

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov

Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

A AA Medical Transport Inc

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

AAA Fleet

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority? YES Previous Authority NO**

If YES, at PUC No. A-2017-2589751, A-2016-2553645, A-2017-2605802

4. **Are you a business entity registered with the PA Dept. of State? YES**

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 4056769
(See checklist and indicate type of business entity registered)

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge 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.

Mikhail Davilov

(Print Name)

[Handwritten Signature]

8/28/2018

(Signature)

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

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 AA Medical Transport Inc

Legal Name of Applicant

AAA Fleet

Trade Name, if any

3021 Franks Road, Suite 7

Huntingdon Valley

PA 19006

Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

Mikhail Danilov, Owner/President
3021 Franks Road, Suite 7
Huntingdon Valley, PA 19006
215-904-2288

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

N/A

3. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of 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.

AAA Fleet will use the facilities that it currently utilizes for its group and party and paratransit services. It will provide computerized dispatch, billing and administration software Hipaa and Nemsis compliant with power and data backup on and off-line. Office will provide locking file cabinets, scanner, computers equipped with up-to-date antivirus software. Office employees will have access to 24/7 technical and IT support. Records shall be securely stored and available for inspection by the PUC.

4. 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 territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

- Drivers are required to provide driving history and criminal records and successfully pass drug test.
- Criminal records and driving history are obtained from local authorities.
- Drivers are required to complete the company's training program, which focuses on the safety of the vehicle and the safe operation of the vehicle.
- Company will use an automatic notification system with email/text message alerts one month prior to license expiration date.
- Company is drug and alcohol free with zero tolerance policy for any violations. Company performs random drug/alcohol tests.

5. 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 territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

| <u>YEAR</u> | <u>MAKE</u> | <u>MODEL</u> | <u>SEATING CAPACITY*</u> | <u>VEHICLE ID #</u> | <u>MILEAGE</u> |
|-------------|-------------|--------------|--------------------------|---------------------|----------------|
| 2003 | Ford | E450 | 14 | 1FDXE45F93HA31141 | 340,000 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

6. 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 applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).
- Company will have a certified vehicle repair facility, which will take care of all vehicles. Every vehicle will undergo comprehensive checking and maintenance every 90 days.
 - At the beginning and end of each shift, a checklist will be followed and documented by the driver, with any safety or other concerns being immediately reported to management.

1. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

AAA Fleet already has evidence of insurance on file with the Commission for its existing paratransit operations. The Company has consulted with its insurance broker and confirmed that the insurance coverage for the additional services is attainable and affordable.

2. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

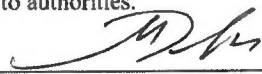
YES NO

3. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining 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.

(Signature)


Mikhail Danilov / PRESIDENT

(Name and Title, printed or typed)

(Date)

8/28/2018

Statement of Financial Position (Balance Sheet)
As of August 9, 2018

ASSETS

| | | |
|----------------------------------|---------------------|----------------------|
| Current Assets | | |
| Cash | 58,000 | |
| Other Current Assets (specify) | | |
| Total Current Assets | | <u>58,000</u> |
| Tangible Assets | | |
| Motor Vehicle Equipment | 10,000 | |
| Property (buildings, land, etc.) | | |
| Office Equipment | | 6000 |
| | TOTAL ASSETS | <u><u>74,000</u></u> |

LIABILITIES

| | | |
|--|--------------------------|--------------------|
| Current Liabilities (Due within one year of date) | | |
| Loans | | |
| Credit cards/revolving credit | | |
| Other Liabilities (Attach schedule) | | |
| Total Current Liabilities | | <u>None</u> |
| Long Term Liabilities (Due after one year of date) | | |
| Mortgage | | |
| Long term commercial loan | | |
| Other Liabilities (Attach Schedule) | | |
| Total Long Term Liabilities | | |
| | TOTAL LIABILITIES | <u><u>None</u></u> |