

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)

BERROA LOGISTICS 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?** **NO**

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

If YES, provide your PA Corporation Bureau Entity ID Number 6424356

(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).**

VICTOR BERROA

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

39 FRONT STREET
Street Address
HAZLE TOWNSHIP
City, State and Zip Code
570-599-7614 Telephone Number LUZERNE 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)

824 EAST 9TH STREET
Street Address
HAZLETON PA 18201
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)

N/A
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?**

X 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).
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TO TRANSPORT, AS A COMMON CARRIER, BY MOTOR VEHICLE, PERSONS IN A PARATRANSIT SERVICE, BETWEEN POINTS IN THE COUNTIES OF CARBON, 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.

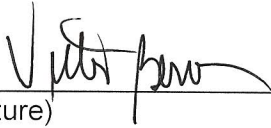
Verification of Application

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.

VICTOR Berroa

(Print Name)



(Signature)

12/30/2019
(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).

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.

BERROA LOGISTICS LLC

Legal Name of Applicant

Trade Name, if any

39 FRONT STREET

HAZLE TOWNSHIP

PA 18202

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.

VICTOR BERROA, OWNER
39 FRONT STREET, HAZLE TOWNSHIP PA 18202
570-599-7614

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

NO OTHER AFFILIATION

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 APPLICANTS OFFICE WILL BE LOCATED AT 39 FRONT STREET, HAZLE TWP PA. THIS IS A COMMERCIAL PROPERTY WITH A PARKING LOT, GARAGE AND OFFICE.. THE OFFICE WILL HAVE A COMPUTER/PRINTER/COPIER AND FILING CABINETS TO STORE REQUIRED DOCUMENTS. CUSTOMER RESERVATIONS WILL BE MADE BY PHONE, EMAIL AND BY PERSONAL REQUEST. ALL DRIVERS WILL BE IN CONTACT WITH OFFICE/DISPATCH BY CELL PHONE.

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.

BERROA LOGISTICS LLC. WILL HAVE 2 FULL TIME DRIVERS WHO WILL BE ABLE TO PICK UP AND DROP OFF CUSTOMERS, IF THERE IS AN ADDITIONAL NEED FOR SERVICE, THEN AN ADDITIONAL DRIVER(S) WILL BE ADDED. ALL DRIVERS WILL BE REQUIRED TO COMPLETE AN APPLICATION WHICH WILL INCLUDE A PA DRIVERS LICENSE RECORD, A CRIMINAL HISTORY RECORD, A CURRENT US DOT APPROVED MEDICAL CARD, AND PRE-EMPLOYMENT DRUG/ALCOHOL TESTING. THE DRIVER WILL BE REQUIRED TO ATTEND AN IN-HOUSE TRAINING SESSION WHICH WILL INCLUDE A REVIEW OF OPERATING PROCEDURES AND SEVERAL RIDE ALONGS WITH AN EXPERIENCED DRIVER, PRIOR TO A SOLO OPERATION. AS PART OF THE DRIVER POLICY, ALL DRIVERS WILL BE SUBJECT TO RANDOM DRUG TESTING AND RANDOM DRIVER LICENSE RECORDS. BERROA LOGISTICS LLC IS AN ALCOHOL/DRUG FREE COMPANY WITH ZERO TOLERANCE.

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>
2016	FORD	VAN	15	1FBZX2ZM1GKB36158	130,893
2016	FORD	VAN	15	1FBZX2ZM8GKB36156	124,146

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

BERROA LOGISTICS LLC HAS PURCHASED TWO VANS FOR SERVICE, AND WILL PURCHASE ADDITIONAL VANS 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).

EACH VEHICLE WILL BE REQUIRED TO DO A PRE-TRIP INSPECTION TO INSURE THAT THE VEHICLE MEETS THE REQUIREMENTS FOR SAFE OPERATIONS. THIS MAY INCLUDE A FLUID CHECK, WORKING LIGHTS AND SUFFICIENT TIRE PRESSURE. VEHICLES WILL BE INSPECTED ON AN ANNUAL BASIS AS REQUIRED BY STATE LAW, AT A CERTIFIED INSPECTION STATION. ANY VEHICLE IN NEED OF MAINTENANCE OR REPAIR WILL BE DONE PROMPTLY BY A CERTIFIED MECHANIC/REPAIR SHOP.

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

BERROA LOGISTICS LLC, APPLICANT, HAS ALREADY OBTAINED INSURANCE COVERAGE FOR THE VEHICLES THROUGH THE PROGRESSIVE INSURANCE COMPANY.

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)

(Name and Title, printed or typed)

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 12/30/2019

ASSETS

Current Assets		
Cash	7500.00	
Other Current Assets (specify)		
Total Current Assets		7,500.00
Tangible Assets		
Motor Vehicle Equipment	26500.00	
Property (buildings, land, etc.)		26,500.00
Office Equipment		1,500.00
TOTAL ASSETS		35,500.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Rent/Insurance*		
Total Current Liabilities		*12,000.00
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)	0.00	
Total Long-Term Liabilities		0.00
TOTAL LIABILITIES		12,000.00

BERROA LOGISTICS LLC

PA ENTITIY: 6424356

VICTOR BERROA
824 EAST 9TH STREET
HAZLETON PA 18201

SINGLE/SOLE MEMBER 100% OWNERSHIP