

October 11, 2016

**Via Electronic Filing and
First-Class Mail**

Rosemary Chiavetta, Esquire
Secretary
PA Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

**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 pursuant to the Secretarial Letter dated September 27, 2016, a copy of which is attached hereto as Attachment 1.

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. Rodney D. Bender, P.E., Manager [via Electronic Mail – rodbender@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. Rodney D. Bender, P.E., Manager
Bureau of Technical Utility Services
PA Public Utility Commission
Commonwealth Keystone Building, 2 North
400 North Street
Harrisburg, PA 17120
rodbender@pa.gov

Dated: October 11, 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.

Jeff Cramer
Name of Supporter

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

Band M Limo Inc
Name of Applicant

- Describe the type of transportation service needed.
 A Door to Door Service from Greensburg to Arnold Palmer Airport and Pittsburgh International Airport
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
 Arnold Palmer and Pittsburgh Airports
- 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, Prefer Options
- Have you supported similar applications in the past? If so, who was the applicant?

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.

Jeff Cramer
(Signature of Supporter)

10-8-2016
(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.

Jeff Ribblet
Name of Supporter

<u>P.O. Box 82 Hostetter</u> <small>Street Address</small>	<u>PA</u> <small>City or Municipality</small>	<u>15638</u> <small>Zip Code</small>
<u>(208 2nd Street)</u>		

B & M Limo Inc
Name of Applicant

- Describe the type of transportation service needed.
A responsible and secure company that have convenient hours to travel to Arnold Palmer Airport.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Arnold Palmer Airport & Pittsburgh International Airport
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
2 - 3 times a month.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Yes, but not satisfied
- 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)

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

10/7/16
(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.

Craig Berta
Name of Supporter

523 Creekside Ln Harrison City PA 15636
Street Address City or Municipality State Zip Code

B/M Limo Inc
Name of Applicant

- Describe the type of transportation service needed.
Shuttler Service from my home to Arnold Palmer Airport and Pittsburg Airports

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

Pittsburgh, Harrisburg and New York

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

Weekly and Monthly

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

Yes, but not to my satisfaction. They don't have the experience or professionalism that B&M has.

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

No

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Craig Berta

(Signature of Supporter)

10/4/16

(Date)

Craig Berta

(Supporter's Name, printed or typed)

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.

John MANCIER
Name of Supporter

120 Brook ST Carnegie 15106
Street Address City or Municipality State Zip Code

Name of Applicant

- Describe the type of transportation service needed. *A RESPONSIBLE AND SECURE COMPANY THAT HAS CONVENIENCE FOR TRAVEL TO P.I.A*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *P.I.A Pittsburgh Pa.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *1 Time weekly*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? *CAN'T THINK OF ONE*
- Have you supported similar applications in the past? If so, who was the applicant? *NO*

VERIFICATION OF STATEMENT

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[Signature]
(Signature of Supporter)

10/10/16
(Date)

John Mancier
(Supporter's Name, printed or typed)

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.

GEORGE F. OGG

Name of Supporter

701 GASSNER ROAD

Street Address

PAH 84 15227

City or Municipality

State

Zip Code

BPM LIND SEVIER

Name of Applicant

- Describe the type of transportation service needed.
A COMPANY THAT UNDOES (AND) MY TRANSPORTATION NEEDS.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
PITTSBURGH INTERNATIONAL AIRPORT
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
ONCE A WEEK
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NO I HAVEN'T.
- 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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U F OGG
(Signature) of Supporter

10/5/16
(Date)

(Supporter's Name, printed or typed)

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 E Greer
Name of Supporter

5 Allegheny Ave Cuddy Pa 15031
Street Address City or Municipality State Zip Code

BAM Limo Services
Name of Applicant

- Describe the type of transportation service needed.

A Company with the conveniences of hours to Pittsburgh International Air Port

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

P.I.A

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

3 TIME Monthly Business Travel

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

YES ARE NOT RESPONSIBLE WITH THEIR SCHEDULE

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

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.

