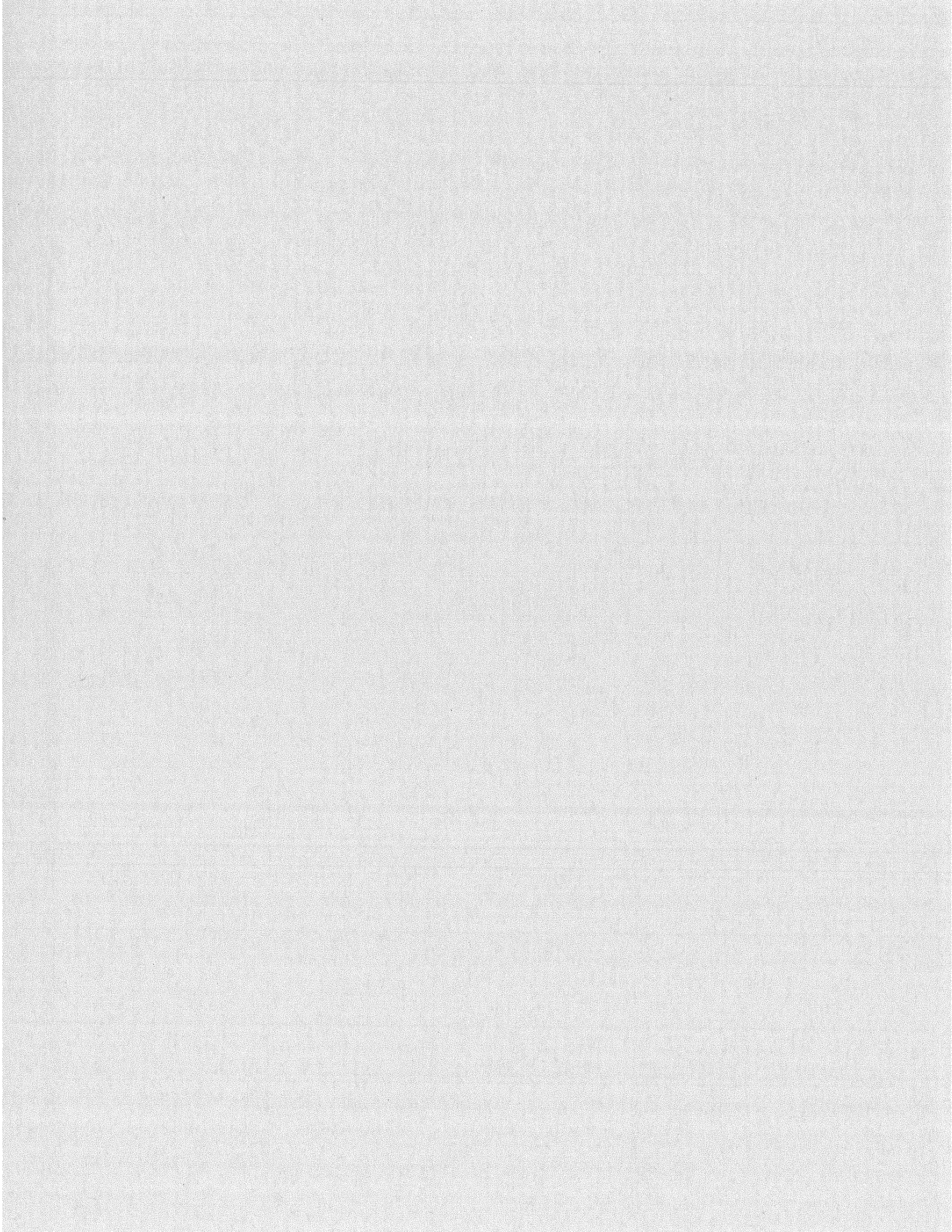
The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of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

(Signature)



02/30/2016
(Date)

Kusa Tolla, President and Sole Owner/Member
(Name and Title, printed or typed)



VERIFIED STATEMENT IN SUPPORT OF 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.

