

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

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.

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A-2016-2563259

PUC Application Docket No.

APR 4 2017

LEON L. and Linda J. FULLER

Legal Name of Applicant

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Trade Name, if any

905 Miller Road Muncy, PA 17756

Street Address (principal place of business)

City or Municipality

State

Zip Code

This document is 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.

You are encouraged to provide as much information as possible 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 providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

Linda J. Fuller - Part owner of this transportation operation, partner with Leon L. Fuller.

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

Partner with Leon L. Fuller who also provides transportation for people who don't drive.

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

Linda J. Fuller has Twenty years experience IN driving, as she was a U.S. postal service rural carrier with a perfect driving record.

4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

Our Location is in our home, where only the telephone is used to handle all calls for transportation. Vehicles are kept in a garage.

5. 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 continuous communication with drivers.

Cell phone and Landline phones are used to receive calls for requests for transportation. Who ever gets the call, they use their vehicle to transport the client.

6. Please explain:

- a. Your hiring standards for drivers;

Only two drivers work for this group and no others are hired

- b. Your system to ensure prospective drivers will be subject to a criminal background check;

N/A

- c. Your driver training program;

N/A

- d. Your system for ensuring that your drivers are properly licensed at all times;

must have insurance and a valid driver's license

- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;

N/A

- f. Your policies regarding alcohol and drug use by your drivers.

N/A

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2009	Ford	F150	6	1FTPW14V79FBD1474
2012	Ford	explorer	7	1FMTK89724A111111 1FMHK8D8XCQA81138

8. Describe your vehicle safety program. Please include the following in your explanation:

- a. Your periodic vehicle maintenance plan;

ALL vehicles used are licensed and inspected according to PA. Law.

- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

They are insured, registered, and inspected on the due date usually when notices come in the mail.

- c. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

we are not applying for household goods

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

ERIE INSURANCE
PROGRESSIVE INSURANCE
MILLVILLE MUTUAL INSURANCE

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution?

YES NO

**If applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.*

11. 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. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. 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.

PLEASE NOTE: COMMISSION REGULATIONS REQUIRE THAT PARTNERSHIPS, LIMITED PARTNERSHIPS, LIMITED LIABILITY PARTNERSHIPS, LIMITED LIABILITY COMPANIES, AND CORPORATIONS MUST FILE A CURRENT INCOME STATEMENT.

Statement of Financial Position (Balance Sheet)

As of (date) 12-5-2016

ASSETS

Current Assets

Cash

21,500.00

Other Current Assets (specify)

25,000.00

Retirement

Other Assets

Motor Vehicle Equipment

45,000.00

Building and Structures

400,000.00

Office Equipment

N/A

Investments and Funds (specify)

31,000.00

TOTAL ASSETS

476,000.00

LIABILITIES

Current Liabilities (Due within one year of date)

14,000.00

Long Term Liabilities (Due after one year of date)

25,000.00

TOTAL LIABILITIES

42,000.00

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)

434,000.00

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.

John + Ella Byler
Name of Supporter

1310 Schmidt Rd Muncy PA 17756
Street Address City or Municipality State Zip Code

Leon C Fuller Linda J Fuller
Name of Applicant

- Describe the type of transportation service needed.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Turbville, Bank, Great Value - Norms - Hosp. Check-ups etc.
- How frequently is this service needed? Example: Is it on a daily weekly, or monthly basis?
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
In the neighborhood...
- 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.

John + Ella Byler fam. Emily, Elizabeth, Leander 12-8-16
(Signature of Supporter) (Date)

Ella A. Byler
(Supporter's Name, printed or typed)

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ENOS + Linda Byler
Name of Supporter

174 LAIDACKER Rd Turbotville PA 17772
Street Address City or Municipality State Zip Code

Leon L. Fuller Linda J Fuller
Name of Applicant

- Describe the type of transportation service needed.

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Furla - Bank - Great Value - Norme - Haap - check-up etc -

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

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

- Have you supported similar applications in the past? If so, who was the applicant? NO

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Enos + Linda - fam - Dorothea - Emma - Bertha 12-8-16
(Signature of Supporter) Daniel - Ervin - Eli (Date)

Linda A. Byler
(Supporter's Name, printed or typed)

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Sam Byler 70 S. Bridge Rd
Name of Supporter

Watson town Pa. 17777
Street Address City or Municipality State Zip Code

Leon L. and Linda J Fuller
Name of Applicant

- Describe the type of transportation service needed.
To & From work.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Home - TO WORK AREAS - in Northumberland County - TO STORE IN Turbotville
- How frequently is this service needed? Example: Is it on a (daily) weekly, or monthly basis?
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
YES
- Have you supported similar applications in the past? If so, who was the applicant?
NO

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Sam J Byler Jr.
(Signature of Supporter)

Sam J Byler Jr.
(Supporter's Name, printed or typed)

12-9-16
(Date)

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