James E Greer
(Signature of Supporter)

10-1-16
(Date)

JAMES E GREER
(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.

<u>Shannon Daugherty</u> Name of Supporter			
<u>711 Mifflin Rd</u> Street Address	<u>Pgh</u> City or Municipality	<u>PA</u> State	<u>15207</u> Zip Code
<u>B & M Limo</u> Name of Applicant			

- Describe the type of transportation service needed.
responsible and reliable company.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *To Pgh International 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, but are not always available when needed.*
- 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.

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.

Shannon Daugherty
(Signature of Supporter)

Shannon Daugherty
(Supporter's Name, printed or typed)

10-5-16
(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.

Joseph Ober
Name of Supporter

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

B:M Limo Inc
Name of Applicant

- Describe the type of transportation service needed.
A Transportation Service with the conveniences of how to the Pittsburgh International Airport
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Pitts Interational and Allegheny County Airports
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Yes, dependability Issues
- Have you supported similar applications in the past? If so, who was the applicant?
No

VERIFICATION OF STATEMENT

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Joseph Ober
(Signature of Supporter)

10-8-16
(Date)

Joseph 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.

JAMIE L BEHANNA

Name of Supporter

549 HECKORY LANE

Street Address

HOUSTON

City or Municipality

PA

State

15342

Zip Code

B = M - LIMO

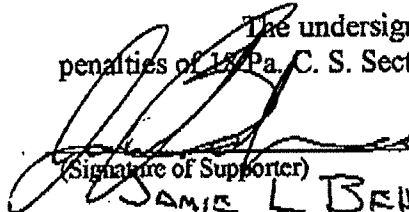
Name of Applicant

- Describe the type of transportation service needed.
A COMPANY THAT CAN HANDLE MY TRANSPORTATION NEEDS AT ALL HOURS
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
GREATER PITTSBURGH AIRPORT
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
WEEKLY
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NO
- 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)

JAMIE L BEHANNA

(Supporter's Name, printed or typed)

10-10-16

(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.

CKS EXCAVATING INC
 Name of Supporter

210 Sumner Rd Bentleyville Pa 15314
 Street Address City or Municipality State Zip Code

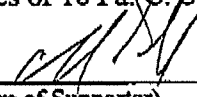
CHAD SUBRICK B & M Limo Services
 Name of Applicant

- Describe the type of transportation service needed.
Air transportation company with 24hr service
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
P.I.A / Alleg county Airport
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
3 times weekly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? Yes not responsible with schedule
- 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)
CHAD SUBRICK
 (Supporter's Name, printed or typed)

10/10/16
 (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.

MARTIN HERTZLER
Name of Supporter

102 FULTON RD. CANNONS BURG PA 15342
Street Address City or Municipality State Zip Code

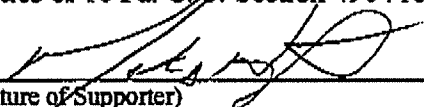
B & M Limo
Name of Applicant

- Describe the type of transportation service needed.
A RESPONSIBLE & RELIABLE COMPANY FOR PICKUP & DROP OFF FROM PIA.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
PITTSBURGH INTERNATIONAL AIRPORT ALLE
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *WEEKLY.*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? *YES. NOT AS PROFESSIONAL*
- 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)

MARTIN A. HERTZLER
(Supporter's Name, printed or typed)

10-9-16
(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.

RAY SUMMERS
Name of Supporter

77 Brecht st Muse PA 15350
Street Address City or Municipality State Zip Code

B + M LIMO
Name of Applicant

- Describe the type of transportation service needed.
NEED A SERVICE TO PICK ME UP AT MY HOME OR OFFICE AND TAKE ME TO MY DESTINATION IN THE PITTSBURGH AREA AND BEYOND FOR MY BUSINESS AND PERSONAL
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Greer, Pittsburgh, Washington, Robinson, Newford, AND AIRPORTS IN THE REGION
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
2-4 TIMES A WEEK
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
yes, trust and some of there equipment is unsatisfactory
- Have you supported similar applications in the past? If so, who was the applicant?
not on a regular basis

VERIFICATION OF STATEMENT

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[Signature]
(Signature of Supporter)

RAY SUMMERS
(Supporter's Name, printed or typed)

10/10/16
(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.

