

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

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Revised 7/17/17

2019 JUL 29 AM 9:54

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## 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)

Team Transport and Hauling 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)

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?**  **YES**

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

If YES, provide your PA Corporation Bureau Entity ID Number 6908579  
(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).**

Joel Neidermyer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

7 Brookwood Drive  
Street Address  
Lititz, PA 17543  
City, State and Zip Code  
7176692431 Lancaster  
Telephone Number 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   X   Yes, at No.   3304225

- 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 whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.

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*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.

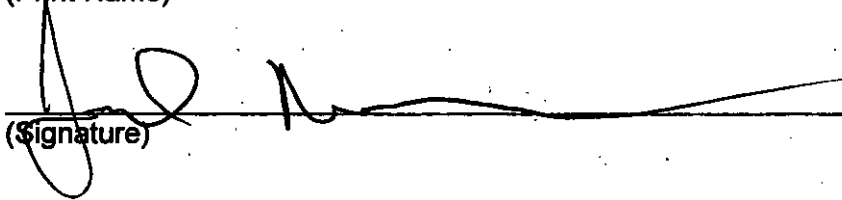
# Verification of Application

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.

Joe Neidermyer

(Print Name)



(Signature)

7-25-19

(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).

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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.

**Team Transport and Hauling LLC**

Legal Name of Applicant

Trade Name, if any

**7 Brookwood Drive**

**Lititz**

**PA**

**17543**

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.

Applicant – Joel Neidermyer

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

None

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.

**Residential address with Desktop Computer, Scanner, Cellular Phone, and Office Space.**

**Filing cabinets with locks will be utilized for storage of documents, as well as electronic copies of all documents in secure electronic storage. Up-to-date anti-virus software is installed on all computers. Business records, including Driver Applications, Annual Motor Vehicle Records, Annual Inquiry and Review of Records, Certification of Violations, Med Card with the national Registry, and Driver's Licenses for all drivers will be store securely, as will vehicle maintenance records. Vehicle maintenance records include a copy of the PA state inspection, DVIRs and associated repairs, preventative maintenance, and a vehicle maintenance file cover & maintenance log for each vehicle. Mechanic certifications will also be kept on file. 6 months of Time Sheets will also be kept on file.**

**Regular business & financial records and client contracts and payments will also be kept securely. Vehicles are stored in a locked garage, and the applicant also have a driveway for temporary parking of vehicles.**

**Appointments are made from clients calling the motor carrier's cell phone and booking the appointment. The appointment is cross-checked with the Service Calendar to ensure double booking does not occur (including estimating trip length to ensure the trip does not interfere with another scheduled pickup)**

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.

2 drivers are employed, and 2 vehicles are utilized, a 15 passenger van and an 8 passenger van. Clients appointments will be booked out on a calendar to ensure that double booking does not occur, and that more passengers are not booked than can be accommodated with the 2 drivers and 2 vehicles. The daily shift of all drivers is limited to 12 hours within 150-air-mile radius of the motor carrier's address (reporting location). Furthermore, shifts are generally 6-8 hours total, so there is no danger of breaking the short-haul shift limit with the scheduling calendar that will be utilized.

- Hiring Standards: all drivers must fill out a DOT compliant application, including items mentioned in #3 (previous) such as motor vehicle records for all licenses held in the last 3 years, certification of violations, and 3 years of job history. All drivers must possess a medical card.
- Criminal Background Checks: All applicants must certify if they have ever been convicted of a felony, and an online criminal background check is obtained for all drivers.
- Driver Training Program: every hired driver will spend a 2 hour driving session with the owner, Joel Neidermyer, to ensure the applicant can properly use all of the vehicles' function and drive safety, obeying all traffic control devices and regulations of operating on a public road.
- A motor vehicle record is pulled upon hire, yearly thereafter, and when a new Med Card is received to check for moving violations and to check for the valid status of driver licenses.
- Alcohol use is strictly prohibited prior to operating a vehicle (minimum of 12 hours abstaining) and at any point during a trip. Alcohol possession, including sealed bottles / cans, is prohibited in company vehicles. Illegal drug use is strictly prohibited. Furthermore, a driver cannot take a controlled substance or prescription medication without a prescription from a licensed practitioner. If a driver uses a drug identified in 21 CFR 1308.11 (391.42(b)(12)) or any other substance such as amphetamine, a narcotic, or any other habit forming drug, the driver is medically unqualified. There is an exception: the prescribing doctor can write that the driver is safe to be a commercial driver while taking the medication. In this case, the Medical Examiner may, but does not have to certify the driver. Employees found in violation of Team Transport and Hauling LLC's drug and alcohol policy will be terminated.

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.

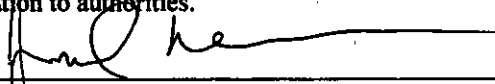
2 vehicles are utilized, a 15 passenger van and an 8 passenger van. Clients appointments will be booked out on a calendar to ensure that double booking does not occur, and that more passengers are not booked than can be accommodated with the 2 vehicles.

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SEATING CAPACITY*</b>	<b>VEHICLE ID #</b>	<b>MILEAGE</b>
2014	Chevy	3500 Express	15	1GAZG1FA4E1108897	66,000
2012	Chevy	Traverse	8	1GNKVEED7CJ188086	67,000

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

# 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)

7/25/19

(Date)

Joel Weidemyer Sole Member

(Name and Title, printed or typed)

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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).

Team Transport and Hauling LLC has a preventative maintenance schedule that will be followed every 90 days or every 10,000 miles, whichever comes first. This preventative maintenance will check that all equipment is fully functional and operational as required by 49 CFR part 396.3, as well as the 67 Pa. Code, Chapter 175. All vehicles will have a valid yearly PA state inspection (meeting the equivalent to periodic inspection requirement in 49 CFR part 396.23). A pre-tip inspection will be performed on every vehicle checking all equipment as required by 49 CFR part 396.13.

Inspection and brake mechanic qualifications will be kept on file to satisfy 49 CFR parts 396.19 and 396.25. Drive Vehicle Examination Reports will be recorded at the end of the day whenever a defect is found to satisfy 49 CFR part 396.11 and kept for 3 months. All other vehicle maintenance records will be kept for a minimum of 1 year.

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

**Team Transport and Hauling LLC has Commercial Vehicle Insurance with Progressive with a minimum liability coverage of \$1.5 million. Insurance has been in place since 7-16-19.**

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      X   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.

**Statement of Financial Position (Balance Sheet)**

As of (date) 7-25-19

ASSETS

**Current Assets**

Cash \$1,000

Other Current Assets (specify) \$8,000

Total Current Assets \$9,000

**Tangible Assets**

Motor Vehicle Equipment \$35,000

Property (buildings, land, etc.) \$280,000

Office Equipment \$2,000

**TOTAL ASSETS** \$326,000

LIABILITIES

**Current Liabilities (Due within one year of date)**

Loans \$3,600

Credit cards/revolving credit \$984

Other Liabilities (Attach schedule) \_\_\_\_\_

Total Current Liabilities 4584\$

**Long Term Liabilities (Due after one year of date)**

Mortgage \$12,000

Long term commercial loan \_\_\_\_\_

Other Liabilities (Attach Schedule) \_\_\_\_\_

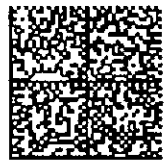
Total Long Term Liabilities \$12,000

**TOTAL LIABILITIES** \$16,584



Compliance Navigation Specialists  
SAFETY, SECURITY AND STANDARDS FOR TRUCKING  
38 Copperfield Circle, Lititz, PA 17543

HARRISBURG  
PA 171  
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