

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)

AGAPE HUMAN SERVICES 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)

AGAPE HUMAN SERVICES LLC

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.*

Do you currently hold PUC Authority? **NO** Previous Authority? **NO**

If YES, at PUC No. A- _____

3. **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 **6330593**

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

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- 9. Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).
-

WE PROPOSE TO TRANSPORT INDIVIDUALS WITH AUTISM, INTELLECTUAL DISABILITIES AND PHYSICAL BETWEEN POINTS IN NORTHAMPTON, LEHIGH AND MONROE COUNTIES.

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.*

10. 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.

DONNA M. JOHNSON

(Print Name)



11/6/2019

(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.

AGAPE HUMAN SERVICES LLC

Legal Name of Applicant

Trade Name, if any

4030 DANBERRY DRIVE

EASTON

PA 18045

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.

DONNA M. JOHNSON
AGENCY ADMINISTRATOR/OWNER
4030 DANBERRY DRIVE
EASTON, PA 18045
610-751-2339

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 WILL NOT HAVE A FORMAL FACILITY. THE VEHICLE(S) WILL BE PARKED AT ONE OF HOMES OR AT DAY PROGRAM'S PARKING LOT.

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.

AGAPE WILL EMPLOY 5-10 DRIVERS.WE CURRENTLY HAVE 2 HOMES AND 1 DAY PROGRAM FROM WHICH OUR CLIENTS NEED TRANSPORT. CURRENTLY, OUR HOMES AND DAY PROGRAM ARE LOCATED IN NORTHAMTON COUNTY WITH THE POSSIBILITY OF EXPANDING INTO LEHIGH AND MONROE COUNTY.

- DRIVERS WILL POSESS VALID DRIVER'S LICENSE
- ALL DRIVERS WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK UTILIZING EPATCH CRIMINAL CHECK SYSTEM.
- DRIVERS WILL BE REQUIRED TO TAKE DEFENSIVE DRIVING TRAINING VIDEO BEFORE TAKING THE WHEEL.
- MANAGEMENT WILL CHECK DRIVER'S LICENSES BI-ANNUALLY TO ENSURE LICENSES ARE VALID.
- AGAPE HUMAN SERVICES LLLC STRICTLY FORBIDS DRUGS AND ALCOHOL USE IN OUR EMPLOYEES. THEREFORE, AGAPE WILL CONDUCT RANDOM DRUG TEST FOR ALL OF OUR EMPLOYEES.

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	HONDA	ODESSEY	8	5FNRL38728B103869	128,000

*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

AGAPE HAS A VEHICLE SAFETY PROGRAM IN ADDITION TO ITS YEARLY INSPECTION PROGRAM.

**THE VEHICLE SAFTY PROGRAM CHECKLIST IS AS FOLLOWS:
WEEKLY:**

WEEKLY TIRE CHECKS FRO PRESSURE AND TREAD

WEEKLY OIL LEVELS

CHECKS FOR BATTERY CORROSION ON TERMINALS

CHECK ALL FLUID LEVELS

CHECK ALL LIGHTS AND TURN SIGNALS

CHECK HORNS

CHECK SEATBELTS

CHECK FOR EXTRA WATER, FLARES, AND BLANKETS ARE PRESENT IN VEHICLE.

**MONTHLY CHECKS INCLUDE:
WIPERS AND MIRRORS**

APPEARANCE OF LICENSE PLATES

ENSURE EMERGENCY BRAKES LIGHTS AND FLASHERS ARE IN WORKING ORDER

CHECK POWER STEERING, BRAKE, TRANSMISSION, ENGINE OIL AND BATTERY FLUIDS LEVELS ARE WITHIN OPERATING RANGES.

ENSURE WIPER BLADES ARE NOT STREAKING AND CLEANING PROPERLY

CHECK SPARE TIRES, JACK AND EMERGENCY EQUIPMENT ARE IN WORKING ORDER.

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

ALL VEHICLES SHALL BE INSPECTED YEARLY BY A CERTIFIED COMMOMWEALTH INSPECTION STATION.

VEHIICLES SHALL BE INSPECTED BY A CERTIFIED INSPECTION MECHANIC.

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

INSURANCE HAS BEEN OBTAINED. INSURANCE PREMIUMS SHALL BE MET BY THE REVENUE GENERATED FROM THE AGENCY'S INCOME.

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.

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)

DONNA M JOHNSON – AGENCY ADMINISTRATOR/OWNER

(Name and Title, printed or typed)

11/6/19

(Date)

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Statement of Financial Position (Balance Sheet)
As of (date) 11/6/2019

ASSETS

Current Assets

Cash	87,153.12	+	
Other Current Assets (specify)			
Total Current Assets			<hr/>

Tangible Assets

Motor Vehicle Equipment	5000.00		
Property (buildings, land, etc.)			<hr/>
Office Equipment			<hr/>

TOTAL ASSETS			<hr/> 92,153.12 <hr/>
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LIABILITIES

Current Liabilities (Due within one year of date)

Loans		<hr/>	
Credit cards/revolving credit		<hr/>	
Other Liabilities (Attach schedule)		<hr/>	
Total Current Liabilities			<hr/>

Long Term Liabilities (Due after one year of date)

Mortgage		<hr/>	
Long term commercial loan		<hr/>	
Other Liabilities (Attach Schedule)		<hr/>	
Total Long-Term Liabilities			<hr/>

TOTAL LIABILITIES			<hr/> <hr/>
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