

Application for Motor Common Carrier of Persons in Limousine Service

This application is required to operate as a common carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants providing service between points in the city and county of Philadelphia or from any airport, railroad station or hotel located in whole or in part in Philadelphia, must apply to the Philadelphia Parking Authority. Contact PPA at (215) 683-9434 or the website at www.philapark.org

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

Absolute Care 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)

N/A

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 Limo Service" 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 Limo Service" or "J. Doe Limo Service" 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 6912510

(See checklist and indicate type of business entity registered)

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10. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

Absolut Care Transportation will be serving the tristate area to transport people from the following counties in Pennsylvania, New York and New Jersey, and return: Pike and Wayne counties for Pennsylvania. Warren, Sussex, Morris, Passaic and Bergen counties for New Jersey. Sullivan, Ulster and Orange Counties for New York.

Examples:

- *To transport people from points in Berks County to points in PA, and return.*
- *To transport people between points in the counties of Chester, Delaware, and Montgomery.*

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 limousine service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

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.

Absolute Care Transportation, LLC

Legal Name of Applicant

Trade Name, if any

119 Larch Drive

Milford

PA

18337

Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant is more or less 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.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary 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.

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.

Zachary J. Ayers
Member
119 Larch Dr.
Milford, PA 18337
(570) 832-4903

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

Member/Office manager

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.

Initially, Absolute Care Transportation will operate from an office located at 119 Larch Drive, with future plans to open an office with garage for vehicles within the town of Milford near East Harford Street. We shall launch our business with a brand new 2019 Toyota Sienna and a 2017 Mercedes 3500 limousine with fewer than 10,000 miles. Maintenance records shall be maintained on a daily, weekly and monthly basis which will be documented through hard copy checklists/reports and filled electronically on a server (driver checklists and report forums are attached). All company drivers shall be issued a company mobile phone and be driving licensed vehicles equipped with GPS, which will allow real time tracking in order to keep customers updated on arrival times. All customers scheduling Absolute Care Limousines will be supplied with a picture of the driver and their mobile number via text and email prior to scheduled pickup. Customers will be able to book service through our website (AbsoluteCareTransports.com) or over the business line (570) 832-4903. All Drivers will have access to the schedule through a booking Application on their company mobile phones. Our Absolute Care Transportation office has been set up with a Brand-new HP all in one desktop along with a Canon Maxify printer and fax machine. We have also had a new multi-line V-Tech office phone installed with a business line through Blueridge communications. Our vehicles shall be kept at our office location when not in service.

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:

- a. Your hiring standards for drivers;

All drivers will undergo a criminal background check and drug test prior to being hired. In addition, each driver will be interviewed to determine levels of social skills and physical conditions.

- b. Your system for conducting criminal background checks;

A private investigator will be used to perform criminal background checks after signing a legal agreement of acknowledgement.

- c. Your driver training program;

All drivers will be trained on the vehicles they will be driving for Absolut Care. All drivers will be required to fill out a daily vehicle checklist for each vehicle they will be driving prior to first customer pickup.

- d. Your system for conducting driver license checks;

All drivers must carry a valid driver's license and have no received more than 4 points within the preceding 5 years prior to hire. All drivers shall carry a license including the endorsement for taxi/limo certification as required by Pennsylvania law.

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

Absolut Care Transportation shall maintain a zero-tolerance rule for all employees. At no time during scheduled working hours will an employee be able to be under the influence of drugs or alcohol. If suspected of these activities the employee shall be required to take a drug test prior to any driving activities.

4. 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. (Vehicles in limousine service may not be used if the vehicle mileage is greater than 350,000.)

Absolute Care Transportation will be kicking off with a 2019 AWD Toyota sienna along with a gold level maintenance coverage plan covering any/all maintenance to 125,000 miles (already purchased) and a 2017 Mercedes-Benz 3500 4x4 limousine. Our company plans to purchase an additional 3-5 vehicles within 6 months of receiving our Pennsylvania limousine license.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2019	Toyota	Sienna	7	5tdjz3dc4ks223318	900

*Vehicles with seating capacity of more than ten passengers cannot be used for limousine service.

5. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan

All Absolute Care Transportation vehicles will undergo a daily inspection by the driver of the vehicle. All vehicles will also undergo a more thorough weekly and monthly bumper to bumper inspection and properly documented as required by state and federal law.

- Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Absolute Care Transportation shall ensure all Company vehicles are maintained and have all necessary equipment as described in sub code 1055.4

All vehicles shall be inspected annually at a Pennsylvania licensed inspection station.

All vehicles shall be commercially plated and registered

All vehicles shall be properly labeled as per state and federal law which includes a Limousine rights sticker issued by the commonwealth of Pennsylvania.

- Owner has graduated from UTI and has extensive knowledge of the automotive industry.**

- Your system for ensuring that vehicles which no longer meet vehicle mileage requirement shall be replaced in a timely fashion.

All Absolut Care Transportation Vehicles will be decommissioned and replaced prior to reaching a mileage of 250,000 miles unless the vehicle is still in excellent physical condition in which case that vehicle will be decommissioned and replaced prior to reaching 350,000 miles.

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

Absolute Care Has obtained quotes through several insurance companies for each of the vehicles we plan to use for the business carrying the required insurance as stipulated by the Pennsylvania Public Utility Commission for a livery vehicle being used in a limousine company. A company Bank Account has been opened which holds enough funds to cover these premiums.

- e. 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

I, Zachary J. Ayers was charged with a felony possession of marijuana in April of 2012 in Pinebrook NJ. This was an extremely regrettable mistake which I learned very quickly from. Due to this being the only criminal charge ever received to this day and the 200 character letters I had when being sentenced (ALL from very important people in the community which include mayors, chief of police, narcotics detectives, etc...) who believed in me I was accepted into a 16 month program which I easily made it through.

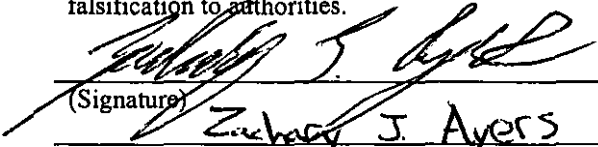
After completing the ISP program, I was determined to show everyone that I was capable of great things feeling a weight on my shoulders from all the people I let down. Within a year of graduating from my NJ ISP program I was offered a management level position running multimillion-dollar construction sites as a superintendent. 6-8 months after that I Was offered the position to manage the company and now oversee tens of millions of dollars in work at once. In addition, I have been named the registered Safety Manager for the company. From the time I graduated ISP to this day I have acquired many NYC licenses and certificates pertaining to the construction field. I handle all the scheduling for the projects, all subcontractors, most customer relations, payroll, estimating and handle all hiring and firing of company employees.

I'm grateful for the opportunities I have been given and believe that anyone can turn their lives around if they stay dedicated. I can only hope the State of Pennsylvania along with the community is willing to give me the same chance to let me prove myself and become a licensed business owner that can help strengthen our commercial community in the town of Milford.

- (I) 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)

Zachary J. Ayers, Member

(Name and Title, printed or typed)

8-8-2019


(Date)

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.

Zachary J Ayers Member
(Print Name) (Position)

 8-8-2019
(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).

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Driver's Daily Vehicle Inspection Report

Date: _____

Time: _____ AM PM

Vehicle #: _____

Speedometer Reading: _____

Check any defective item and give details under "Remarks".

(Car operators need only to inspect items with an asterisk "")**

- | | | |
|--|---|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> *Safety Equipment |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> *Lights | <input type="checkbox"/> *Fire Extinguisher (if applicable) |
| <input type="checkbox"/> *Battery | <input type="checkbox"/> *Head | <input type="checkbox"/> *Reflective Triangles (if applicable) |
| <input type="checkbox"/> Body | <input type="checkbox"/> *Tail | <input type="checkbox"/> *Spare Bulbs |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> *Stop | <input type="checkbox"/> *Spare Fuses |
| <input type="checkbox"/> *Brakes | <input type="checkbox"/> *Dash | <input type="checkbox"/> *Back-up Alarm (if applicable) |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> *Turn Indicators | <input type="checkbox"/> *Seatbelts |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> *Emergency Flasher | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> *Mirrors | <input type="checkbox"/> Starter |
| <input type="checkbox"/> *Engine | <input type="checkbox"/> Muffler-Exhaust System | <input type="checkbox"/> *Steering |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> *Oil Pressure | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Placards | <input type="checkbox"/> *Wheels and Lugnuts |
| <input type="checkbox"/> *Fuel Tanks | <input type="checkbox"/> *Radiator | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Generator | <input type="checkbox"/> *Rear End | <input type="checkbox"/> *Windows |
| <input type="checkbox"/> Heater | <input type="checkbox"/> *Reflectors | <input type="checkbox"/> *Windshield Wipers |
| | | <input type="checkbox"/> Other _____ |

(This section to be filled out by truck/trailer drivers only.)

