
**LAW OFFICES OF
JOHN A. PILLAR**
680 WASHINGTON ROAD
SUITE B101
PITTSBURGH, PENNSYLVANIA 15228

John A. Pillar
Karen S. Timko

(412) 343-0970
FAX (412) 343-0971
pillarlaw@stargate.net

January 7, 2002

0000031

Re: Sugarcreek Township Ambulance Service
Docket A-00118316

Hon. James J. McNulty, Secretary
Pennsylvania Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17105-3265

**DOCUMENT
FOLDER**

Dear Sir:

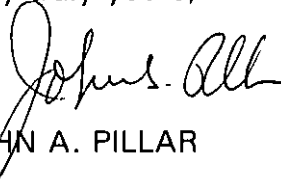
I have received a copy of a Restrictive Amendment dated December 27, 2001, a copy of which is enclosed with this letter. I have been informed by the applicant that this Amendment was submitted to the Commission for filing in connection with the above application. Based on this Restrictive Amendment, and assuming it has been received and accepted by the Commission, the Amendment would satisfy the interests of Byers Taxi Service, Inc.

We desire to remain a party of record in this case for the reception of Orders and Notices.

DOCKETED

JAN 15 2002

Very truly yours,


JOHN A. PILLAR

sw

Enclosure

cc: Sugarcreek Township Ambulance Service
James J. Panchik, Esq. (w/o encl.)
Byers Taxi Service, Inc. (w/encl.)
William A. Gray, Esq. (w/ encl.)
James H. Norris, Esq. (w/ encl.)

Before the
PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of
SUGARCREEK TOWNSHIP AMBULANCE SERVICE

Docket No. A-00118316

000032

RESTRICTIVE AMENDMENT

AND NOW COMES Sugarcreek Township Ambulance Service, and restrictively amends its application at the above docket number so that, as amended, its application will read as follows:

To transport persons, in paratransit service, in wheelchair and stretcher transport, for medical reasons, between points in the Counties of Armstrong, Butler and Clarion, and from points in said Counties, to points in Pennsylvania, and return; subject to the following condition:

PROVIDED that no right, power or privilege is granted to provide transportation service between points in the Boroughs of Leechburg, North Apollo and Apollo, and the Townships of Kiskiminetas, Parks, Gilpin, Burrell, Bethel and South Bend, Armstrong County, and from points in said Boroughs and Townships to points in Pennsylvania, and return.

Dated this 27th day of December, 2001.

SUGARCREEK TOWNSHIP AMBULANCE
SERVICE

By: James R. Baker
James R. Baker, Chairmen

02 JAN 9 11:03
RECEIVED
URGENT

DOCUMENT
FOLDER

RECEIVED

Before the
PENNSYLVANIA PUBLIC UTILITY COMMISSION
2002 JAN -7 AM 9:20

SECRETARY'S BUREAU

Application of
SUGARCREEK TOWNSHIP AMBULANCE SERVICE

Docket No. A-00118316

RESTRICTIVE AMENDMENT

AND NOW COMES Sugarcreek Township Ambulance Service, and restrictively amends its application at the above docket number so that, as amended, its application will read as follows:

To transport persons, in paratransit service, in wheelchair and stretcher transport, for medical reasons, between points in the Counties of Armstrong, Butler and Clarion, and from points in said Counties, to points in Pennsylvania, and return; subject to the following condition:

PROVIDED that no right, power or privilege is granted to provide transportation service between points in the Boroughs of Leechburg, North Apollo and Apollo, and the Townships of Kiskiminetas, Parks, Gilpin, Burrell, Bethel and South Bend, Armstrong County, and from points in said Boroughs and Townships to points in Pennsylvania, and return.

Dated this 27th day of December, 2001.

SUGARCREEK TOWNSHIP AMBULANCE
SERVICE

DOCKETED

JAN 09 2002

By: James R. Baker
James R. Baker, Chairmen

KC?

Law Offices

VUONO & GRAY, LLC

2310 Grant Building

Pittsburgh, PA 15219-2383

(412) 471-1800

Richard R. Wilson
of Counsel

John A. Vuono
William A. Gray
Mark T. Vuono*
Dennis J. Kusturiss
Christine M. Dolfi
Louise R. Schrage
*Also Admitted in Florida

ORIGINAL

Facsimile
(412) 471-4477
RECEIVED
JAN 17 AM 9:48
SECRETARY'S BUREAU

January 15, 2002

Re: Sugarcreek Township Ambulance Service
Docket No. A-00118316

Mr. James J. McNulty
Secretary
Pennsylvania Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17105-3265

DOCUMENT
FOLDER

Dear Mr. McNulty:

We enclose for filing a Restrictive Amendment and Withdrawal of Protest Stipulation in connection with the above application. The Restrictive Amendment and Withdrawal of Protest Stipulation is being filed to secure the withdrawal of the protest filed by Ford City Hose Company #1 Ambulance Service.

Please acknowledge receipt and filing of the enclosed on the duplicate copy of this letter of transmittal and return it to the undersigned in the self-addressed, stamped envelope provided.

Very truly yours,

VUONO & GRAY, LLC

William A. Gray

pZ/19444

Enclosure

cc: John A. Pillar, Esq. (w/enc.)
Sugarcreek Township Ambulance Service (w/enc.)
Ford City Hose Company #1 Ambulance Service (w/enc.)

14

ORIGINAL

Before the
PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of
SUGARCREEK TOWNSHIP AMBULANCE SERVICE

DOCKET NO. A-00118316

2002 JAN 17 AM 9:19
SECRETARY'S BUREAU
PUC

RECEIVED

RESTRICTIVE AMENDMENT AND
WITHDRAWAL OF PROTEST STIPULATION

1. Sugarcreek Township Ambulance Service hereby amends its application at the above docket number to read as follows:

Persons in paratransit service, in wheelchair and stretcher transport, for medical reasons, between points in the counties of Armstrong, Butler and Clarion, and from points in said counties, to points in Pennsylvania, and return.

Subject to the following conditions:

That no right, power or privilege is granted to provide service originating at any point in Armstrong County located within ten (10) miles of the borough of Ford City, except that service may be provided from the Armstrong County Memorial Hospital in East Franklin Township to points in the townships of Sugarcreek and Washington, Armstrong County and other points in Pennsylvania located north, northeast and northwest of those townships.

That no right, power or privilege is granted to provide transportation service between points in the Boroughs of Leechburg, North Apollo and Apollo, and the Townships of Kiskiminetas, Parks, Gilpin, Burrell,

DOCUMENT
FOLDER (1)

DOCKETED (2)
JAN 29 2002

Bethel and South Bend, Armstrong County, and from points in said Boroughs and Townships to points in Pennsylvania, and return.

