


JOHN A. PILLAR
Attorney-at-Law
150 Green Commons Drive
Pittsburgh, Pennsylvania 15243

Phone: (412) 343-0970
Cell: (412) 980-5088
Fax: (412) 343-0971
e-mail: pillarlaw@verizon.net

January 10, 2017

Hours by Appointment Only at:
300 Mt. Lebanon Blvd.
Suite 220-A
Pittsburgh, PA 15234

Re: Haggerty's Rides, Inc.
Docket A-2016-2570266

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

Dear Secretary Chiavetta:

I am enclosing for filing **Applicant's Verified Statement and Verified Statements in Support of Application** on behalf Haggerty's Rides Inc. in connection with the above docketed application.

Please acknowledge receipt of the enclosures on the duplicate of this transmittal letter enclosed and return it in the stamped, self-addressed envelope provided. If you require any further information, please advise me.

Very truly yours,


JOHN A. PILLAR

sw

Enclosures

cc: Haggerty's Rides, Inc.
David Canzoneri, Compliance Specialist (w/encl.)

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Before the
PENNSYLVANIA PUBLIC UTILITY COMMISSION

HAGGERTY'S RIDES, INC.
Docket A-2016-2570266

**APPLICANT'S VERIFIED STATEMENT AND
VERIFIED STATEMENTS IN SUPPORT OF APPLICATION**

INTRODUCTION

By this application, Haggerty's Rides, Inc., of Canonsburg, Washington County, Pennsylvania, seeks authority to transport persons, in limousine service, between points in the Counties of Allegheny and Washington. No protests were filed to this application. By letter dated December 21, 2016, the Commission directed the Applicant to file a Verified Statement and supporting statements on or before January 20, 2017.

Applicant hereby submits a Verified Statement of the Applicant signed by Jeffrey A. Haggerty, the President, which includes financial information regarding the Applicant. In addition, attached are six public witness statements. The public witness statements indicate a need for service between downtown Pittsburgh and the airport, points in Washington County such as North Strabane, Canonsburg, Eighty-Four and the City of Washington, and points in Allegheny County including Pittsburgh, Carnegie and Moon Township.

Applicant respectfully requests that, upon review, the application be granted in its entirety.

Respectfully submitted,



JOHN A. PILLAR
Attorney for HAGGERTY'S RIDES, INC.,
Applicant

John A. Pillar, Esq.
150 Green Commons Drive
Pittsburgh, PA 15243
412-343-0970
e-mail: pillarlaw@verizon.net

Due Date: January 20, 2017

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VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

A-2016-25702-66
PUC Application Docket No.

Haggerty's Rides, Inc.
Legal Name of Applicant

Trade Name, if any

111 Cynthia Drive	Canonsburg	PA	15317
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

See attached statement

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

See attached statement

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3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

See attached statement

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

See attached statement

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. (Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).

See attached statement

6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:
 - a. Your hiring standards for drivers;
 - b. Your system to ensure prospective drivers will be subject to a criminal background check;
 - c. Your driver training program;
 - d. Your system for ensuring that your drivers are properly licensed at all times;
 - e. Your system to ensure that all drivers will be subject to a criminal background check every two years;
 - f. Your policies regarding alcohol and drug use by your drivers.

See attached statement

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

See attached statement

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2016	Chrysler	300c	4	2C3CCAK616H170799

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
 - Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
 - Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines);
 - Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
 - Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

See attached statement

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

See attached statement

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

See attached statement

11. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES NO

See attached statement

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

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

Jeffrey A. Haggerty (Signature) 1/3/17 (Date)
Jeffrey A. Haggerty President Haggerty's Rides Inc.
(Name and Title, printed or typed)

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VERIFIED STATEMENT OF APPLICANT

PUC Application Docket No. A-2016-25702 66

HAGGERTY'S RIDES, INC.

1. Jeffrey A. Haggerty, President
111 Cynthia Drive
Canonsburg, PA 15317
412 420-7383

Jeffery A. Haggerty is authorized as the corporate spokesman for preparation and filing of the verified statement of Applicant.

