

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

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

A-2017-2594373

PUC Application Docket No.

Haggerty's Rides, Inc.

Legal Name of Applicant

Trade Name, if any

111 Cynthia Drive
Street Address (principal place of business)

Canonsburg, PA 15317
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.

See attached statement.

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

See attached statement.

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.

See attached statement.

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MAY 31 2017

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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 may not be used if the vehicle's age is greater than ten model years in age or the vehicle's mileage greater than 350,000. Limousines may not be used if the vehicle's mileage is greater than 350,000 miles.

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Mileage</u>	<u>Seating Capacity</u>	<u>Vehicle ID#</u>
2011	Chevy	Express	211270	15	1GB3G3BG8B1116942

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);
 - If applying for taxi authority, your system for replacing vehicles once they are greater than ten model years in age or with mileage greater than 350,000 in compliance with 52 Pa. Code, Section 29.314(c);
 - If applying for limousine authority, your system for replacing vehicles once have mileage greater than 350,000 in compliance with 52 Pa. Code, Section 29.333(d);
 - If applying for household goods in use authority, 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.

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. 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.*

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. 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) _____

ASSETS

See attached statement.

Current Assets

Cash _____

Other Current Assets (specify) _____

Other Assets

Motor Vehicle Equipment _____

Building and Structures _____

Office Equipment _____

Investments and Funds (specify) _____

TOTAL ASSETS _____

LIABILITIES

Current Liabilities (Due within one year of date)

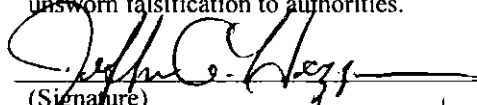
Long Term Liabilities (Due after one year of date)

TOTAL LIABILITIES _____

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

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.



(Signature)

Jeffrey A. Haggerty President

(Name and Title, printed or typed)

5/30/17

(Date)

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

PUC Application Docket No. A-2017-2594373

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 an independent 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 be the primary driver and will have no regular full-time employees. The applicant may from time to time utilize the services of independent licensed and skilled drivers, who have met all state licensing requirements to provide driver services, if necessary. The applicant believes that use and demand of his one service vehicle, will be sufficiently fulfilled by maintaining himself as the primary driver of said vehicle. The Applicant will add additional drivers or employees as the demand for service increases.
6. The Applicant intends to be the primary driver of the service vehicle. He has met all state licensing and safety standards. If the Applicant would utilize additional drivers, the Applicant will maintain 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 and will be subjected to testing at the time of application. Any refusal to comply with the policy will result in immediate termination.

7. Applicant intends to operate one vehicle, including but not limited to, a 15-passenger limousine bus. 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 regulation, 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 350,000 miles, under 52 PA Code 29.333(d). 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.

Verification of Statement

The Undersigned deposes and says that he is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his 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

5/30/17

Date

President, Jeffrey A. Haggerty

Name, Title (printed)

Haggerty's Rides Inc.
Statement of Financial Position (Balance Sheet)
May 16, 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

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

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.

Jessica Inman
Name of Supporter

609 Volia Dr 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.

Limo Bus Service

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

group travel Canonsburg to PIT airport
& return

- 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?

unfriendly services, not available
proper times

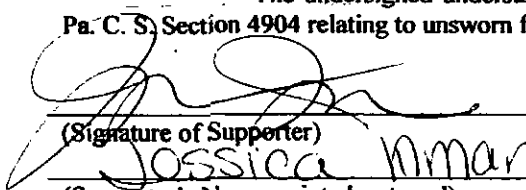
- Have you supported similar applications in the past? If so, who was the applicant?

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)

Jessica Inman
(Supporter's Name, printed or typed)

5-22-17
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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

Laurie Wilcox
Name of Supporter

805 McWilliams Dr. Houston Pa 15342
Street Address City or Municipality State Zip Code

Haggerty's Rides Inc
Name of Applicant

- Describe the type of transportation service needed.
Lim Bus Service
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Houston to Pgh for Sporting Events
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Monthly
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
~~Yes~~ No Service Available
- Have you supported similar applications in the past? If so, who was the applicant?
NO

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Laurie Wilcox
(Signature of Supporter)

Laurie Wilcox
(Supporter's Name, printed or typed)

5/21/17
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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

Holiday Inn Express & Suites
Name of Supporter

4000 Horizon Vue Drive 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.
Limo Bus Service
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Canonsburg to Washington
Canonsburg to Pittsburgh
- 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?
Not reliable, no service available
- Have you supported similar applications in the past? If so, who was the applicant?
No

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Leticia Patterson
(Signature of Supporter)
Leticia Patterson
(Supporter's Name, printed or typed)

5/22/17
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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

Sarah Kerr

Name of Supporter

523 Joffre Cherry Valley Rd Burgettstown PA 15021

Street Address

City or Municipality

State

Zip Code

Haggerty's Rides Inc

Name of Applicant

- Describe the type of transportation service needed.

Line Bus Service

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

Canonsburg, Washington + Bridgeville, Southpointe, Airport.