2. Based on the foregoing amendment, and conditioned upon its acceptance by the Commission and any grant being consistent with the amendment, Ford City Hose Company #1 Ambulance Service, Inc., the protestant listed on Appendix "A", has agreed to withdraw its protest to this application.

3. The aforesaid protestant will remain of record for the purpose of receiving copies of all notices and orders issued in this proceeding. The representative of this protestant is as follows:

William A. Gray, Esquire
Vuono & Gray, LLC
2310 Grant Building
Pittsburgh, PA 15219-2383

Dated this 11 day of JANUARY, 2002.

SUGARCREEK TOWNSHIP
AMBULANCE SERVICE

By: James A. Baker

ORIGINAL

Before the
PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of
SUGARCREEK TOWNSHIP AMBULANCE SERVICE
DOCKET NO. A-00118316

2002 JAN 17 AM 9:49
SECRETARY'S BUREAU
P.U.C.

RECEIVED

WITHDRAWAL OF PROTEST STIPULATION

Ford City Hose Company #1 Ambulance Service hereby withdraws its protest to the above application based on the amendment to which this withdrawal of protest stipulation is attached and contingent upon its acceptance by the Commission.

DOCUMENT
FOLDER

FORD CITY HOSE COMPANY #1
AMBULANCE SERVICE

By: [Signature]
William A. Gray, Esquire
Attorney for Protestant

Dated: Jan 14, 2002

/18875

DOCKETED

APPENDIX "A" JAN 29 2002

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION

KUR

DOCUMENT
FOLDER

DOCKETED

APR 22 2002

DATE: April 17, 2002

SUBJECT: Sugarcreek Township Ambulance Service; A-00118316

TO: Commission Document Folder

FROM: Bruce Bigelow
Mediator

The above-captioned case is still undergoing mediation-process review and progress reports are being made.

pc: OALJ file

DOCUMENT
FOLDER

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION

DATE: July 9, 2002
SUBJECT: Sugarcreek Township Ambulance Service
A-00118316
TO: Commission Document Folder
FROM: Bruce Bigelow
Mediator

DOCKETED
JUL 12 2002

The above-captioned case is still undergoing mediation-process review and progress reports are being made.

pc: OALJ file

Docket #: A-118316

Scheduler: Steve

Case Name: Sugarcreek Twp.
Ambulance Service

MEDIATION

REVIEW

COMPLETED

- Schedule Case**
(Please give mediator copy of notice)
- Give pleadings to CALJ for MJ:**
(Please give mediator copy of CALJ assignment to MJ)
- ❖ **IO Report:**
 - was filed (IO dated _____). *per*
 - was not filed.
 - was not required.
- Partial settlement was achieved.**
(Please give attached document to assigned ALJ)
- Motion(s) filed.**

Mediator: *[Signature]*
Date: 10/4/02

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION

DOCUMENT
FOLDER

DOCKETED

OCT 10 2002

DATE: October 7, 2002

SUBJECT: Application of Sugarcreek Township Ambulance Service
Docket No. A-00118316

TO: Commission Document Folder

FROM: Bruce Bigelow
Mediator

Pursuant to Chief Administrative Law Judge Christianson's Interim Order dated December 6, 2001, a report has not been submitted to the Mediation Unit.

Please include this memo in the official Commission document folder.

pc: OALJ File

SECRETARIAT'S BUREAU

OCT 10 2002

DOCKETED

NOV 19 2002

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION

ORIGINAL

In re: Application of)
Sugar creek Ambulance Service, Inc.) Docket No. A-00118316

RESTRICTIVE AMENDMENT AND WITHDRAWAL OF PROTEST

1. Sugar creek Township Ambulance Service ("Sugar creek") filed an application with the Pennsylvania Public Utility Commission seeking the right to transport persons in paratransit service, in wheelchair and stretcher transport, for medical reasons, between points in the counties of Armstrong, Butler and Clarion, and from points in said counties, to points in Pennsylvania and return.

2. A protest to the application was filed by Barker Brothers, Inc., t/d/b/a Pittsburgh North Aire Ride ("Aire Ride") on November 12, 2001.

3. Sugar creek and Aire Ride, with the assistance of a Commission mediator, have engaged in discussions seeking to resolve their dispute.

4. As the result of these discussions, a restrictive amendment to the application satisfying the interests of Sugar creek and Aire Ride is attached hereto as Exhibit "A."

5. Conditioned upon the acceptance by the Commission of the Restrictive Amendment, Aire Ride hereby withdraws its Protest to the subject application.

**DOCUMENT
FOLDER**

By: Sugar creek Township
Ambulance Service

By: Robert Ramsey

Its: Chief Operations Officer

Date: 10-18-02

Respectfully submitted,

By: Barker Brothers, Inc. t/d/b/a
Pittsburgh North Aire Ride

By: James H. Norris
Counsel of Record

Date: 10/29/02

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02 OCT 30 AM 11:08
SECRETARY'S BUREAU

35

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED
02 OCT 30 AM 11:08
IA: P.U.C. BUREAU
SECRETARY'S BUREAU

In re: Application of)
Sugar creek Ambulance Service, Inc.) Docket No. A-00118316
)

RESTRICTIVE AMENDMENT DOCUMENT
FOLDER

Applicant, hereby amends its Application as follows:

1. Service is limited to medical trips; that is, trips between the passenger's permanent or temporary living quarters and a medical facility, including (without limitation) the office of a health care practitioner, and trips between medical facilities.
2. Service is limited to vehicles modified to accommodate wheelchairs.
3. Service is limited to the transportation of persons who are non-ambulatory or persons who, due to chronic or acute physical or mental conditions, require pre-trip and/or post-trip assistance, including (without limitation) assistance in being dressed or lifted, or medical monitoring, or the use of medical appliances or equipment, or a medical escort during transportation.
4. Service can only be provided if the person transported requires assistance in entering or exiting the passenger's permanent or temporary living quarters or a medical facility (as described in provision one), and the applicant shall not provide curb to curb service.
5. The person who is being transported must be a recognized member in good standing of Sugar creek Township Ambulance Service, Inc., or be a resident of a nursing home facility with which Sugar creek Ambulance Service, Inc. has a current contract.

DOCKETED

NOV 19 2002

Exhibit "A"

6. No service may be provided for federal, state or local agencies such as, but not limited to, the Pennsylvania Department of Transportation, the Department of Welfare, the Area Agency on Aging, County Transit Authorities or Pennsylvania Community Action Agencies.

