

September 14, 2016

Via Electronic Filing

Rosemary Chiavetta, Esquire
Secretary
PA Public Utility Commission
Commonwealth Keystone Building, 2 North
400 North Street
Harrisburg, PA 17120

Re: Docket No. A-2016-2544790
Application of B & M Limousine Services, Inc. (Airport Transfer Service)
Verified Statements in Support of Application

Dear Secretary Chiavetta:

Attached for filing are the Verified Statements in Support of the Application in the above captioned proceeding.

If there are any questions, please do not hesitate to contact me.

Very truly yours,

Reger Rizzo & Darnall LLP



Debra L. Roscioli

DLR/dim

Enclosure

cc: Mr. Joshua S. Kwiatkowski, Compliance Specialist [via Electronic Mail –
jkwiatkows@pa.gov]
Robert Greer [w/enc.]

**Re: Docket No. A-2016-2544790
Application of B & M Limousine Services, Inc. (Airport Transfer Service)
Verified Statements in Support of Application**

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing document has been served upon the following person(s), in the manner indicated, in accordance with the requirements of § 1.54 (relating to service by a participant).

Via Electronic Mail

Mr. Joshua Kwiatkowski, Compliance Specialist
Bureau of Technical Utility Services
PA Public Utility Commission
Commonwealth Keystone Building, 2 North
400 North Street
Harrisburg, PA 17120
jkwiatkows@pa.gov

Dated: September 14, 2016



Debra L. Roscioli, Esquire

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.

ANDY Rogal
Name of Supporter

245 BRIDAL TRAIL WAY SOMERSET PA 15510
Street Address City or Municipality State Zip Code

B-N LimO
Name of Applicant

- Describe the type of transportation service needed.

AIRPORT CORPORAte

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

GREATER F.I.H AIRPORT

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

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

YES GOOD SERVICE

- Have you supported similar applications in the past? If so, who was the applicant?

LIKE HIS SERVICE

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.

ANDY Rogal
(Signature of Supporter)

Andy Rogal
(Supporter's Name, printed or typed)

9-4-16
(Date)

WASH

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.

ROLAND CHECCA
Name of Supporter

12 PARKCREST DR Cecil, Pa. 15321
Street Address City or Municipality State Zip Code

B + M Limo
Name of Applicant

- Describe the type of transportation service needed.

LIMO

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

NIGHTS OUT + AIRPORT

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

4 TIMES A YEAR

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

YES LOCATION

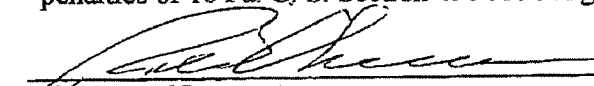
- Have you supported similar applications in the past? If so, who was the applicant?

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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(Signature of Supporter)

ROLAND CHECCA
(Supporter's Name, printed or typed)

9-14-16
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

WASH

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.

Timothy Checga
Name of Supporter

3988 MILLERS RUN Rd PA 15057
Street Address City or Municipality State Zip Code

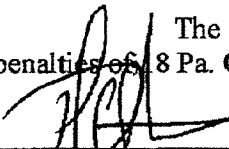
B. M. LIMO SERVICE
Name of Applicant

- Describe the type of transportation service needed.
PARTY BUS : CORP.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
AIRPORT - NITES OUT
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
MONTHLY
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
YES - EASY ACCESS
- Have you supported similar applications in the past? If so, who was the applicant?
NO.

VERIFICATION OF STATEMENT

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(Signature of Supporter)
TIMOTHY CHECGA
(Supporter's Name, printed or typed)

9.14.16
(Date)

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.

JAMIE L. BEHAWNA
Name of Supporter

549 HICKORY LAKE HOUSTON PA 15342
Street Address City or Municipality State Zip Code

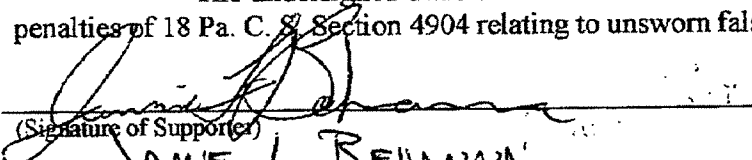
BPM LUMO
Name of Applicant

- Describe the type of transportation service needed.
CORPORATE
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
AIRPORT
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
FEW TIMES A YEAR
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
YES, BUT SERVICE IS MUCH BETTER USING BPM
- Have you supported similar applications in the past? If so, who was the applicant?
NO

VERIFICATION OF STATEMENT

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(Signature of Supporter)

JAMIE L. BEHAWNA
(Supporter's Name, printed or typed)

9-11-16
(Date)

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.

Ronald J. Markovich
Name of Supporter

156 RAWT ALLEY McDOWND PA 15057
Street Address City or Municipality State Zip Code

B M LIMO
Name of Applicant

- Describe the type of transportation service needed.

LIMO SERVICE

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

AIRPORT

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

5 TIMES YEARLY

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

YES DETER SERVICE

- Have you supported similar applications in the past? If so, who was the applicant?