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

daily + weekly

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

Because they are unreliable or never have availability.

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

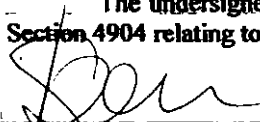
NO

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(Signature of Supporter)



(Supporter's Name, printed or typed)

Sarah Kerr

(Date)

5/22/17

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.

DAVID A ROSE

Name of Supporter

1000 CORPORATE DRIVE, CARLISLE

Street Address

City or Municipality

PA

State

15317

Zip Code

Haggerty's Rides Inc

Name of Applicant

- Describe the type of transportation service needed.

Limo Bus Service

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

SPORTING EVENTS

- 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?

NOT RELIABLE

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

NO

VERIFICATION OF STATEMENT

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David A Rose

(Signature of Supporter)

DAVID A ROSE

(Supporter's Name, printed or typed)

5-22-17

(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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

Louis J Walters
Name of Supporter

700 RICHARD ST PEARCE CARNEGIE 15106
Street Address City or Municipality State Zip Code

Haggerty's Rides Inc
Name of Applicant

- Describe the type of transportation service needed.

Limo Bus Service

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

CONCERTS

- 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?

NEVER ON TIME

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

NO

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Louis J Walters

(Signature of Supporter)

LOUIS J WALTERS

(Supporter's Name, printed or typed)

5/23/17

(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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

WALTER McNARY
Name of Supporter

3000 HORIZON Voe Dr 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.

Limo Bus Service

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

- 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?

NOT Reliable

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

NO

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Walter McNary
(Signature of Supporter)
WALTER McNARY
(Supporter's Name, printed or typed)

5/22/17
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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

DEAN ELLIS

1046 LYNN PORTAL RD	WASHINGTON	PA 15301
Street Address	City or Municipality	State Zip Code
Haggerty's Rides Inc		
Name of Applicant		

- Describe the type of transportation service needed.
Limo Bus Service

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

- 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?
NOT RELIABLE / PERSONAL PREFERENCE

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

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DEAN ELLIS

(Signature of Supporter)

DEAN ELLIS

(Supporter's Name, printed or typed)

5/22/17

(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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

AMBER SLYE DANCHIK
Name of Supporter

E Pike Street 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.

Limo Bus Service

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

Canonsburg, PA - Washington, PA

- 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?

reliable, friendly, timely, etc.

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

No

VERIFICATION OF STATEMENT

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Amber Snye Danchik
(Signature of Supporter)

Amber Snye Danchik
(Supporter's Name, printed or typed)

5/21/2017
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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

MARK RAMBO
Name of Supporter

3-I CHARTIERS TERRACE CARNEGIE PA. 15106
Street Address City or Municipality State Zip Code

Haggerty's Rides Inc
Name of Applicant

- Describe the type of transportation service needed.

Limo Bus Service

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

CARNEGIE TO PITT

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

DAILY

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

NOT RELIABLE

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

NO

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Mark Rambo
(Signature of Supporter)
MARK RAMBO
(Supporter's Name, printed or typed)

5-21-17
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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

Ned Gensler
Name of Supporter

200 Sussex Way McMurray PA 15317
Street Address City or Municipality State Zip Code

Haggerty's Rides Inc
Name of Applicant

- Describe the type of transportation service needed.

Limo Bus Service

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

McMurray To Washington

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

Daily WeekEnds Monthly

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

Service is not available on a timely basis.
Vehicles are not clean, operators are unfriendly

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

No I haven't

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.

Ned Gensler
(Signature of Supporter)

Ned Gensler
(Supporter's Name, printed or typed)

5/23/17
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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

BOBBIE KILLINGER
Name of Supporter

516 JUSTABOUT RD Veneta PA 15367
Street Address City or Municipality State Zip Code

Haggerty's Rides Inc
Name of Applicant

- Describe the type of transportation service needed.

Limo Bus Service

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

limo to concerts i.e. StarLake etc...

- 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?

not aware of

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

never

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.

Bobbe Killinger
(Signature of Supporter)
BOBBIE L KILLINGER
(Supporter's Name, printed or typed)

5.24.17
(Date)

SUPPORTING STATEMENT FOR THE APPLICATION

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

Jonathan Meyer
Name of Supporter

45 Iron Street 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.

Limo Bus Service

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Hickory Garden Inn, Pittsburgh Southpointe, Bella Sera, Meadows Racetrack Casino, Rivers Casino, Pittsburgh International Airport
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? Airport rides daily. Social events weekly.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? NO. Other services are in Allegheny County. And they're not reliable or friendly.
- 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.

Jonathan Meyer
(Signature of Supporter)
Jonathan Meyer
(Supporter's Name, printed or typed)

5-22-17
(Date)

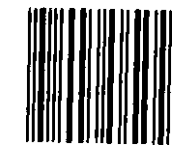
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FROM:

Haggerty's Pides Inc
11 Cynthia Drive
Canonsburg, Pa 15317

TO:

Secretary Pa Public Utility Commission
400 North St 2nd Floor
Attn: David Canzoneri
Harrisburg, Pa 17120