ANDY ROGAJ
Name of Supporter

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

B.M. Limco
Name of Applicant

- Describe the type of transportation service needed.
Would Be one to pick me up anywhere
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. TRANSPORTATION TO ARNOID PALMER AIRPORT / Greater Pitt Airport
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? weekly Daily, OR monthly BASIS DEPENDING ON TRAVEL DATES.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? Yes. BUT NOT TO MY SATISFACTION. MUCH MORE PROFESSIONAL AT B.M
- Have you supported similar applications in the past? If so, who was the applicant?
NO.

VERIFICATION OF STATEMENT

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ANDY ROGAJ
(Signature of Supporter)

10-3-16
(Date)

ANDY ROGAJ
(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.

JERRY D. BROWN
Name of Supporter

134 BUNKER HILL ROAD SOMERSET PA 15501
Street Address City or Municipality State Zip Code


B & M LIMO
Name of Applicant

- Describe the type of transportation service needed.
A RESPONSIBLE AND SECURE COMPANY THAT HAS THE CONVENIENT HOURS TO TRAVEL TO ARNOLD PALMER REGIONAL AIRPORT
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
ARNOLD PALMER REGIONAL AIRPORT, LATROBE PA.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
ONCE WEEKLY
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
NO
- Have you supported similar applications in the past? If so, who was the applicant?
NO

VERIFICATION OF STATEMENT

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 10-10-16
(Signature of Supporter) (Date)

JERRY D. BROWN
(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.

ANDY Rogal
Name of Supporter

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

B-N Limco
Name of Applicant

- Describe the type of transportation service needed.

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

GREATER PH 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

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ANDY Rogal
(Signature of Supporter)

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

9-4-16
(Date)

Re: Docket No. A-2016-2544790
In re: Application of B&M Limousine Services, Inc.
Airport Transfer Service

Attachment 1

Secretarial Letter dated September 27, 2016



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

IN REPLY PLEASE
REFER TO OUR FILE

September 27, 2016

Docket No. A-2016-2544790

DEBORAH L ROSCIOLI
700 E GATE DR
SUITE 101
MT LAUREL NJ 08054

In Re: A-2016-2544790 – Application of B & M Limousine Services, Inc., for the right to transport, by motor vehicle, persons in airport transfer service, from points in the counties of Allegheny, Washington, and Somerset, to and from the Pittsburgh International Airport (PIT), the Allegheny County Airport (AGC), and the Arnold Palmer Regional Airport (LBE).

To Whom It May Concern:

On September 14, 2016, the verified statements in support of B & M Limousine Services, Inc's airport transfer application were accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

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

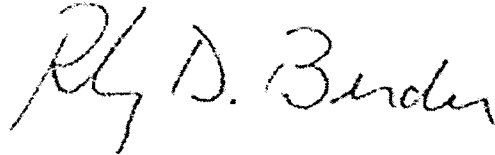
Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, _____, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the P.O. Box cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

A handwritten signature in black ink that reads "Rodney D. Bender". The signature is written in a cursive style with a large, stylized "R" and "B".

Rodney D. Bender, P.E., Manager
Transportation Division
Bureau of Technical Utility Services

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2016-2544790
B & M LIMOUSINE SERVICES, INC.
Data Request

- 1. In your verified statement request you were notified that you needed to provide statements of support from residents of Allegheny, Washington, and Somerset counties, from consumers who wished to obtain transportation to and from the Pittsburgh International Airport (PIT), the Allegheny County Airport (AGC), and the Arnold Palmer Regional Airport (LBE); you were further notified that typically at least 5 were needed per county. The statements you have presented do not satisfy this criteria and they further discuss providing service which is NOT a part of the requested service. Please provide proper statements of support; otherwise, your approved territory will reflect only the areas you have established that a demand exists for.**