Respectfully submitted,

By: Sugarcreek Township
Ambulance Service

By: Robert Kansey
Its: Chief Operations Officer
Date: 10-18-02

RECEIVED
02 OCT 30 AM 11:08
H.A.P.U.C.
SECRETARY'S BUREAU

CERTIFICATE OF SERVICE

I hereby certify that I have this day served copies of the foregoing RESTRICTIVE AMENDMENT on the following individuals, addressed as shown, via United States first class mail, postage prepaid.

Dated at Pittsburgh, Pennsylvania, this 29th day of October, 2002.

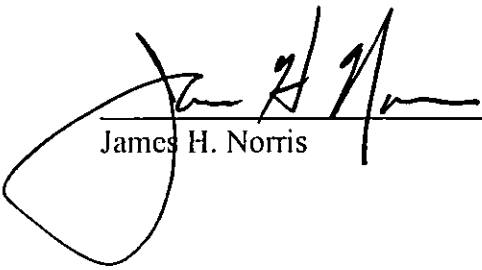
Bruce Bigelow
Pennsylvania Public Utility Commission
Post Office Box 3265
Commonwealth Keystone Building, 2nd Floor
400 North Street
Harrisburg, Pennsylvania 17105-3265

Robert Ramsey
Sugarcreek Township Ambulance Service
RD #1, Box 178
East Brady, Pennsylvania 16028

William A. Gray, Esquire
Vuono & Gray, LLC
2310 Grant Building
Pittsburgh, Pennsylvania 15090

Ray F. Middleman, Esquire
Malone, Larchuck & Middleman, P.C.
Northridge Office Plaza
117 VIP Drive, Suite 310
Wexford, Pennsylvania 15090

John A. Pillar, Esquire
680 Washington Avenue, Suite B101
Pittsburgh, Pennsylvania 15228



James H. Norris

DOCUMENT
FOLDER

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION

DATE: November 4, 2002

SUBJECT: A-00118316 Application of Sugarcreek Ambulance Service, Inc.
Modified Procedure

TO: Wendy Keezel
Transportation & Safety

FROM: Ann M. Humes, Mediation Assistant
Office of Administrative Law Judge

Since the protest(s) in the above-captioned proceeding has/have been withdrawn, the application is referred to your bureau for review and report to the Commission.

pc: Bruce Bigelow
Docket Section
Elzy Ditzler
Beth Plantz
Office File

DOCKETED
NOV 19 2002



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

IN REPLY PLEASE
REFER TO OUR FILE

Friday, November 15, 2002

SUGARCREEK TOWNSHIP AMBULANCE SERVICE
RD 1 BOX 178
EAST BRADY PA 16028

In re: A-00118316 - Application of Sugar creek Township Ambulance
Service.

To Whom It May Concern:

The above referenced application has been assigned for review without oral hearing. In order to reach a determination on the application, you are being required to file verified statements in accordance with 52 Pa. Code Section §3.381(e)(1). You will be required to file:

- A. VERIFIED STATEMENT OF THE APPLICANT
- B. VERIFIED STATEMENT(S) IN SUPPORT OF THE APPLICATION.

The verified statements should be in paragraph form. Each heading contained in the attached minimum outline should be a separate section or paragraph.

You should be aware of the fact that the verified statements will be reviewed based on the Commission's decision in the Application of Blue Bird Coach Lines, Inc., (A-00088807, F. 2, Am-K) 72 Pa. P.U.C. 262 (1990), which indicates: (1) the supporting witnesses must give evidence which is probative and relevant to the application proceeding; (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must correspond with the scope of the operating territory specified in the application, including requests for vice versa authority; and (3) the number of witnesses which will represent a cross section of the public on the issue of need will vary with the breadth of the intended territory and commodity description.

You are being granted an initial 30-day to file verified statements. They will be due on or before December 15, 2002.

DOCKETED

NOV 15 2002



If additional time is required, it may be requested by telephone but must be followed in writing with the reasons for the extension stated. Questions about the application should be directed to Gale E. Travitz at (717) 787-5513.

Very truly yours,

Gale E. Travitz
Transportation Application Specialist
Compliance Office
Bureau of Transportation & Safety
(717) 787-5513

GET:gt

Enclosures



Sugarcreek Township Ambulance Service



RD#1 Box 178
East Brady, PA 16028

PHONE (724) 526-5227
FAX (724) 526-5910

December 13, 2002

Commonwealth of Pennsylvania
PUC
P.O. Box 3265
Harrisburg, PA 17105-3265


Dear Gale E. Travitz;

As per our conversation today, this letter is to verify that we requested and were approved for a thirty (30) day extension to file verified statements. This extension will start on December 15, 2002 and be valid through January 14, 2002.

Our application number is A-00118316.

I would like to thank you for your time and for your approval of this request.

Sincerely,


Robert Ramsey,
Chief Operations Officer

DOCKETED
AUG 05 2003


DOCUMENT
* FOLDER *



Sugarcreek Township Ambulance Service



RD#1 Box 178
East Brady, PA 16028

PHONE (724) 526-5227
FAX (724) 526-5910

January 15, 2003

Commonwealth of Pennsylvania
PUC
P.O. Box 3265
Harrisburg, PA 17105-3265

Dear Gale E. Travitz;

As per our conversation today, this letter is to verify that we requested and were approved for a sixty (60) day extension to file verified statements. This extension will start on January 15, 2003 and end March 16, 2003.

Our application number is A-00118316.

I would like to thank you once again for your time and for your approval of this request.

Sincerely,

Robert Ramsey,
Chief Operations Officer

VS
done
DOCKETED
AUG 05 2003
Ho

DOCUMENTS
FOLDER



Sugarcreek Township Ambulance Service



RD#1 Box 178
East Brady, PA 16028

PHONE (724) 526-5227
FAX (724) 526-5910

March 10, 2003

Commonwealth of Pennsylvania
PUC
P.O. Box 3265
Harrisburg, PA 17105-3265

Dear Ms. Travitz,


As per our conversation today, this letter is to verify that we requested and were approved for a sixty (60) day extension to file verified statements. This extension will start March 16, 2003 and end May 16, 2003.

Our application number is A-00118316.

I sincerely apologize for requesting 3 extensions on this application. We never did one of these before and were unaware at the amount of time it was going to take to get attorneys and companies to all coordinate efforts. Currently, we are in the final stages, and just waiting on 2 statements to be returned.

I would like to thank you once again for your time and for your approval of this request.