2. Applicant has no affiliation with any other carrier.
3. Owner/President Jeffrey A. Haggerty has received his CDL Class C license with "P" endorsement. He has worked as a driver for several limousine and transportation services in the Allegheny and Washington County areas in Pennsylvania. Mr. Haggerty has participated in all facets of passenger services including customer relations, scheduling, staffing, management and maintenance. In addition, as President, Mr. Haggerty will be directly responsible for the day-to-day operations of the company and will also provide driver services.
4. The Applicant will maintain its primary offices at 111 Cynthia Drive, Canonsburg, PA 15317. The business office will be complete with computer, telephones and fax machines. All records of the business, whether required by the PUC or not, including logs, complaints, driver and maintenance records, shall be maintained at this office. All records shall be retained as long as required under the appropriate statutes and regulations. All calls shall be taken from a dedicated phone number maintained through this office. Fax internet calls will also be directed through this office. All owners and drivers will maintain company cell phone from which an assigned dispatcher will have direct connection service. The business will operate 24 hours per day, 363 days per year, (no hours of operation will be scheduled for Christmas and/or Thanksgiving Day), and vehicles shall be scheduled as demand requires.
5. The Applicant intends to have at least one dedicated vehicle. It is the intention of the Applicant to operate this vehicle and make a determination of the required demand, as needed. The Applicant will add additional vehicles and/or drivers as the demand for service increases.
6. The Applicant maintains extremely high driver standards. All drivers are hired by the Applicant directly. In order for a driver to begin service, he must first be interviewed and must present a clean driving record and a clean criminal history. The driver is then familiarized with the operation of the company including dispatch and maintenance. Customer service standards will be explained in detail to each driver. Driver records will be reviewed periodically for compliance and adherence to the rules of the company. Each driver will acknowledge and consent to a criminal background check, as well as verification of driver history. Each driver will be subjected to a criminal background check every two years. Possession, use or abuse of alcohol or drugs is a cause for immediate dismissal for any driver. Each driver will be subjected to random drug and alcohol testing.

7. Applicant intends to operate one vehicle, including but not limited to, a luxury sedan. Applicant will purchase outright or lease said vehicle.
8. All vehicles are checked pre-trip and post-trip for any problems by the driver. In addition, regular vehicle maintenance will be in place by a licensed mechanic. A routine maintenance schedule is also established for each vehicle where, in addition to regular oil changes, the safety components of the vehicle will be regularly checked. The Applicant already adheres to the regulations required of the PUC under 52 PA Code 29.403. Furthermore, all vehicles must be replaced prior to being seven model years old or having incurred 250,000 miles, as these are the combined present regulations of PUC and PA for which the Applicant has also applied.
9. The Applicant maintains steady contact with the insurance brokers within the area in which they intend to operate. Over his time of working in both the limousine and transportation services, Jeffrey A. Haggerty has developed relationships with various insurance brokers. These brokers have assured the Applicant of the availability of affordable limousine insurance coverage for which no substantial increases appear on the horizon. Immediately upon approval of the application, the Applicant shall employ the use of one of these transportation specialists, contract for a policy of insurance and deliver an e-form to the regulatory authorities.
10. All customer complaints shall be directed to the owner or owners of the company. The owner or owners of the company will make every effort to informally resolve the dispute with the customer. After an attempt to informally resolve any disputes by the owner with the customer, directly, if the customer is still not satisfied, he/she will be given contact information for the PUC for resolution of any remaining issues. Said information shall be provided in writing to the customer.
11. No.
12. See attached financial statements.

Haggerty's Rides Inc.
STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and Gains

Operating Revenue \$75,000

Total Revenue and Gains **\$75,000**

EXPENSES

Equipment Maintenance and Garage Expense \$ 1000

Insurance Expense \$ 5000

Employee Salaries \$25,000

Fuel Expense \$ 9000

Materials and Supplies Expense \$ 500

Purchased Transportation \$ 6000

General Office Expense \$ 1000

Telephone Expense \$ 1200

Accounting Expense \$ 750

Legal Expense \$ 1500

Rent Expense \$ 6000

Total Operating Expenses and Losses **\$56,950**

Net Income (Loss) \$18,050

Haggerty's Rides Inc.
Statement of Financial Position (Balance Sheet)
January 3, 2017

ASSETS

Current Assets

Cash

\$10,000.00

Total Current Assets

\$10,000.00

Tangible Assets

Motor Vehicle Equipment

\$25,000.00

Less: Accumulated Depreciation

\$25,000.00

Office Equipment

\$ 1500.00

Less: Accumulated Depreciation

\$ 1500.00

TOTAL ASSETS

\$36,500.00

LIABILITIES

TOTAL LIABILITIES

\$ 00

OWNER'S EQUITY

Capital Stock

\$ 100.00

Additional Paid-in Capital

Retained Earnings

\$36,400.00

Less: Treasury Stock

-

= \$ 36,400.00

TOTAL LIABILITIES & OWNER'S EQUITY

\$ 36,500.00

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.

