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Revised 7/17/17

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

FEB 26 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**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)

Washington Hose Company No.1

- 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)

Washington Hose Company No.1

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? NO Previous Authority? NO**

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State? NO**

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

If YES, provide your PA Corporation Bureau Entity ID Number _____

(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).**

David Norcini President

Scott Thornton Chief

Arthur Daggett Trustee

Lukas Jenkins Trustee

James Buchanan Vice President

Lori Thornton Secretary

Sandy Brittingham Financial Sec

Anthony Mascherino Treasurer

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

376 E Lincoln Hwy

Street Address

Coatesville, PA 19320

City, State and Zip Code

484-794-7277

Telephone Number

Chester

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)

Attorney's Name & Telephone Number for this Filing

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).
-

To transport people from the hospitals, ACLF, medical offices, skilled nursing facilities, private residences, in and around the Chester County area and the surrounding counties as needed

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.

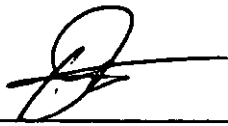
The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

David Norcini

(Print Name)

DAVID NORCINI (PRESIDENT)

(Signature)



2/11/2019

(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).

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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.

Washington Hose Company No.1

Legal Name of Applicant

Trade Name, if any

376 E Lincoln Hwy

Street Address (principal place of business)

Coatesville

City or Municipality

PA

State

19320

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.

Scott Thornton EMS Chief 376 E Lincoln Hwy Coatesville PA 19320 484-794-7277

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.

We are a fire/ems station that can house various vehicles. We are expanding our current station to add a 2400 square foot pole barn for additional vehicle storage. Records will be maintained in the same manner as we follow today for DOH patient care reporting. Seven years and in a paperless environment. Requests for transports will be handled via cell phone calls and at times email. Dispatches will be communicated using the cell phone and at times our dispatching software. Our GeoTab software tracks and can communicate directly with each vehicle. In addition to our private portable radios.

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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.

A = Must be 21 with three years prior driving experience

B = Identogo, PA State Police, PA Child Abuse are all required

C = All drivers go through our own in house training and sign off process.

D = VFIS provides us with a 10 year and a 5 year MVR check.

E = All Transport Drivers sign and acknowledge that random drug/alcohol testing is a requirement of employment or volunteering in this capacity. Zero tolerance automatic termination if positive testing result.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2008	Dodge	Grand Caravan	6	2D8HN44H38R791364	63353

*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).

We use an application called Fleetio for all of our service vehicles. This tracks all usage and vehicle safety checks along with mileage and timeframes to have each vehicle serviced or safety checks. Since each driver electronically submits a vehicle safety inspection this information is uploaded to our Fleetio database. If something is wrong a notification is sent to the officers of the company so they can fix or make an appointment for the vehicle to be sent to the service center for repairs or general servicing.

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

We have been paying our current VFIS insurance with no issues or concerns and already planned for the increase in adding this vehicle to our fleet insurance policy.

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

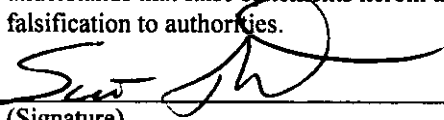
9. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

The Washington Hose Company No.1 has been operating now for almost 150 years in the commonwealth of PA. Our services are priced as reasonable rates and our ability to invest and maintain revenue has increased over the last five years. We feel strongly that will be able to maintain this new service for the community for the long term.

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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)

SCOTT THORNTON BMS CHRP

(Name and Title, printed or typed)

2/19/19

(Date)

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Statement of Financial Position (Balance Sheet)
As of (date) _____

ASSETS

Current Assets

Cash

Other Current Assets (specify)

Total Current Assets

Tangible Assets

Motor Vehicle Equipment

Property (buildings, land, etc.)