Sincerely,


Robert Ramsey,
Chief Operations Officer

VS now due

5-16-03
DOCKETED
AUG 05 2003

4

**DOCUMENT
FOLDER**

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF :
SUGARCREEK TOWNSHIP AMBULANCE : Docket No. A-00118316
SERVICE :

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2003 MAY 16 AM 8:59

VERIFIED STATEMENT IN SUPPORT OF APPLICATION

1. **Name and docket number of applicant being supported.**

SUGARCREEK TOWNSHIP AMBULANCE SERVICE

2. **Legal name and domicile or supporting party or firm.**

Give exact name of supporting individual, firm or organization (indicate correct spelling, capitalization, spaces and punctuation). Give address of principal place of business, stating the actual location in terms of city, township or borough and county.

Sugarcreek Rest, L.P.
RD#2 Box 80
Worthington, PA 16262

Sugarcreek Township, Armstrong County

3. **Identity and qualifications of person making statement for supporting party or firm.**

If witness is an individual or sole proprietor making the statement, this will be the same as Answer No. 2. If an employee/officer of a supporting business or organization is making the statement, give name, title, business/organization address and telephone number, and indicate that the person making the statement has been authorized by the directors/owners/partners/etc. to speak for the business/organization.

Philip Tack,
Administrator
Sugar Creek Rest Home

Authorized by the Partners of the organization to speak for the organization in support of the above named applicant.

4. **General description of supporting party, organization, or operations.**

Passenger application - *Indicate if individual seeking personal/family transportation or a business/organization seeking transportation.*

Skilled Nursing Facility
Personal Care Home

5. **Volume and frequency of intended use.**

Please provide your best estimate of future use, such as "X" trips per day/week/month/year. Do not state "as needed" or "on call" or other similar indefinite volume. Note that the witness is not guaranteeing the applicant a certain volume of business, it is only an estimate of use.

10 trips per week

6. **Specific or representative origins and destinations.**

This is the most important part of the statement. It is through the analysis of origins and destinations that the PUC determines geographical areas when granting rights. Witnesses must be exact as possible, giving the street, city/borough/township, and county (actual physical location not mailing address) of each origin and destination. The witness must specify if vice versa or return service is required. Do not state "between various points in area of application" or similar indefinite origins and destinations. Do not include trips outside the state or outside the area of application.

See Attached

7. **Type of service offered.**

Passenger: (only one of the following) scheduled route, group & party, call or demand, limousine, airport transfer, or paratransit. Passenger applicants should review the PUC Regulations so that they and their supporting witnesses are aware of the distinctions between the sic types of service.

Paratransit

8. Similar application supported.

If you have previously supported anyone's application for a PUC paratransit license, please answer this question and indicate the applicant supported and docket number (if known). Otherwise, please leave blank.

9. Any other information deemed pertinent.

Including but not limited to: indicating if witness is affiliated/related to applicant by family/ownership/management, etc.

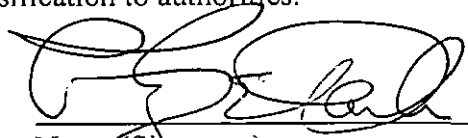
10. Statement must be notarized or verified.

Supporting statements may be sworn/affirmed before a notary public or contain the verification on the following page, without appearing before a notary public.

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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. § 4904 relating to unsworn falsification to authorities.

Date: 5-2-03



Name (Signature)

Philip E. Beck

Name (Printed or Typed)

Specific or representative origins and destinations:

To or From:

1. Tri-Rivers Surgical Associates
Butler Bone and Joint Center
Butler Mall
Butler, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
2. Associates in Respiratory Medicine
Suite 105
901 East Brady St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
3. Orthopedics Associates
Suite 200
301 First St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
4. Butler Memorial Hospital
911 E. Brady St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
5. Butler Regional Cancer Center
160 Hindman Rd.
Butler, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
6. Butler County Dialysis
229 W. Diamond St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
7. Nixon Sarver Professional Building
Suite 100
939 East Brady, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
8. Armstrong County Memorial Hospital
One Nolte Dr.
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY

9. Center for Orthopedics and Sports Medicine
One Nolte Dr.
Suite 660
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
10. Dr. Genovese, MD
One Nolte Dr.
Suite 210
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
11. Dr. Jae T. Yang, MD
443 Butler Rd.
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
12. Richard G. Laube Cancer Center
One Nolte Dr.
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
13. Dr. Balestrino
419 Kelly's Way
East Brady, PA 16028
EAST BRADY BOROUGH, CLARION COUNTY
14. Dr. Todd
401 Kelly's Way
East Brady, PA 16028
EAST BRADY BOROUGH, CLARION COUNTY
15. Clarion Hospital
One Hospital Dr.
Clarion, PA 16214
MONROE TOWNSHIP, CLARION COUNTY
16. Clarion Psychiatric Center
Two Hospital Dr.
Clarion, PA 16214
MONROE TOWNSHIP, CLARION COUNTY

AND RETURN SERVICE

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF :
SUGARCREEK TOWNSHIP AMBULANCE : Docket No. A-00118316
SERVICE :

RECEIVED
BUREAU OF SAFETY
TRANSPORTATION &
2003 MAY 16 AM 8:59

VERIFIED STATEMENT IN SUPPORT OF APPLICATION

1. Name and docket number of applicant being supported.

SUGARCREEK TOWNSHIP AMBULANCE SERVICE

2. Legal name and domicile or supporting party or firm.

Give exact name of supporting individual, firm or organization (indicate correct spelling, capitalization, spaces and punctuation). Give address of principal place of business, stating the actual location in terms of city, township or borough and county.

Whispering Acres Personal Care Home
RD#1 Box 571
Chicora, PA 16025
Sugar creek Township, Armstrong County

3. Identity and qualifications of person making statement for supporting party or firm.

If witness is an individual or sole proprietor making the statement, this will be the same as Answer No. 2. If an employee/officer of a supporting business or organization is making the statement, give name, title, business/organization address and telephone number, and indicate that the person making the statement has been authorized by the directors/owners/partners/etc. to speak for the business/organization.

Rachelle McElravy,
Proprietor
Whispering Acres Personal Care Home

The above is the owner of the organization and is authorized to speak for the organization in support of the above named applicant.

4. General description of supporting party, organization, or operations.

Passenger application - *Indicate if individual seeking personal/family transportation or a business/organization seeking transportation.*

Personal Care Home, business

5. **Volume and frequency of intended use.**

Please provide your best estimate of future use, such as "X" trips per day/week/month/year. Do not state "as needed" or "on call" or other similar indefinite volume. Note that the witness is not guaranteeing the applicant a certain volume of business, it is only an estimate of use.

5 Trips_aper week

6. **Specific or representative origins and destinations.**

This is the most important part of the statement. It is through the analysis of origins and destinations that the PUC determines geographical areas when granting rights. Witnesses must be exact as possible, giving the street, city/borough/township, and county (actual physical location not mailing address) of each origin and destination. The witness must specify if vice versa or return service is required. Do not state "between various points in area of application" or similar indefinite origins and destinations. Do not include trips outside the state or outside the area of application.

