

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)

THE BEST RIDE 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?** __X__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 6658351

(See checklist and indicate type of business entity registered)

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, BETWEEN POINTS IN THE COUNTIES OF LUZERNE AND SCHUYLKILL.

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.

VINOCENCIO Roque
(Print Name)

Vinencio Roque 12/2/2019
(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).

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.

THE BEST RIDE LLC

Legal Name of Applicant

Trade Name, if any

528 HARRISON STREET

18201

HAZLETON

City or Municipality

PA 18201

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.

YNOCENCIO ROQUE GOMEZ aka YNOCENCIO ROQUE, SOLE OWNER
528 HARRISON STREET, HAZLETON PA 18201
570-413-4994

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.

THE BEST RIDE LLC HAS PURCHASED A PASSENGER VAN FOR SERVICE, THE VAN AND THE OFFICE WILL BE LOCATED AT 528 HARRISON STREET, HAZLETON PA 18201. THE OFFICE AREA WILL HAVE PHONE AND INTERNET SERVICE FOR COMMUNICATIONS BY CUSTOMERS AND FOR ANY DRIVERS THAT MAYBE USED IN THE SERVICE. CUSTOMERS WILL BE ABLE TO CONTACT THE COMPANY BY CELL-PHONE. COMPANY FILES WILL BE KEPT IN THE OFFICE AREA.

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.

YNOCENCIO ROQUE, THE APPLICANT, WILL BE THE ONLY DRIVER. ADDITIONAL DRIVERS MAY BE ADDED IF THERE IS ADDITIONAL REQUESTED SERVICES. DRIVERS WILL BE REQUIRED TO HAVE A DRIVING RECORD, AND CRIMINAL HISTORY RECORD TO BE COMPLETED ALONG WITH THEIR APPLICATION. EACH DRIVER WILL HAVE A TRAINING SESSION PRIOR TO TAKING PASSENGERS OUT ON A RUN. DRIVERS WILL BE REQUIRED TO HAVE ALCOHOL AND DRUG TESTING AND WILL BE REQUIRED TO HAVE RANDOM TESTING DURING THEIR SERVICE OF OPERATIONS.

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>
2008	FORD	VAN	15	1FBSS31L28DB08819	126,500

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

THERE IS CURRENTLY ONE VEHICLE READY FOR USE. ADDITIONAL VEHICLES MAY BE ADDED AS NEEDED.

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).

THE DRIVER WILL BE REQUIRED TO DO A VISUAL CHECK OF THE VAN PRIOR TO DAILY USE. A CHECK LIST WILL BE PROVIDED TO INSURE THE VEHICLES ARE MAINTAINED IN GOOD WORKING CONDITION. VEHICLES WILL BE INSPECTED ANNUALLY BY A PENNSYLVANIA CERTIFIED MECHANIC AS REQUIRED BY LAW. ALL REPAIRS AND MAINTENANCE WILL BE DONE IN A TIMELY FASHION BY THE PROPER REPAIR PERSONS.

Statement of Financial Position (Balance Sheet)
As of (date) 12/01/2019

ASSETS

Current Assets			
Cash		4500.00	
Other Current Assets (specify)		_____	
Total Current Assets		_____	4500.00
Tangible Assets			
Motor Vehicle Equipment		6000.00	
Property (buildings, land, etc.)		_____	
Office Equipment		_____	500.00
	TOTAL ASSETS		11000.00

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		_____	
Credit cards/revolving credit		_____	
Other Liabilities (Attach schedule)		_____	
Total Current Liabilities		_____	0.00
Long Term Liabilities (Due after one year of date)			
Mortgage		_____	
Long term commercial loan		_____	
Other Liabilities (Attach Schedule)		_____	
Total Long-Term Liabilities		_____	
	TOTAL LIABILITIES		0.00

THE BEST RIDE LLC

PA ENTITIY: 6658351

YNOCENCIO ROQUE GOMEZ
aka YNOCENCIO ROQUE
528 HARRISON STREET
HAZLETON PA 18201

SINGLE MEMBER 100% OWNERSHIP