Office Equipment

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

Credit cards/revolving credit

Other Liabilities (Attach schedule)

Total Current Liabilities

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long Term Liabilities

TOTAL LIABILITIES

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WASHINGTON HOSE COMPANY #1

Balance Sheet

02/14/19

As of February 14, 2019

Cash Basis

Feb 14, 19

ASSETS

Current Assets

Checking/Savings

Citadel FCU (Store Checking)	390.39
Citadel FCU (Store Savings)	1,000.75
Citadel FCU Savings	5.00
CS Bank Ambulance Fund Checking	90,005.98
CS Bank Ambulance Fund MM Acct	74,824.20
GENERAL FUND CHECKING	221,701.36
PAYROLL CHECKING ACCOUNT	24,224.29

Total Checking/Savings	412,151.97
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Total Current Assets	412,151.97
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Fixed Assets

08' Dodge Caravan	20,152.15
Accumulated Depreciation	-922,885.00

Building

Ambulance Bay Doors	23,264.00
New Building Construction	160,418.00
Parking Lot Fixtures	1,100.00
Rear Corner	33,641.00
Security Camera	2,750.19
Sidewalk	4,765.00
Siding 84	6,932.00
Siding 95	2,600.00
Storm Windows	2,833.00
Trophy Case	3,000.00
Water Filtration System	1,150.00
Building - Other	154,793.54

Total Building	397,246.73
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Improvements	2,132.19
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Machinery and Equipment

ABD & Stryker Stretchers	15,590.00
Ambulance Equipment & Air Packs	96,633.00
Computer & Pagers	9,224.46
Emergency Med Bikes	8,316.00
EMS Computer	1,632.00
EMS Fire & Safety Equipment	27,140.87
EMS Misc Emergency Equip	13,627.29
EMS Personal Protective Equipme	14,086.00
EMSAR	1,198.00
Freezer	1,447.86
Furniture	4,481.17
Gas Heaters	5,933.00
Generator	39,100.00
Marco Equipment	20,000.00
Morning Pride Equipment	57,342.00
Phone System	13,654.00
Power Stretchers	50,008.00
Printer	900.98
Machinery and Equipment - Other	77,410.52

Total Machinery and Equipment	457,725.15
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Vehicles

'17 Explorer - EMS Chief	41,500.00
10 Ford E450 Sup Dut	1,746.49
17 Ford Explorer	45.77
17 Ford F-SD F450-550	94.47

WASHINGTON HOSE COMPANY #1
Balance Sheet
As of February 14, 2019

	Feb 14, 19
Amb 41-1	
2009 Ford E-450	138,673.46
2009 Ford E-450 Down Pay	20,000.00
Total Amb 41-1	158,673.46
Amb 41-3	
2006 Ford E450 Ambulance	24,026.92
Total Amb 41-3	24,026.92
Amb 41-4	
1996 Ford E 450 Ambulance Horto	15,000.00
Total Amb 41-4	15,000.00
Ambulance (2017)	199,374.95
Rear View B/U System	2,600.00
Squad 41 Vehicle	3,500.00
Ward Diesel Systems	51,444.00
Vehicles - Other	71,694.01
Total Vehicles	569,700.07
Total Fixed Assets	524,071.29
Other Assets	
City of Coatesville	
Laptop	4,026.41
Total City of Coatesville	4,026.41
Total Other Assets	4,026.41
TOTAL ASSETS	940,249.67
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Citadel Loan -0030	
Citadel Credit Line - Principal	39,348.85
Total Citadel Loan -0030	39,348.85
Loan Payable - Stryker(Current)	5,386.20
LST Tax Payable	-82.00
PEMA Loan - Current	5,777.19
PEMA Loan - LT	81,609.72
Total Other Current Liabilities	132,039.96
Total Current Liabilities	132,039.96
Long Term Liabilities	
Loan Payable - Stryker - LT	7,630.35
Total Long Term Liabilities	7,630.35
Total Liabilities	139,670.31
Equity	
Open Bal Equity	374,205.31
Retained Earnings	403,662.11
Net Income	22,711.94
Total Equity	800,579.36
TOTAL LIABILITIES & EQUITY	940,249.67

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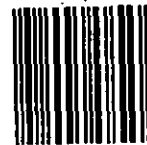
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SCOTT THORNTON
376 E LINCOLN HWY
COATESVILLE PA 19320

PAYMENT BY ACCOUNT (if applicable)

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SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Purchases the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
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400 NORTH STREET, 2ND FLOOR
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PO ZIP Code 19320	Scheduled Delivery Date (MM/DD/YY) 2/27/19	Postage \$ 25.50	
Date Accepted (MM/DD/YY) 2/24/19	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 12:33 PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 25.50	
Weight lbs. ozs.	Acceptance Employee Initials Dr		

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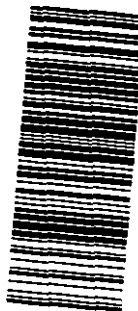
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