See Attached

7. **Type of service offered.**

Passenger: (only one of the following) scheduled route, group & party, call or demand, limousine, airport transfer, or paratransit. Passenger applicants should review the PUC Regulations so that they and their supporting witnesses are aware of the distinctions between the sic types of service.

Paratransit

8. **Similar application supported.**

If you have previously supported anyone's application for a PUC paratransit license, please answer this question and indicate the applicant supported and docket number (if known). Otherwise, please leave blank.

9. **Any other information deemed pertinent.**

Including but not limited to: indicating if witness is affiliated/related to applicant by family/ownership/management, etc.

10. **Statement must be notarized or verified.**

Supporting statements may be sworn/affirmed before a notary public or contain the verification on the following page, without appearing before a notary public.

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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. § 4904 relating to unsworn falsification to authorities.

Date: 5-2-03


Name (Signature)

Rachelle L. McElravy
Name (Printed or Typed)

Specific or representative origins and destinations:

To or From:

1. Tri-Rivers Surgical Associates
Butler Bone and Joint Center
Butler Mall
Butler, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
2. Associates in Respiratory Medicine
Suite 105
901 East Brady St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
3. Orthopedics Associates
Suite 200
301 First St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
4. Butler Memorial Hospital
911 E. Brady St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
5. Butler Regional Cancer Center
160 Hindman Rd.
Butler, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
6. Butler County Dialysis
229 W. Diamond St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
7. Nixon Sarver Professional Building
Suite 100
939 East Brady, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
8. Armstrong County Memorial Hospital
One Nolte Dr.
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY

9. Center for Orthopedics and Sports Medicine
One Nolte Dr.
Suite 660
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
10. Dr. Genovese, MD
One Nolte Dr.
Suite 210
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
11. Dr. Jae T. Yang, MD
443 Butler Rd.
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
12. Richard G. Laube Cancer Center
One Nolte Dr.
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
13. Dr. Balestrino
419 Kelly's Way
East Brady, PA 16028
EAST BRADY BOROUGH, CLARION COUNTY
14. Dr. Todd
401 Kelly's Way
East Brady, PA 16028
EAST BRADY BOROUGH, CLARION COUNTY
15. Clarion Hospital
One Hospital Dr.
Clarion, PA 16214
MONROE TOWNSHIP, CLARION COUNTY
16. Clarion Psychiatric Center
Two Hospital Dr.
Clarion, PA 16214
MONROE TOWNSHIP, CLARION COUNTY

AND RETURN SERVICE

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF :
SUGARCREEK TOWNSHIP AMBULANCE : Docket No. A-00118316
SERVICE :

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2003 MAY 16 AM 8:59

VERIFIED STATEMENT IN SUPPORT OF APPLICATION

1. **Name and docket number of applicant being supported.**

SUGARCREEK TOWNSHIP AMBULANCE SERVICE

2. **Legal name and domicile or supporting party or firm.**

Give exact name of supporting individual, firm or organization (indicate correct spelling, capitalization, spaces and punctuation). Give address of principal place of business, stating the actual location in terms of city, township or borough and county.

Bradyview Manor
405 Robinson St.
East Brady, PA 16028
EAST BRADY BOROUGH, CLARION COUNTY

3. **Identity and qualifications of person making statement for supporting party or firm.**

If witness is an individual or sole proprietor making the statement, this will be the same as Answer No. 2. If an employee/officer of a supporting business or organization is making the statement, give name, title, business/organization address and telephone number, and indicate that the person making the statement has been authorized by the directors/owners/partners/etc. to speak for the business/organization.

Lisa Smith,
Administrator
Bradyview Manor

Authorized by the Board of Directors of the organization to speak for the organization in support of the above named applicant.

4. **General description of supporting party, organization, or operations.**

Passenger application - *Indicate if individual seeking personal/family transportation or a business/organization seeking transportation.*

Personal Care Home

5. **Volume and frequency of intended use.**

Please provide your best estimate of future use, such as "X" trips per day/week/month/year. Do not state "as needed" or "on call" or other similar indefinite volume. Note that the witness is not guaranteeing the applicant a certain volume of business, it is only an estimate of use.

10 trips per month

6. **Specific or representative origins and destinations.**

This is the most important part of the statement. It is through the analysis of origins and destinations that the PUC determines geographical areas when granting rights. Witnesses must be exact as possible, giving the street, city/borough/township, and county (actual physical location not mailing address) of each origin and destination. The witness must specify if vice versa or return service is required. Do not state "between various points in area of application" or similar indefinite origins and destinations. Do not include trips outside the state or outside the area of application.

See Attached

7. **Type of service offered.**

Passenger: (only one of the following) scheduled route, group & party, call or demand, limousine, airport transfer, or paratransit. Passenger applicants should review the PUC Regulations so that they and their supporting witnesses are aware of the distinctions between the sic types of service.

Paratransit

8. Similar application supported.

If you have previously supported anyone's application for a PUC paratransit license, please answer this question and indicate the applicant supported and docket number (if known). Otherwise, please leave blank.

9. Any other information deemed pertinent.

Including but not limited to: indicating if witness is affiliated/related to applicant by family/ownership/management, etc.

10. Statement must be notarized or verified.

Supporting statements may be sworn/affirmed before a notary public or contain the verification on the following page, without appearing before a notary public.

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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. § 4904 relating to unsworn falsification to authorities.

Date: 5-13-03

Lisa Smith ADM
Name (Signature)

LISA SMITH. ADM
Name (Printed or Typed)

Specific or representative origins and destinations:

To or From:

1. Tri-Rivers Surgical Associates
Butler Bone and Joint Center
Butler Mall
Butler, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
2. Associates in Respiratory Medicine
Suite 105
901 East Brady St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
3. Orthopedics Associates
Suite 200
301 First St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
4. Butler Memorial Hospital
911 E. Brady St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
5. Butler Regional Cancer Center
160 Hindman Rd.
Butler, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
6. Butler County Dialysis
229 W. Diamond St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
7. Nixon Sarver Professional Building
Suite 100
939 East Brady, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
8. Armstrong County Memorial Hospital
One Nolte Dr.
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY

9. Center for Orthopedics and Sports Medicine
One Nolte Dr.
Suite 660
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
10. Dr. Genovese, MD
One Nolte Dr.
Suite 210
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
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443 Butler Rd.
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
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One Hospital Dr.
Clarion, PA 16214
MONROE TOWNSHIP, CLARION COUNTY
16. Clarion Psychiatric Center
Two Hospital Dr.
Clarion, PA 16214
MONROE TOWNSHIP, CLARION COUNTY

AND RETURN SERVICE

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF :
SUGARCREEK TOWNSHIP AMBULANCE : Docket No. A-00118316
SERVICE :

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2003 MAY 16 AM 8:59

VERIFIED STATEMENT IN SUPPORT OF APPLICATION

1. Name and docket number of applicant being supported.

SUGARCREEK TOWNSHIP AMBULANCE SERVICE

2. Legal name and domicile or supporting party or firm.

Give exact name of supporting individual, firm or organization (indicate correct spelling, capitalization, spaces and punctuation). Give address of principal place of business, stating the actual location in terms of city, township or borough and county.