Trailer(s) #(s) _____

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Coupling Chains | <input type="checkbox"/> Lights—All | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Placards | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Wheels and Lugnuts |
| | | <input type="checkbox"/> Other _____ |

Remarks: _____

Condition of above vehicle(s) is/are satisfactory YES NO

Driver's Signature: _____

Above defects corrected YES NO

Above defects need not be corrected for safe operation of vehicle YES NO

Mechanic's Signature: _____ Date: _____

Driver Reviewing Repairs, Signature: _____ Date: _____



Safety & Maintenance Inspection

Operator/Inspector _____ Date _____ Time _____
 Car/Make/Model _____

What are you inspecting?	✓	What are you looking for?	✓	Evaluator Comments
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DRIVERS/PASSENGER SIDE

External Side Mirrors (Right and Left)		Cracks, Broken, Working condition, Properly placed		
Tires		Properly inflated, Adequate tread		
Windows		Broken, Cracked, Missing, Cleanliness		

REAR OF VEHICLE

Bumper		Loose, Missing, Damage		
License Plate		Current sticker, Cleanliness, Properly attached		
Inside of trunk or truck bed		Spare tire, Jack, Wrench, Free of debris, Cleanliness		
Brake lights		Tested and working properly, Broken		
Rear Window		Broken, Cracked, Missing, Cleanliness		

FRONT OF VEHICLE

Headlights (normal and bright)		Tested and working properly, Broken		
Turn Signals		Tested and working properly, Broken		
Bumper		Securely attached		
Windshield		Broken, Cracked, Missing, Cleanliness		
Windshield wiper blades		Properly installed, Damaged, Broken, Proper working order		

UNDER THE HOOD

Battery		Properly secured, Cables secured, Working properly		
Air Filter		Cleanliness		
Leaks		Cracks in hoses, Fluid on ground, Leaks from filters		
Windshield Fluid		Proper fluid level		
Transmission Fluid		Proper fluid level		
Engine Coolant		Proper coolant level		
Engine Oil		Proper oil level		

INSIDE CAR

Overall Interior		Cleanliness & free of debris		
Parking Brake		Tested and working properly		
Horn		Tested and working properly		
Seat Belts		Tested and working properly, Frays, Cuts, Tears, Snags, Roping		
Gauges		Working condition		
Rearview Mirror		Properly placed, Working condition, Cleanliness		

IF REQUIRED

Wheel Chocks		Available, good working condition, correct size for vehicle		
Light Beacon		Tested and working properly		
Whip Flag		Available, installed and in good working condition		



Universal Technical Institute

This is to certify that

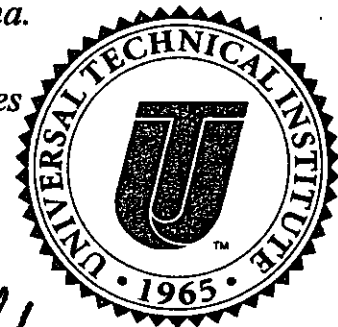
Zachary J. Ayers

who has satisfactorily completed the following program

Automotive Technology

And in recognition of this achievement is entitled to this diploma.

*In witness whereof, we have hereunto subscribed our signatures
at Exton, PA this 1st day of August, 2008*



