



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET, HARRISBURG, PA 17120

IN REPLY PLEASE
REFER TO OUR FILE

February 20, 2020

A-6422954
A-2020-3018034

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FEB 20 2020

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

A N F TRANSPORTATION LLC
607 ROSALIE STREET
PHILADELPHIA PA 19120

Dear Applicant:

On December 27, 2019, the Commission received the Application of **A. N. F. Transportation, LLC**, for approval as a Motor Common Carrier of Persons in Paratransit Service. Upon initial review, the Application has been determined to be deficient for the following reason(s):

- 1) **Your description of the proposed service area is inadequate. You need to list the Counties in which you wish to operate in alphabetical order. Also, include where the service is to originate.**
- 2) **Verified Statement of Applicant is incomplete and unacceptable. A new Verified Statement needs to be filled out and filed.**

Pursuant to 52 Pa. Code §1.4, you are required to correct these deficiencies. Failure to do so within thirty (30) days of the date of this letter will result in the Application being dismissed; and, the \$350.00 application fee **will not** be refunded. You must then file a new application.

Please return your items to the attention of Secretary Chiavetta to the above listed address.

In addition, your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, Adam Guma hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.



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Should you have any questions pertaining to your application, please contact Elizabeth L. Plantz,
Compliance Specialist, Motor Carrier Services and Enforcement Division, Bureau of Technical Utility Services, at
(717) 783-5946.

Sincerely,

Rosemary Chiavetta
Secretary

cc: Elizabeth L. Plantz

Application for Motor Common Carrier of Persons Group and Party Service in Vehicles Seating 11 to 15, Including the Driver

THIS APPLICATION IS TO BE USED FOR CHARTER SERVICE FOR GROUPS, OR ON A NONEXCLUSIVE BASIS FOR TOUR, SIGHTSEEING, OR EXCURSION SERVICE LIMITED TO VEHICLES SEATING 11 TO 15 PEOPLE, INCLUDING THE DRIVER.

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

A-N-F-Transportation 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)**

N/A

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 Transport" 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 Transport" or "J. Doe Transport" 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? YES NO**
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 6981712
(See checklist and indicate type of business entity registered)

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10. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

my proposed service areas to transport people whose personal conviction prevent them from owning or operating Motor Vehicle thus transport as a common carrier by motor vehicle in ParaTransit service in wheelchair and ambulatory as well between points in Greater of Philadelphia and from points in Philadelphia County to the Counties of Bucks County, Chester County, Delaware County, Montgomery County

Examples:

- To transport people from points in Lancaster County to points in PA, and return.
- To transport people between points in Allegheny, Washington, and Beaver Counties.

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.

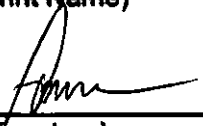
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Group and Party Service in Vehicles Seating 11 to 15, including the Driver, 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.

Adam Puma
(Print Name)


(Signature)

11/26/2019
(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).

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SECRETARY'S BUREAU

BUSINESS PLAN/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.

A-N-F Transportation-LLC

Legal Name of Applicant

A-N-F Transportation - LLC

Trade Name, if any

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.

Adam Gumaa is the owner of company

607 Rosalie ST PA 19120 Phone 267 2661279

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

① US Medical staffing inc independent contract
② Sarah Car Care inc Transportation driver

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 Maintenance Plan will be monthly and Communication networks is going to be by cell phone in the beginning. The location absolutely it will be in secure office. and i will receive the customers through partal of the contracted parties and will communicate with the drivers by professional dispatcher at Place -

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SECRETARY'S BUREAU

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:

- a. Your hiring standards for drivers;
- b. Your system for conducting criminal background checks;
- c. Your driver training program;
- d. Your system for conducting driver license checks;
- e. Your policies regarding alcohol and drug use by your drivers.

initially start by 4 driver include me they will be increase according to the value of a tripe. screen by accuscreen or nationwide background criminal check and DMB driver record to Panel drug Test by Lab Quest Lab and HIPAA and (CFW 9) Fraud Waste and abuse Training and certification in addition to defensive driving class and first Aid CPR beside will have and NO tolerance use drugs and alcohol

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
2011	Ford	F-150	6 seat	1F4NE1EWHBA2618	72592
2009	Ford	F-150	6 seat		188753
201	Jeep	Compass	4 seat	1J8FT47058D60348	133651
2016	Toyota	KAMM	5 seat	2J3RFREV76W45979	419152

6. Describe your vehicle safety program. Please include the following in your explanation:

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

monthly maintenance state requirement and DOT + PA vehicle requirement standards according PA Law 67 PA - code 175

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

will be consider by consulting and discuss with my insurance agent -


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) Adam Genna

(Name and Title, printed or typed)

11/26/2019

(Date)

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SECRETARY'S OFFICE

Statement of Financial Position (Balance Sheet)

As of (date) 11/26/2019

ASSETS

Current Assets

Cash

60,000

Other Current Assets (specify)

00,000

Total Current Assets

60,000

Tangible Assets

Motor Vehicle Equipment

4 CARS

Property (buildings, land, etc.)

00,00

Office Equipment

TOTAL ASSETS

40,000

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

8,000

Credit cards/revolving credit

00,00

Other Liabilities (Attach schedule)

00,00

Total Current Liabilities

8,000

Long Term Liabilities (Due after one year of date)

Mortgage

00,00

Long term commercial loan

8,000

Other Liabilities (Attach Schedule)

00,00

Total Long-Term Liabilities

TOTAL LIABILITIES

8,000

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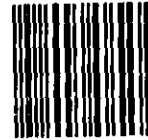
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ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code 19111 Scheduled Delivery Date (MM/DD/YY) 2-29-2020 SAT Postage \$ 26.35

Date Accepted (MM/DD/YY) 2-28-2020 Scheduled Delivery Time 12 NOON Insurance Fee \$ COD Fee \$

Time Accepted 2:31 AM PM 10:30 AM Delivery Fee \$ Return Receipt Fee \$ Live Animal Transportation Fee \$

Special Handling/Fragile \$ Sunday/Holiday Premium Fee \$ Total Postage & Fees \$ 26.35

Weight 320 Flat Rate Acceptance Employee Initials AL

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time Employee Signature AM PM

Delivery Attempt (MM/DD/YY) Time Employee Signature AM PM

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
 Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
 *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ()
 Pennsylvania Public Utility Commission
 Commonwealth Keystone Building
 400 NORTH STREET, HARRISBURG
 HARRISBURG
 PA 17120

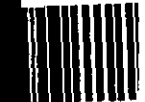
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