Butler Memorial Hospital ✓
911 E. Brady St.
Butler, PA 16001

BUTLER CITY, BUTLER COUNTY

3. Identity and qualifications of person making statement for supporting party or firm.

If witness is an individual or sole proprietor making the statement, this will be the same as Answer No. 2. If an employee/officer of a supporting business or organization is making the statement, give name, title, business/organization address and telephone number, and indicate that the person making the statement has been authorized by the directors/owners/partners/etc. to speak for the business/organization.

Mark Edwards,
Director of Risk Management and Safety
Butler Memorial Hospital

Authorized by the Board of Directors of the organization to speak for the organization in support of the above named applicant.

4. General description of supporting party, organization, or operations.

Passenger application - *Indicate if individual seeking personal/family transportation or a business/organization seeking transportation.*

Hospital, Acute Care Facility ✓

5. **Volume and frequency of intended use.**

Please provide your best estimate of future use, such as "X" trips per day/week/month/year. Do not state "as needed" or "on call" or other similar indefinite volume. Note that the witness is not guaranteeing the applicant a certain volume of business, it is only an estimate of use.

12 trips per week

6. **Specific or representative origins and destinations.**

This is the most important part of the statement. It is through the analysis of origins and destinations that the PUC determines geographical areas when granting rights. Witnesses must be exact as possible, giving the street, city/borough/township, and county (actual physical location not mailing address) of each origin and destination. The witness must specify if vice versa or return service is required. Do not state "between various points in area of application" or similar indefinite origins and destinations. Do not include trips outside the state or outside the area of application.

See Attached List

7. **Type of service offered.**

Passenger: (only one of the following) scheduled route, group & party, call or demand, limousine, airport transfer, or paratransit. Passenger applicants should review the PUC Regulations so that they and their supporting witnesses are aware of the distinctions between the sic types of service.

Paratransit

8. Similar application supported.

If you have previously supported anyone's application for a PUC paratransit license, please answer this question and indicate the applicant supported and docket number (if known). Otherwise, please leave blank.

9. Any other information deemed pertinent.

Including but not limited to: indicating if witness is affiliated/related to applicant by family/ownership/management, etc.

10. Statement must be notarized or verified.

Supporting statements may be sworn/affirmed before a notary public or contain the verification on the following page, without appearing before a notary public.

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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. § 4904 relating to unsworn falsification to authorities.

Date: 5-5-03

Mark Edwards
Name (Signature)

MARK EDWARDS
Name (Printed or Typed)

*Notarized this
5th day of May, 2003
By: Connie Jo Kalmeyer*

Notarial Seal
Connie Jo Kalmeyer, Notary Public
Butler & Allegheny County
My Commission Expires July 2, 2004
Member, Pennsylvania Association of Notaries

Specific or representative origins and destinations:

To or From:

Sugar Creek Rest Home
RD#2 Box 80
Worthington, PA 16262
SUGARCREEK TOWNSHIP, ARMSTRONG COUNTY

Whispering Acres Personal Care Home
RD#1 Box 571
Chicora, PA 16025
SUGARCREEK TOWNSHIP, ARMSTRONG COUNTY

Bear Creek Personal Care Home
226 Seward Ave.
Parker, PA 16049
PARKER CITY, ARMSTRONG COUNTY

Bradyview Manor Personal Care Home
405 Robinson St.
East Brady, PA 16028
EAST BRADY BOROUGH, CLARION COUNTY

Meadow Lake Manor
RD#2 Box 80
Worthington, PA 16262
SUGARCREEK TOWNSHIP, ARMSTRONG COUNTY

Clairview Nursing Home and Rehabilitation Center
14663 Route 68
Sligo, PA 16255
PINEY TOWNSHIP, CLARION COUNTY

Chicora Medical Center
160 Medical Center Rd.
Chicora, PA 16025
DONEGAL TOWNSHIP, BUTLER COUNTY

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2003 MAY 16 AM 8:59

IN RE: APPLICATION OF :
SUGARCREEK TOWNSHIP AMBULANCE : Docket No. A-00118316
SERVICE :

VERIFIED STATEMENT IN SUPPORT OF APPLICATION

1. Name and docket number of applicant being supported.

SUGARCREEK TOWNSHIP AMBULANCE SERVICE

2. Legal name and domicile or supporting party or firm.

Give exact name of supporting individual, firm or organization (indicate correct spelling, capitalization, spaces and punctuation). Give address of principal place of business, stating the actual location in terms of city, township or borough and county.

Chicora Medical Center
160 Medical Center Rd.
Chicora, PA 16025

Donegal Township, Butler County

3. Identity and qualifications of person making statement for supporting party or firm.

If witness is an individual or sole proprietor making the statement, this will be the same as Answer No. 2. If an employee/officer of a supporting business or organization is making the statement, give name, title, business/organization address and telephone number, and indicate that the person making the statement has been authorized by the directors/owners/partners/etc. to speak for the business/organization.

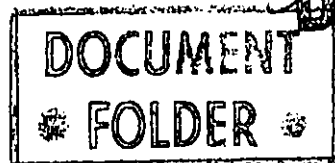
Steven Tack,
Administrator
Chicora Medical Center

Authorized by the Partners of the organization to speak for the organization in support of the above named applicant.

4. General description of supporting party, organization, or operations.

Passenger application - *Indicate if individual seeking personal/family transportation or a business/organization seeking transportation.*

Skilled Nursing Home and Personal Care Home



support
DOCKETED
AUG 05 2003
[Signature]

5. **Volume and frequency of intended use.**

Please provide your best estimate of future use, such as "X" trips per day/week/month/year. Do not state "as needed" or "on call" or other similar indefinite volume. Note that the witness is not guaranteeing the applicant a certain volume of business, it is only an estimate of use.

20 trips per week

6. **Specific or representative origins and destinations.**

This is the most important part of the statement. It is through the analysis of origins and destinations that the PUC determines geographical areas when granting rights. Witnesses must be exact as possible, giving the street, city/borough/township, and county (actual physical location not mailing address) of each origin and destination. The witness must specify if vice versa or return service is required. Do not state "between various points in area of application" or similar indefinite origins and destinations. Do not include trips outside the state or outside the area of application.

See Attached

7. **Type of service offered.**

Passenger: (only one of the following) scheduled route, group & party, call or demand, limousine, airport transfer, or paratransit. Passenger applicants should review the PUC Regulations so that they and their supporting witnesses are aware of the distinctions between the sic types of service.

Paratransit

8. Similar application supported.

If you have previously supported anyone's application for a PUC paratransit license, please answer this question and indicate the applicant supported and docket number (if known). Otherwise, please leave blank.

9. Any other information deemed pertinent.

Including but not limited to: indicating if witness is affiliated/related to applicant by family/ownership/management, etc.


10. Statement must be notarized or verified.

Supporting statements may be sworn/affirmed before a notary public or contain the verification on the following page, without appearing before a notary public.

VERIFICATION OF STATEMENTS

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Date: 5/2/03


Name (Signature)

Steven D. Tack
Name (Printed or Typed)

Specific or representative origins and destinations:

To or From:

1. Tri-Rivers Surgical Associates
Butler Bone and Joint Center
Butler Mall
Butler, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
2. Associates in Respiratory Medicine
Suite 105
901 East Brady St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
3. Orthopedics Associates
Suite 200
301 First St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
4. Butler Memorial Hospital
911 E. Brady St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
5. Butler Regional Cancer Center
160 Hindman Rd.
Butler, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
6. Butler County Dialysis
229 W. Diamond St.
Butler, PA 16001
BUTLER CITY, BUTLER COUNTY
7. Nixon Sarver Professional Building
Suite 100
939 East Brady, PA 16001
BUTLER TOWNSHIP, BUTLER COUNTY
8. Armstrong County Memorial Hospital
One Nolte Dr.
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY

9. Center for Orthopedics and Sports Medicine
One Nolte Dr.
Suite 660
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
10. Dr. Genovese, MD
One Nolte Dr.
Suite 210
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
11. Dr. Jae T. Yang, MD
443 Butler Rd.
Kittanning, PA 16201
EAST FRANKLIN TOWNSHIP, ARMSTRONG COUNTY
12. Richard G. Laube Cancer Center
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Clarion, PA 16214
MONROE TOWNSHIP, CLARION COUNTY
16. Clarion Psychiatric Center
Two Hospital Dr.
Clarion, PA 16214
MONROE TOWNSHIP, CLARION COUNTY

AND RETURN SERVICE

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN RE: APPLICATION OF :
SUGARCREEK TOWNSHIP AMBULANCE : Docket No. A-00118316
SERVICE :

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2003 MAY 16 AM 8:59

VERIFIED STATEMENT OF THE APPLICANT

1. Legal name and domicile of applicant.

Give exact name of applicant (indicate correct spelling, capitalization, spaces and punctuation). If a corporation, give state of incorporation. Give address of principal place of business.

SUGARCREEK TOWNSHIP AMBULANCE SERVICE
Incorporated and domiciled in the Commonwealth of Pennsylvania

RD #1, Box 178
East Brady, PA 16028

2. Identity and qualifications of person making statement for the applicant.

If applicant is a sole proprietor making the statement, this will be the same as Item No. 1. 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.

Robert Ramsey, Chief Operations Officer
SUGARCREEK TOWNSHIP AMBULANCE SERVICE
RD #1, Box 178
East Brady, PA 16028
(724) 526-5227

Authorized by the Board of Directors of above named nonprofit corporation to speak for the corporation regarding this Application and its affairs generally.

3. Whether applicant is affiliated with (owner, manager, controls) any other carrier, with the description of affiliation.

Indicate if owners/officers/directors/partners have any ownership or management interest in any other carriers. If so, give name and address of carrier, position held or percentage of ownership.

This applicant has no affiliation with any other carrier.

DOCKETED

AUG 05 2003

**DOCUMENT
FOLDER**

4. Authority sought (if amended since application filed).

Give authority as initially applied for (as published in The Pennsylvania Bulletin) and as amended as a result of protests or by applicant's own action, if any.

As published in the Pennsylvania Bulletin on October 20, 2001, and as subsequently amended by Restrictive Amendments, Applicant seeks paratransit authority as a common carrier as follows:

To transport persons, in paratransit service, in wheelchair and stretcher transport, for medical reasons, between points in the counties of Armstrong, Butler and Clarion, and from points in said counties, to points in Pennsylvania and return; subject to the following conditions:

- (1) That no right, power or privilege is granted to provide service originating at any point in Armstrong County located within ten (10) miles of the borough of Ford City, except that service may be provided from the Armstrong County Memorial Hospital in East Franklin Township to points in the townships of Sugarcreek and Washington, Armstrong County and other points in Pennsylvania, located north, northeast and northwest of those townships.
- (2) That no right, power or privilege is granted to provide transportation service between points in the Boroughs of Leechburg, North Apollo and Apollo, and the Townships of Kiskiminetas, Parks, Gilpin, Burrell, Bethel and South Bend, Armstrong County, and from points in said Boroughs and Townships to points in Pennsylvania, and return.
- (3) Service is limited to medical trips; that is, trips between the passenger's permanent or temporary living quarters and a medical facility, including (without limitation) the office of a health care practitioner, and trips between medical facilities.
- (4) Service is limited to vehicles modified to accommodate wheelchairs.
- (5) Service is limited to the transportation of persons who are non-ambulatory or persons who, due to chronic or acute physical or mental conditions, require pre-trip and/or post-trip assistance, including (without limitation) assistance in being dressed or lifted, or medical monitoring, or the use of medical appliances or equipment, or a medical escort during transportation.
- (6) Service can only be provided if the person transported requires assistance in entering or exiting the passenger's permanent or temporary living quarters or a medical facility (as described in provision [three]), and the applicant shall not provide curb to curb service.
- (7) The person who is being transported must be a recognized member in good standing of Sugarcreek Township Ambulance Service, Inc., or be a resident of a nursing facility with which Sugarcreek Township Ambulance Service, Inc. has a current contract.
- (8) No service may be provided for federal, state, or local agencies such as, but not limited to, the Pennsylvania Department of Transportation, the Department of Welfare, the Area Agency on Aging, County Transit Authorities or Pennsylvania Community Action Agencies.

5. General scope of currently authorized operations – attach a copy of any operating rights, which relate to authority sought.

Include summary of ICC authority and list of other states where applicant holds rights. Describe any exempt intrastate operations currently performed by applicant.

