

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

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)

Joseph M. Lanatovich

- 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)

Rideman

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 6959938

(See checklist and indicate type of business entity registered)

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FRONT DESK

5. If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).

6. Physical Address (do not use PO Box)

244 Pittsburgh St.
Street Address
Derry PA 15627
City, State and Zip Code
724-708-5629 Telephone Number Westmoreland 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)

Same as above
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 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).

To transport people between points throughout the state of PA.

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.

January 3, 2020

Joseph M Lanatovich
Personal Statement

To Whom It May Concern:

In October 2018, I phoned the number on the PUC website under licensing to inquire as to whether I needed any special licensing in order to conduct a business like Uber and Lyft. I explained to the woman, I did not get her name, that I was already affiliated with those two companies and I wanted to start my own business under my own title. She informed me that the PUC did not govern the type of business that I described. I made sure she understood my question and she repeated that I was not required to file anything under the PUC.

On January 3, 2020, I received a call from Cynthia Hawthorne, PUC enforcement officer, who advised that I needed a Paratransit License in order to continue operating my business. She instructed me to cease and desist all operations until I made proper application. I followed her order and contacted my state representative for assistance.

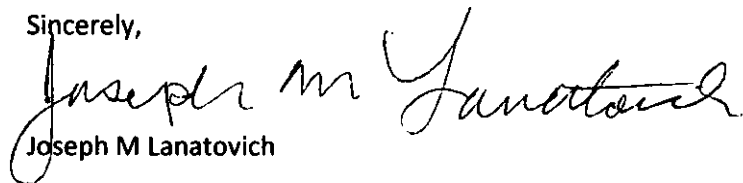
When I started gathering information for this business plan, I contacted the Department of State and applied for an entity ID, updated my insurance coverage to comply with this business practice, and contacted the PUC. I had every intention to comply with all requirements and regulations.

My past employment record includes a member of the housing police in the City of Pittsburgh, drug task force in Fayette County, also detective informant work with the attorney general's office, and employed as a corrections officer in the Westmoreland County Prison. My training was done at the Elizabethtown Training Academy in Harrisburg.

I've included this information to speak to my character. Even the enforcement officer recognized that I have an A accredited rating as indicated by the Better Business Bureau. I have had no accidents or incidents in the 14 months since the business has been in operation.

In closing, I would like to thank you for your attention to this matter and ask that you approve my application so that I can continue to operate my business with proper licensing.

Sincerely,


Joseph M Lanatovich

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.

Joseph M. Lanatovich
(Print Name)

x Joseph M. Lanatovich (Signature) 1/3/20 (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.

Joseph M. Lanatovich

Legal Name of Applicant

Rideman

Trade Name, if any

244 Pittsburgh St.

Street Address (principal place of business)

Derry

City or Municipality

PA

State

15627

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.

Self, Joseph M. Lanatovich

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

Owner, Joseph M. Lanatovich is affiliated with Uber and Lyft.

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.

See next page.

3.

The facility is my personal home and within is a home office. In the home office there is a copier/printer/fax machine and a business phone. My record maintenance is tracked by utilizing Quick Books. I report to Gary Breckley who I retain as my CPA. The vehicles are stationed in my driveway. I will utilize a filing system to track my PUC records. Customers will call the home office business line or my business cell phone. I am the primary driver so I will man the transport requests. Cell phones will be used to communicate between the office and the drivers.

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.

See attached.

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
2018	Nissan	Maxima	5	1N4AA6AP0JC365848	32,325
2011	Toyota	ForeRunner	5	JTEBU5JR7135058891	122,750

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

*a. Oil change every 5K miles, brake check, tires rotated.
Repairs immediate as needed. Twice daily visual/
Safety checks: all lights, markers, tires.*

b. Will adhere to requirements of PUC and Pa Code 67.

4. a. At this time, it is just my son and myself who will be transporting the customers. We are starting as a small family business. In the future, I plan to grow and hire more employees. At that time, I will use an application process and require a minimum age of 21 years and at least 5 years of driving experience.
- b. I will utilize the state police program for conducting criminal background checks as well as the FBI background checks.
- c. For driving training I will utilize offensive and defensive driving programs by an outside agency.
- d. For driving records I would contact Penndot and request their driving history.
- e. I would utilize alcohol and drug screening upon hire and then conduct random checks.

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

I was able to obtain insurance through AllState.

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 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.

X Joseph M. Janatovich
(Signature)
Joseph M. Janatovich, Owner
(Name and Title, printed or typed)

1-3-20
(Date)

Statement of Financial Position (Balance Sheet)
 As of (date) 1-3-20

ASSETS

Current Assets			
Cash		<u>3,000</u>	
Other Current Assets (specify)		<u>2,000 - IRA</u>	
Total Current Assets		500 - STOCKS/BONDS	
Tangible Assets			<u>5,500.00</u>
Motor Vehicle Equipment		<u>70,000</u>	
Property (buildings, land, etc.)		<u>60,000</u>	<u>130,000</u>
Office Equipment			<u>1,000</u>
	TOTAL ASSETS		<u>131,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans			
Credit cards/revolving credit		<u>500</u>	business credit card
Other Liabilities (Attach schedule)			
Total Current Liabilities			<u>500.00</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		<u>-</u>	
Long term commercial loan		<u>-</u>	
Other Liabilities (Attach Schedule)		<u>-</u>	
Total Long-Term Liabilities			
	TOTAL LIABILITIES		<u>500.00</u>