Ken Kwanowski

Campus President

Kevin Bright

Education Director

Statement of Financial Position (Balance Sheet)
As of (date) 8/7/2019

ASSETS

Current Assets		
Cash	<u>25,000.00</u>	Paper money
Other Current Assets (specify)	<u>21,000.00</u>	Bank
		Accounts
Total Current Assets	<u>46,000.00</u>	<hr/>
Tangible Assets		
Motor Vehicle Equipment	<u>43,000.00</u>	Toyota
		sienna
Property (buildings, land, etc.)	<u>N/A</u>	
Office Equipment	<u>2,000.00</u>	Computer
		phone, fax
TOTAL ASSETS	<u>45,000.00</u>	<hr/>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>9448.56</u>	Van payment
Credit cards/revolving credit	<u>N/A</u>	
Other Liabilities (Attach schedule)	<u>N/A</u>	
Total Current Liabilities	<u>9448.56</u>	<hr/>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>N/A</u>	
Long term commercial loan	<u>N/A</u>	
Other Liabilities (Attach Schedule)	<u>52,730.00</u>	Van payoff
Total Long-Term Liabilities		<hr/>
TOTAL LIABILITIES	<u>52,730.00</u>	<hr/>

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

532922070 - 07 EIN OBTAINED

1 Legal name of entity (or individual) for whom the EIN is being requested Absolute Care Transportation LLC			
2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name		
4a Mailing address (room, apt., suite no. and street, or P.O. box) 119 Larch Drive	5a Street address (if different) (Do not enter a P.O. box.)		
4b City, state, and ZIP code (if foreign, see instructions) Milford, Pennsylvania 18337	5b City, state, and ZIP code (if foreign, see instructions)		
6 County and state where principal business is located Pike, Pennsylvania			
7a Name of responsible party Zachary Joseph Ayers		7b SSN, ITIN, or EIN	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members 2	
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)	
<input checked="" type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (TIN)	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶		<input type="checkbox"/> Trust (TIN of grantor)	
<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government	
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	
<input type="checkbox"/> Other (specify) ▶		Group Exemption Number (GEN) if any ▶	
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
10 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Transportation services		<input type="checkbox"/> Banking purpose (specify purpose) ▶	
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Changed type of organization (specify new type) ▶	
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Created a trust (specify type) ▶	
<input type="checkbox"/> Created a pension plan (specify type) ▶			
11 Date business started or acquired (month, day, year). See instructions. 06/28/2019		12 Closing month of accounting year December	
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
Agricultural 0	Household 0	Other 3	
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) 09/01/2019			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
<input checked="" type="checkbox"/> Other (specify) ▶ Transportation services			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Transportation services			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name Cheyenne Moseley		Designee's telephone number (include area code) (800) 773-0888 x5208
	Address and ZIP code 101 N. Brand Ave., 10th Floor, Glendale, CA 91203		Designee's fax number (include area code) (323) 962-0227
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) (845) 645-2704
Name and title (type or print clearly) ▶ Zachary Joseph Ayers, Member			Applicant's fax number (include area code)
Signature ▶			Date ▶



RCKS
ATTORNEYS AT LAW
RIDLEY · CHUFF · KOSIEROWSKI · SCANLON, P.C.

DAVID F. CHUFF, ESQ.
JOSEPH KOSIEROWSKI, ESQ.
JAMES J. SCANLON, ESQ.
ARTHUR K. RIDLEY, OF COUNSEL

ANDREW S. QUINN, ESQ.
1962 - 2013

August 8, 2019

VIA CERTIFIED MAIL, RRR#7018 2290 0000 2437 4326

Secretary, PA Public Utility Commission
400 North St., 2nd floor
Harrisburg, PA 17120

RE: ABSOLUTE CARE TRANSPORTATION, LLC
Application for Motor Common Carrier of Persons in Limousine Service

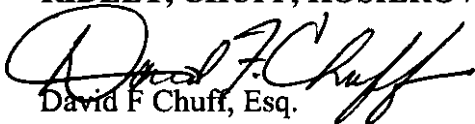
Dear Secretary:

As counsel for Absolute Care Transportation, LLC, enclosed herewith please find a completed Application for Motor Common Carrier of Persons in Limousine Service, along with related enclosures and a money order for the appropriate filing fee in the amount of \$350.

Thank you for your attention to this matter. If you have any questions or need additional information, please do not hesitate to contact my office directly.

Very truly yours,

RIDLEY, CHUFF, KOSIEROWSKI & SCANLON, P. C.


David F Chuff, Esq.

DFC/pe

cc: Zachary J Ayers, Absolute Care Transportation, LLC

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\$7.750
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FROM 18337
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stamps.com



062S0008573181

RCKS, PC
400 BROAD STREET
MILFORD PA 18337



Secretary, PA Public Utility Commission
400 North St. floor 2nd
Harrisburg PA 17120-0202