None .

6. Duplicating authority which will result from grant of authority.

For applicants holding PUC rights, review your current authority and indicate any rights that overlap the rights being sought by this application.

None .

7. Terminal facilities and communications network.

Give location of terminals (city/boro/township and county) where vehicles will be stored, dispatched, repaired, etc. Describe facility (size of lot, number of bays/docks, offices, repair facilities, waiting room, etc.). Describe communications system (telephone lines into office, radio or cellular telephone dispatched vehicles, fax, etc.).

See Attached.

8. Equipment – make, model, year, owner or leased, and lessor.

List each piece of equipment to be used in the proposed service and indicate type (tractor, flatbed, tank, dump, straight truck, van, taxi, limousine, etc.). If vehicles will be obtained after approval of application, give same type of information and indicate when they will be put into service. If leased, indicate lessor.

See Attached.

9. Safety program.

Describe existing or proposed practices and procedures, such as driver training and vehicle maintenance, to provide for safe operations and insure compliance with the PUC Safety Code. Interstate/private carriers must include their U.S. DOT Safety Rating.

All drivers of the wheel chair van are trained in a United States Department of Transportation approved Emergency Vehicle Operations Course (EVOC). ✓

All drivers also are trained how to safely secure patient's within the wheel chair van and within the wheel chair itself. This training is done as part of the employee's orientation program. ✓

10. Service currently provided to supporting witnesses.

Include description of any ICC or exempt service in addition to service under current PUC rights.

Applicant currently provides exempt emergency ambulance and medical transportation services. ✓

11. Type of service offered.

Freight: truckload, less than truckload, multiple delivery, same day, specialized handling, etc.

Passenger: (only one of the following) scheduled route, group & party, call or demand, limousine, airport transfer, or paratransit.

Paratransit.

12. Financial data – complete the attached sheet.

Current balance sheet and income statement for corporations and partnerships. Statement of assets and liabilities for individuals. All financial data must be no less than six months old. Pa. PUC carriers may reference the most recent annual report on file.

See attached.

13. Other information deemed pertinent.

Including but not limited to:

New applicants should indicate their experience in the transportation industry. Indicate if applicant is affiliated/related with any supporting shipper/witness by family/ownership/management, etc.

The service that we ask to offer our subscribers and area residents is not new transportation. This transportation has traditionally been provided by our ambulance service in our area. We are located in a very rural section of Armstrong County where these services are not plentiful. Medicare regulations changed in the mid 1990's making it more difficult for ambulance services to be paid for non-emergency ambulance transportation and yet the need still existed for these patients to be transported by some fashion. The ambulance services (who are certified to transport patients in an ambulance) responded to this need and purchased vans that were able to accommodate a stretcher or wheel chair to transport patients who did not meet medical necessity as per Medicare.

ATTACHMENT 1: TERMINAL FACILITIES AND COMMUNICATIONS NETWORK

Location of Terminals: Only 1 Terminal. Located in Sugarcreek Township, Armstrong County along state route 268. Vehicles will be stored at this location as well. ✓

Repair Locations:

1. Seybert's Automotive, Brady's Bend Township, Armstrong County. ✓
2. Butler County Ford, City of Butler, Butler County.
3. Bowser Auto Repair, Washington Township, Armstrong County.

Facility Description:

- *Size of Lot:* A little more than an acre of land
- *Number of Bays:* 5 ✓
- *Offices:* 1 Large business office
- *Waiting Room:* None
- *Public Bathroom:* None

Communications System:

- *Phone Lines:* 3 voice, 1 fax line ✓
- *Voice Mail System:* Yes when lines are busy or no one answers ✓
- *Radio:* VHF radio system with our own frequency. ✓
- *Cellular Phones:* hand held cellular phones are given to the driver's each day to correspond with what van they will be in. ✓
- *Fax:* Fax machine available in the office. ✓

ATTACHMENT 2: EQUIPMENT - MAKE, MODEL, YEAR, OWNER OR LEASED, AND LESSOR.

Vehicle 1: 2 Person Wheel Chair Van ✓

- Make: Ford
- Model: F-250
- Year: 2002
- VIN: 1FTNE24292HB77181
- Vehicle is owned

Vehicle 2: 2 Person Wheel Chair Van ✓

- Make: Ford
- Model: F-250
- Year: 1995
- VIN: 1FTFE24Y0THA76573
- Vehicle is owned ✓

STATEMENT OF FINANCIAL POSITION (BALANCE SHEET)
FOR SUGARCREEK TOWNSHIP AMBULANCE SERVICE
AS OF _____

ASSETS

Current Assets

| | | |
|--------------------------------|--|---------------|
| Cash | | <u>45,393</u> |
| Accounts receivable | | <u>69,693</u> |
| Notes receivable | | _____ |
| Other current assets (specify) | | _____ |

Total current assets \$115,089 ✓

Tangible Assets

| | | |
|---|----------------|------------------|
| Land | | <u>4,000</u> |
| Motor Vehicle Equipment | <u>200,000</u> | |
| Less: accumulated depreciation | - _____ | = <u>200,000</u> |
| Building and structures | <u>150,000</u> | |
| Less accumulated depreciation | - _____ | = <u>150,000</u> |
| Investments and funds (specify) | | _____ |
| Intangible assets | | _____ |
| Other assets (such as advances and idle equipment - specify) | | _____ |

Total tangible assets \$354,000

TOTAL ASSETS \$469,086 ✓

LIABILITIES

Current Liabilities (due within one year of date)

| | | |
|-------------------------------------|--|-------------------|
| Accounts payable | | _____ |
| Notes payable | | _____ |
| Equipment obligations | | <u>18,225</u> |
| Other liabilities (attach schedule) | | _____ |
| Total Current Liabilities | | <u>\$18,225</u> ✓ |

Long Term Liabilities (due after one year of date)

| | | |
|-----------------------|--|---------------|
| Accounts payable | | _____ |
| Notes payable | | _____ |
| Equipment obligations | | <u>92,992</u> |
| Other liabilities | | <u>26,000</u> |

Total Long Term Liabilities \$118,992 ✓

TOTAL LIABILITIES \$137,217 ✓

NET WORTH (partnerships and individuals only) _____

OWNER'S EQUITY (corporations only)

Capital stock

Additional paid-in capital

Retained earnings

Less: Treasury Stock

Total Owners Equity

331,869 *st*

_____ = _____

**TOTAL LIABILITIES
AND OWNER'S EQUITY** _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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. § 4904 relating to unsworn falsification to authorities.

Date: 5-2-03

Robert Ramsey
Name (Signature)

ROBERT RAMSEY
Name (Printed or Typed)