

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)

Three Rivers Transportation, LLC

- 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)

Transport VIP

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?** ___ YES

If YES, at PUC No. A- 00119028

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 3058377
(See checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

Bradley N. Sommer - Owner

1633 Fiatt Street

Pittsburgh, PA 15210

6. **Physical Address** (do not use PO Box)

4590 McKnight Road

Street Address

Pittsburgh, PA 15237

City, State and Zip Code

412-881-5466

Telephone Number

Allegheny

County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

Brad N. Sommer

Attorney's Name & Telephone Number for this Filing

6 Market Square, Pittsburgh, PA 15222

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

No

Yes, at No. _____

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).
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To transport, as a common carrier, by motor vehicle, persons in paratransit service, in sedan, wheelchair and stretcher vans, for non ambulatory medical and other transportation in which the persons do not have access to, own or are unable to operate a motor vehicle, between points in Pennsylvania.

Examples:

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.*
- *To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.*
- *To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.*
- *To transport people between points in Northumberland County.*

11. Certification:

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

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.

Braed Sommer
(Print Name)


(Signature) 1/9/19
(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.

Three Rivers Transportation, LLC

Legal Name of Applicant

Transport VIP

Trade Name, if any

4590 McKnight Road

Pittsburgh

PA

15237

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.

Dawn Lilly, General Manager, 4590 McKnight Road, Pittsburgh, PA 15237
(412) 414-3374

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

No other affiliation

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.

Physical location is at 4590 McKnight Road, Pittsburgh, PA 15237. Location includes all office equipment such as printers, faxes, computers and server. Records are maintained on site. Storage records are maintained on site. Records with sensitive information are stored in locked offices and cabinets. Requests for transportation are sent by either fax or a secured website provided by vendor sending transportation requests. Vehicles are stored in parking lot or drivers residence. Vehicles are dispatched by advanced scheduling, communication is maintained with drivers by dash mounted cell phones and walkie talkie app.

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.

Approximately 20-50 drivers depending on demand. All drivers undergo a strict vetting process that includes pre-employment and annual Background Checks, Drug Screening, Motor Vehicle Record Check, Sex Offender Registry Check. Background Screening and drivers license checks are performed by ArcPoint Labs.

Drivers are trained in basic first aid and cpr, bloodborne pathogen training, defensive driver training, wheelchair securement training and occupant restraint systems training, passengers assistance and sensitivity training, power cot training,

Drug and Alcohol abuse policy is zero tolerance.

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>
2009	Ford	Econoline E250	7	T0001	210,006
2007	Dodge	Grand Caravan	6	T0002	156,187
2003	Dodge	Grand Caravan Sport	6	T0003	158,959
2005	Pontiac	Entervan	6	T0004	160,376
2004	Dodge	Grand Caravan	6	T0005	179,333
2004	Dodge	Grand Caravan	6	T0006	176,141
2004	Chevrolet	Entervan LS	6	T0007	74,377
2007	Dodge	Grand Caravan	6	T0008	164,523
2005	Dodge	Grand Caravan	6	T0009	166,965
2006	Chevrolet	Uplander	6	T0010	132,400
2003	Dodge	Grand Caravan	6	T0011	66,483
1996	Dodge	Grand Caravan	6	T0012	126,352
2006	Chevrolet	Uplander	6	T0013	133,687
2007	Chevrolet	Uplander	6	T0014	133,588
2011	Dodge	Caravan	6	T0015	57,335

2008	Ford	Bus	7	T0018	125,025
2019	Dodge	Grand Caravan	6	T0019	625
2019	Dodge	Grand Caravan	6	T0020	4060
2011	Chrysler	Town & Country	7	T0021	14,358

*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:
 - a. Your periodic vehicle maintenance plan
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Daily vehicle checks are performed on vehicles; annual state inspection.
Maintenance is performed at least every 3,000 miles.

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

Currently insured; required insurance premiums can be paid.

8. 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.

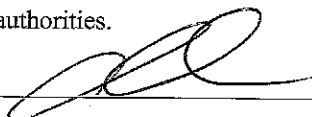
YES NO

9. 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)



Dawn Lilly, General Manager
(Name and Title, printed or typed)

(Date)

1/9/19

Statement of Financial Position (Balance Sheet)

As of (date) 1/9/19

ASSETS

Current Assets		
Cash	0.00	
Other Current Assets (specify)	130,000.00	
Total Current Assets		<u>130,000.00</u>
Tangible Assets		
Motor Vehicle Equipment	-0-	
Property (buildings, land, etc.)	-191,000.00-	191,000.00
Office Equipment		
	TOTAL ASSETS	<u>321,000.00</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	-90,000.00-	
Credit cards/revolving credit	-0-	
Other Liabilities (Attach schedule)	-0-	
Total Current Liabilities		<u>90,000.00</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	-0-	
Long term commercial loan	-0-	
Other Liabilities (Attach Schedule)	-0-	
Total Long Term Liabilities		<u> </u>
	TOTAL LIABILITIES	<u>90,000.00</u>