NO

VERIFICATION OF STATEMENT

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Ronald J. Markovich
(Signature of Supporter)
RONALD MARKOVICH
(Supporter's Name, printed or typed)

9-2-2016
(Date)

Alleg

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.

James Greer
Name of Supporter

5 Alleg Au Cuddy PA 15031
Street Address City or Municipality State Zip Code

B&M Limo
Name of Applicant

- Describe the type of transportation service needed.

Nites out AIRPORT SERVICE

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

DIFFERENT LOCATIONS IN ALLEG COUNTY

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

3-4 TIME YPARLY

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

MORE OPTIONS

- Have you supported similar applications in the past? If so, who was the applicant?

NO

VERIFICATION OF STATEMENT

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James E Greer
(Signature of Supporter)

JAMES E GREER
(Supporter's Name, printed or typed)

9-1-16
(Date)

Alleg

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.

ALFRED M VOGEL JR
Name of Supporter

1820 OAKGLEN ST PITTSBURGH PA 15204
Street Address City or Municipality State Zip Code

B.M Lino
Name of Applicant

- Describe the type of transportation service needed.
TRANSPORTATION TO AIRPORT
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
ADDRESS ABOUT TO AIRPORT
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
3 OR 4 TIMES YEARLY
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
DIFFERENT OPTIONS
- Have you supported similar applications in the past? If so, who was the applicant?
NO

VERIFICATION OF STATEMENT

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Alfred M Vogel Jr
(Signature of Supporter)

9-8-16
(Date)

ALFRED M VOGEL JR
(Supporter's Name, printed or typed)

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.

M.D.H. CONSTRUCTION
Name of Supporter

72 ORACARA DR. MORGAN PA 15063
Street Address City or Municipality State Zip Code

B+M LIMO
Name of Applicant

- Describe the type of transportation service needed.
TRANSPORTATION TO MEETINGS AND AIRPORT
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
MORGAN PA. TO PITTSBURGH AIRPORT
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
MONTHLY
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NEED MORE OPTIONS
- Have you supported similar applications in the past? If so, who was the applicant?
NO

VERIFICATION OF STATEMENT

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[Signature] 8-24-16
(Signature of Supporter) (Date)

MARTINA WERTLER
(Supporter's Name, printed or typed)

A1129

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.

Joseph Ober
Name of Supporter

91 Frankfort Ave Pittsburgh PA 15229
Street Address City or Municipality State Zip Code

B & M Limousine
Name of Applicant

- Describe the type of transportation service needed.

Trips to meetings, dinner, and airport

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

Different points in and around western PA.

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

Monthly (weekly)

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

More choices

- Have you supported similar applications in the past? If so, who was the applicant?

None

VERIFICATION OF STATEMENT

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Joseph D. Ober
(Signature of Supporter)

9/2/16
(Date)

Joseph D. Ober
(Supporter's Name, printed or typed)

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.

Jeff Cramer
Name of Supporter

617 Stamford Dr Greensburg PA 15601
Street Address City or Municipality State Zip Code

Band M Limousine
Name of Applicant

- Describe the type of transportation service needed.

Games / Airport

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

PNC Park, Heinz Field, Airport

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

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Options

- Have you supported similar applications in the past? If so, who was the applicant?

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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Jeff Cramer
(Signature of Supporter)

9/10/2016
(Date)

Jeff Cramer
(Supporter's Name, printed or typed)

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.

Craig Berta
Name of Supporter
523 Creekside Ln Harrison City PA 15636
Street Address City or Municipality State Zip Code
Bill Limp
Name of Applicant

- Describe the type of transportation service needed.

Nights out, Meetings, Trips

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

Pittsburgh - Airport

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

Weekly or Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

More Options / More Choices

- Have you supported similar applications in the past? If so, who was the applicant?

No

VERIFICATION OF STATEMENT

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Craig Berta
(Signature of Supporter)
Craig Berta
(Supporter's Name, printed or typed)

9-10-2016
(Date)

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.

JEFF Ribblet
Name of Supporter

P.O. Box 2 Hostetter PA 15638
(208 2nd Street) Street Address City or Municipality State Zip Code

B & M Limo Inc
Name of Applicant

- Describe the type of transportation service needed.

Airports / meetings

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

Pittsburgh / Airport / concert venues

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

Monthly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yes - I like to have a choice

- Have you supported similar applications in the past? If so, who was the applicant?

No

VERIFICATION OF STATEMENT

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Jeff Ribblet
(Signature of Supporter)

3/11/16
(Date)

JEFF Ribblet
(Supporter's Name, printed or typed)

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.

Kristy DiPasquale
Name of Supporter
719 Cribbs St. Greensburg PA 15601
Street Address City or Municipality State Zip Code
B and M Limo
Name of Applicant

- Describe the type of transportation service needed.

Transport to Airports for Vacation

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

Airport

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

Monthly/Yearly

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yes, we like our options

- Have you supported similar applications in the past? If so, who was the applicant?

No

VERIFICATION OF STATEMENT

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Kristy DiPasquale
(Signature of Supporter)
Kristy DiPasquale
(Supporter's Name, printed or typed)

9-11-2016
(Date)