Dave Vincenty
Name of Supporter

361 Euclid ave Canonsburg Pa 15317
Street Address City or Municipality State Zip Code

Haggerty's Buses Inc
Name of Applicant

- Describe the type of transportation service needed.
Need rides to Pittsburgh and surrounding area.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Downtown Pittsburgh and airport
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
weekly/monthly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Never on time
- 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.

David R Vincenty
(Signature of Supporter)
David R Vincenty
(Supporter's Name, printed or typed)

12-23-16
(Date)

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SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Bonnie Combs
Name of Supporter

1230 Linden Vw Dr Canonsburg PA 15317
Street Address City or Municipality State Zip Code

Haggerty's Rines Inc
Name of Applicant

- Describe the type of transportation service needed.
North Strabane to Airport.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
North Strabane to Pittsburgh International 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?
Yes, Taxi service in area that are costly and not on time.
- Have you supported similar applications in the past? If so, who was the applicant?
No.

VERIFICATION OF STATEMENT

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Bonnie Combs
(Signature of Supporter)
Bonnie Combs
(Supporter's Name, printed or typed)

1/3/17
(Date)

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SUPPORTING STATEMENT FOR THE APPLICATION

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JESSICA INMAN
Name of Supporter

609 JULIA DRIVE CANONSBURG PA 15317
Street Address City or Municipality State Zip Code

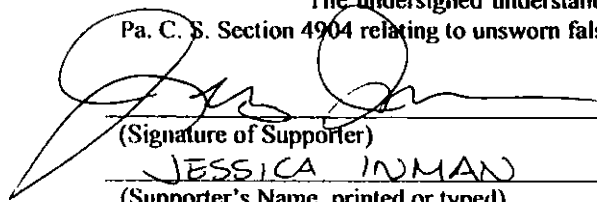
Hasserty's Rues Inc
Name of Applicant

- Describe the type of transportation service needed.
From Canonsburg to PIT Airport and meetings north of Pittsburgh.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
between Canonsburg/Moon Township, Washington, 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?
yes, not reliable
- 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)
JESSICA INMAN

(Supporter's Name, printed or typed)

12-21-16

(Date)

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SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Kristin Banish
Name of Supporter

212 McClelland Rd Canonsburg PA 15317
Street Address City or Municipality State Zip Code

HAGGERTY'S RIDES Inc.
Name of Applicant

- Describe the type of transportation service needed.
Transportation was needed to Pgh Airport
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Canonsburg to pittsburg and Pittsburgh airport
(WASHINGTON CITY)
- 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?
Never on time
- 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.

Hunter Bank
(Signature of Supporter)

Kristin Banish
(Supporter's Name, printed or typed)

12-31-16
(Date)

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SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Jim Johnson
Name of Supporter

128 Mosier Road Eighty Four Pa 15330
Street Address City or Municipality State Zip Code


Haggerty's Rides Inc
Name of Applicant

- Describe the type of transportation service needed.
Transportation To Business Meetings & Drs. Appointments
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
84 → Washington, Pittsburgh, Grayndenburg
(WASHINGTON CITY)
- 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?
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.

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.


(Signature of Supporter) 12-30-16
(Date)

James M. Johnson
(Supporter's Name, printed or typed)

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SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

LOUIS J WALTERS
Name of Supporter

700 ORCHARD Street CARNEGIE PA 15706
Street Address City or Municipality State Zip Code

Haggerty's Rides Inc
Name of Applicant

- Describe the type of transportation service needed.
TRANSPORTATION TO MEETING & AIRPORT
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
CARNEGIE TO PITTSBURGH AIRPORT & WASHINGTON PA.
(ALLEGHENY CTY)
- 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?
NEED MORE OPTIONS FOR THIS AREA
- 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.

Louis J Walters
(Signature of Supporter)
LOUIS J WALTERS
(Supporter's Name, printed or typed)

12/23/16
(Date)

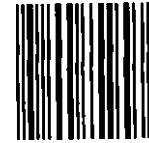
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JOHN A. PILLAR
150 Green Commons Drive
Pittsburgh, PA 15243

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