

RECEIVED
2020 MAR -2 AM 10:40

PA PUC
SECRETARY'S BUREAU
FRONT DESK

Application for Motor Contract Carrier of Persons

This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.

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

Emergency Medical Transport Solutions, 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?** EMTS Corp does **Previous Authority?** _____

If YES, at PUC No. A- 641210

4. **Are you a business entity registered with the PA Dept. of State?** Yes

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

If YES, provide your PA Corporation Bureau Entity ID Number

6982776 LLC

(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).

Paula Miller
1047 Pond Rd
Pennsdale, PA 17356
Manager

6. Physical Address (do not use PO Box)

29 Grayson View Court
Street Address
Selinsgrove, PA 17870
City, State and Zip Code
570 279 1175 Telephone Number Snyder 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)

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)

~~Thomas Hess 570 588 2141 NJ~~
Attorney's Name & Telephone Number for this Filing
~~30 South Main St.~~
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 as a contracted carrier persons from Riverwood, Buffalo Valley Lutheran Village, Nursing & Rehabilitation at the Mansion as well as potentially Manor at Bear Village, Grandview Nursing Home.
To transport as a contracted carrier person from Brookdale - Grayson View, Emerald of Henryburg and Hentag Spring Memory Care as well as patients referred by Geesego Roundtrip CAD and Geesego Home Care.

Examples:

- To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.
- To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.

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.

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.

Paula Miller
(Print Name)

(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).

Revised 7/17/17

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.

Emergency Medical Transport Solutions, LLC
Legal Name of Applicant

Trade Name, if any
29 Crayson View Court Selinsgrove PA 17870
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.

N/A

RECEIVED

MAR - 2 2020

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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 are a basic life support ambulance company who provides wheelchair van transportation to and from hospitals, SNFs, assisted living facilities, clinics, doctors' offices and individual residences in central PA. A paper record of each transport is maintained in a file, as well as scanned into an FDP for billing purposes. Communication is via cellular telephone. Facilities call or occasionally text request for transportation. Drivers are notified via cellular telephone, which they carry so they can be contacted at all times.

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.

3 drivers.

- Drivers must have a valid PA driver's license, clean driving record, professional driving experience, and approval of our vehicle insurance.
 - Criminal background checks are conducted upon hire and every 5 years thereafter.
 - Drivers are oriented by experienced driver to equipment, facilities etc.
 - Our insurance company performs driver license checks prior to approval.
 - Drug & alcohol policy forbids use.
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
2014	Dodge	Bus	4 (+ driver) (four)	BA81260	228,886

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).

Our vehicles have routine preventive maintenance supervised by our in-house mechanic, who does some work himself. Other work is contracted out to Mausts Garage, BZ Motors, Sunbury Motors etc as the need arises. Inspections performed every 6 mo at Mausts. He maintains written records of maintenance.

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets		
Cash	\$13,093.59	
Other Current Assets (specify)	50,000 Vehicles	
Total Current Assets	64,000 Equipment	
Tangible Assets		
Motor Vehicle Equipment	50,000	
Property (buildings, land, etc.)		
Office Equipment		
	50,000	
	TOTAL ASSETS	127,093.59

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	55,000	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		55,000
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
	TOTAL LIABILITIES	55,000

RECEIVED

MAR - 2 2020

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU