

**CHIQUILIN SERVICE LLC  
118 EAST 7<sup>TH</sup> STREET  
HAZLETON PA 18201  
570-436-7184**

OCTOBER 7, 2017

COMMONWEALTH OF PENNSYLVANIA  
PA PUBLIC UTILITY COMMISSION  
PO BOX 3265  
HARRISBURG PA 17105-3265

ATTN: ROSEMARY CHIAVETTA  
OFFICE OF THE SECRETARY

RE: A-2017-2609788  
PETITION FOR RECONSIDERATION

1: CARLOS QUIJANDRIA, OF CHIQUILIN SERVICE LL, HEREBY REQUESTS A RECONSIDER OF THE APPLICATION DISMISSAL FOR A-2017-2609788.

2: VERIFIED STATEMENT AND THE BUSINESS PLAN WERE SUBMITTED TO THE COMMISSION BY UNITED POSTAL SERVICE. THE COMMISSION HAS NO RECORD OF RECEIPT OF THE DOCUMENTS, THEREFORE, WE ARE RESUBMITTING THE VERIFIED STATEMENT AND BUSINESS PLAN AND WE ARE REQUESTING THE RE-OPENING OF THE APPLICATION.

3: CARLOS QUIJANDRIA OF CHIQUILIN SERVICE LLC., HEREBY STATES THAT THE APPLICANT RECEIVED CORRESPONDENCE INDICATING THE INITIAL APPLICATION HAD BEEN DISMISSED. THEREFORE, ON OCTOBER 5TH 2017, HE WAS ADVISED BY A REPRESENTATIVE OF THE PA PUBLIC UTILITY COMMISSION TO REQUEST A PETITION FOR REINSTATEMENT.

4: CARLOS QUIJANDRIA OF CHIQUILIN SERVICE LLC., IS HEREBY REQUESTING THE REINSTATEMENT OF THE APPLICATION A-2017-2609788.

VERIFICATION:

I, CARLOS QUIJANDRIA OF CHIQUILIN SERVICE LLC., HEREBY STATE THAT THE FACTS SET FORTH ABOVE ARE TRUE AND CORRECT (OR ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF), AND THAT I EXPECT TO BE ABLE TO PROVE THE SAME AT A HEARING IN THIS MATTER. I UNDERSTAND THAT THE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA.C.S.#4904 (RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES).

RECEIVED

OCT 7 - 2017

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

  
CARLOS QUIJANDRIA, OWNER

DATED: 10-07-2017

# 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.

A 2017-2609788

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**PUC Application Docket No.**

CHIQUILIN SERVICE LLC

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**Legal Name of Applicant**

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**Trade Name, if any**

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118 E 7th STREET	HAZLETON	PA	18201
<b>Street Address (principal place of business)</b>	<b>City or Municipality</b>	<b>State</b>	<b>Zip Code</b>

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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.

Carlos Quijandria, owner

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

No other affiliations

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.

Applicant has been in the service business and has been a personal driver for the past several years.

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.

The office location will be at 118 E 7th St, Hazleton PA  
the vehicles will be stored at the same location.  
Telephone, filing cabinet, desk and general office supplies  
will be used in the business operation.

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.

Network communications will be done by phone, and an email  
address will be added. Driver will communicate by phone.

6. Please explain:

- a. Your hiring standards for drivers;

The company will start with the owner as the driver. Drivers  
will be required to have a motor vehicle record and a criminal  
history, and drug screening prior to a start date.

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

The company will request the criminal history record for each  
potential driver.

- c. Your driver training program;

Drivers will be required to review procedures per Federal Motor  
Carrier guidelines.

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

A valid drivers license will be required and a current MVR will  
be obtained prior to a start date. Random MVR reports will also  
be required.

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

The company will request the criminal history report for  
any driver operating a vehicle.

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

Pre-employment drug testing will be required and random drug/  
alcohol testing will be used. There will be zero tolerance  
of drug/alcohol usage.

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>
2003	Ford		15	1FBNE31L73HB52577

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;  
Vehicles will be required to have a general review before leaving for the daily route, and a general review at the end of the shift
  - Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;  
Vehicles will maintain a yealry inspection, and will be subject to routine maintenance and repairs as needed.
  - If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.  
N/A

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.

Nationwide Insurance, West Hazleton PA  
An estimated quote is 3-4,000 (company will not give exact quote until PAU authority has been issued.

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) 08/31/2017

ASSETS

Current Assets

Cash	3500-
Other Current Assets (specify)	<u>6600-</u>

401K

Other Assets

Motor Vehicle Equipment	7500-
Building and Structures	<u>63000-</u>
Office Equipment	<u>250-</u>
Investments and Funds (specify)	<u>          -</u>

<u>TOTAL ASSETS</u>	<u>80,850-</u>
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LIABILITIES

Current Liabilities (Due within one year of date)  
 Long Term Liabilities (Due after one year of date)

<u>TOTAL LIABILITIES</u>	<u>56,900-</u>
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<u>NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)</u>	<u>23,950</u>
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**STATEMENT OF FINANCIAL POSITION**  
**One Year Projected Income Statement**

REVENUE and GAINS

Operating Revenue	18500
Net Revenue from non-carrier operations	_____
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
Total Revenue and Gains	<u>18500</u>

EXPENSES

Equipment Maintenance and Garage Expense	1200
Insurance Expense	3960
Employee Salaries	0
Supervisory Salaries	0
Officer Salaries	0
Fuel Expense	2650
Purchased Transportation (Lease Expense)	0
Materials and Supplies Expense	0
General Office Expense	325
Advertising Expense	275
Telephone Expense	400
Accounting Expense	200
Legal Expense	0
Uncollectible Revenue	0
Depreciation Expense	0
Amortization	0
Operating Taxes and Licenses	225
Rent Expense	0
Loss	_____
Total Operating Expenses and Losses	<u>9735</u>

Net Income Before Taxes

Provision for Income Taxes	1200
<u>Net Income (Loss)</u>	<u>7565</u>

**Disclaimer: Applications are public records and can be accessed on the PUC's website. DO NOT provide social security numbers, credit card numbers, bank account numbers, tax information, or any other confidential information on your application, business plan, or verified statement forms.**

### 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.

✓ *Carlos Gujandria*  
(Signature)

*Oct 6, 2017*  
(Date)

*CARLOS Gujandria OWNER*  
(Name and Title, printed or typed)

Chiquilin Service LLC  
118 E 7th St  
Hazleton PA 18201

CERTIFIED MAIL™

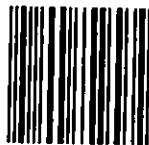


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