Kevin Easterling
Name of Supporter

628 W Turner St Allentown PA 18102
Street Address City or Municipality State Zip Code

Metro Transportation, LLC

Name of Applicant

- Describe the type of transportation service needed. *A reliable Cab service that can compete with the UBER's fare structure*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *Allentown, - all wards of the city*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *daily, Sundays*
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? *To slow in getting to you to provide a ride*
- Have you supported similar applications in the past? If so, please supply name and docket number. *N/A*

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.

Kevin Easterling
(Signature)
Kevin Easterling
(Name, printed or typed)

7/12/16
(Date)

VERIFIED STATEMENT IN SUPPORT OF 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.

Aina Samuels
Name of Supporter
1949 Lehigh St #2 Easton PA 18042
Street Address City or Municipality State Zip Code

Metro Transportation, LLC
Name of Applicant

- Describe the type of transportation service needed.
More bus
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Allentown Bethlehem Easton
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
at least ever 30 min
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
Cab. Prices are too high and slow
- Have you supported similar applications in the past? If so, please supply name and docket number.
no

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.

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Aina Samuels
(Signature)
Aina Samuels
(Name, printed or typed)

(Date)

VERIFIED STATEMENT IN SUPPORT OF 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.

Scott Malone
Name of Supporter

425 H Penna Circle P.A. 18102
Street Address City or Municipality State Zip Code

Metro Transportation, LLC
Name of Applicant

- Describe the type of transportation service needed.

Taxi Cab

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

Allentown and areas

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

every day

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

Yes NO Show, pick up late, bad customer service

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

VERIFICATION OF STATEMENT

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Scott Malone
(Signature)
Scott Malone
(Name, printed or typed)

7/13/16
(Date)

VERIFIED STATEMENT IN SUPPORT OF 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.

Makisha Ward
Name of Supporter
307 1/2 N 8th St Allentown PA 18102
Street Address City or Municipality State Zip Code

Metro Transportation, LLC

Name of Applicant

- Describe the type of transportation service needed.

TAXI

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

ALLENTOWN shops, malls, hospitals, AIRPORTS, ETC.

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

EVERY DAY

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

YES. SLOW TO COME, DONT ANSWER PHONE, THEY ARE NOT NICE.

- Have you supported similar applications in the past? If so, please supply name and docket number.

NO.

VERIFICATION OF STATEMENT

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(Signature)

(Name, printed or typed)

Makisha Ward

(Date)

July 12 2016

VERIFIED STATEMENT IN SUPPORT OF 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.

Marlene Edwards
Name of Supporter

1237 West Tioga Street
Street Address City or Municipality State Zip Code

Allentown Metro Transportation, LLC Pa 18103
Name of Applicant

- Describe the type of transportation service needed.
More taxis that don't start out at \$7.50 to start.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
15th Street to go to 17th & Chew.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
The buses are okay. But the fares are too much.
- Have you supported similar applications in the past? If so, please supply name and docket number.
no I didn't

VERIFICATION OF STATEMENT

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Marlene A. Edwards
(Signature)

7-13-2016
(Date)

(Name, printed or typed)

VERIFIED STATEMENT IN SUPPORT OF 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.

MARGARET CLARKE
Name of Supporter
35N 14 Street ALLENTOWN P.A. 18102
Street Address City or Municipality State Zip Code

Metro Transportation, LLC

Name of Applicant

- Describe the type of transportation service needed.

TAXI

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

MY HOME, HOSPITAL, GROCERY STORE, etc.

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

EVERY OTHER DAY

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

YES TOO EXPENSIVE AND SLOW,
NOT POLITE

- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

VERIFICATION OF STATEMENT

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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.

M. CLARKE

(Signature)

MARGARET CLARKE

(Name, printed or typed)

7.12.16

(Date)

VERIFIED STATEMENT IN SUPPORT OF 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.

Stephanie Bryant
Name of Supporter
15 W. 7th St Allentown PA 18101
Street Address City or Municipality State Zip Code

Metro Transportation, LLC
Name of Applicant

- Describe the type of transportation service needed.
Taxi or Van Service for Seniors
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Trips to Mall or Restaurants & Health Services
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
12 x month or more
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
High Prices, late pickups
- Have you supported similar applications in the past? If so, please supply name and docket number.
NO

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.

Stephanie Bryant
Signature
Stephanie Bryant
(Name, printed or typed)

7/11/16
(Date)

VERIFIED STATEMENT IN SUPPORT OF 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.

Darleen Best
Name of Supporter
355 Hamilton Leigh Allentown PA 18101
Street Address City or Municipality State Zip Code

Metro Transportation, LLC
Name of Applicant

- Describe the type of transportation service needed.

TAXI CAB

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

Allentown PA Bethlehem PA - Mall

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

everyday

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

YES - too long to answer calls

- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

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Darleen Best
(Signature)
Darleen Best
(Name, printed or typed)

7/11/16
(Date)

VERIFIED STATEMENT IN SUPPORT OF 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.

Lenta Y Johnson
Name of Supporter
1444 Hamilton St Allentown Pa 18102
Street Address City or Municipality State Zip Code

Metro Transportation, LLC

Name of Applicant

- Describe the type of transportation service needed.

Taxi service

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

Everyday @ Lehigh St from my house to work
sometimes shopping or out for errands

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

at least 5 day a week

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

yes, but I have to wait about
1/2 hr to hr, and I need to get to
work on time

- Have you supported similar applications in the past? If so, please supply name and docket number.

N/A

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Lenta Y Johnson
(Signature)

7/11/2016
(Date)

Lenta Y Johnson
(Name, printed or typed)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

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Johanna Salazar
Name of Supporter

1627 W Chew Allentown PA 18102
Street Address City or Municipality State Zip Code

Metro Transportation, LLC

Name of Applicant

- Describe the type of transportation service needed. taxi
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. resident, shops, doctor office, etc
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? yes, expensive, don't show-up or always late.
- Have you supported similar applications in the past? If so, please supply name and docket number. NO

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Johanna Salazar
(Signature)
Johanna Salazar
(Name, printed or typed)

7/11/16
(Date)

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Joel Henninger
Name of Supporter
36 S. 5th St. Albentown P.A. 1701
Street Address City or Municipality State Zip Code

Metro Transportation, LLC

Name of Applicant

- Describe the type of transportation service needed.

taxi

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

Albentown (school, bus stop, hospital, movie, airport)

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

Almost every day

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

Yes. I am not happy because they always arrive late, charge more.

- Have you supported similar applications in the past? If so, please supply name and docket number.

No.

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(Signature)

(Name, printed or typed)

Joel Henninger

(Date)

7/11/16

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James W. W. N.
Name of Supporter

627 Hamilton St Allentown PA 18101
Street Address City or Municipality State Zip Code

Metro Transportation, LLC

Name of Applicant

- Describe the type of transportation service needed.

TAXI

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

Home, Mall, Hospital, - - -

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

4 days a week

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

Yes but I am not happy

- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

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Jan W. N.
(Signature)

(Date)

(Name, printed or typed)

VERIFIED STATEMENT IN SUPPORT OF 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.

Maurice Reid
Name of Supporter

2035 wine st Allentown PA 18103
Street Address City or Municipality State Zip Code

Metro Transportation, LLC
Name of Applicant

- Describe the type of transportation service needed. fast and reliable taxi
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. work, shopping Allentown PA.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? Daily
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them? YES too expensive and late
- Have you supported similar applications in the past? If so, please supply name and docket number. no

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Maurice Reid
(Signature)

Maurice Reid
(Name, printed or typed)

7/12/16
(Date)