

APPLICATION CHECKLIST

Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

If not e-Filed, mail your application and attachments to:

**SECRETARY PA PUBLIC UTILITY COMMISSION
400 NORTH STREET 2ND FLOOR
HARRISBURG PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
 - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
 - Transportation of people to correctional facilities for visitation.
 - Transportation of people in wheelchair and stretcher vans.

****Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. If your insurance company subscribes to NOR (National Online Registries, Inc. at www.mcinfo.org), you can request the insurance company to file the required insurance forms electronically through NOR. The electronically filed insurance forms will reach the Commission more quickly than mailed forms. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- | | | |
|------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD). |
| | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
| | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits). |

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)

DELTA EXCELLENCE, 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 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 6472009

(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).**

Shani George _____
Jimmy George _____
Richard George _____

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

1135 Spring Garden Street
Street Address
Philadelphia, PA 19123
City, State and Zip Code
(215) 385-0066 Philadelphia
Telephone Number 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 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)

Nigel S. Scott, Esquire, (267) 587-7123
Attorney's Name & Telephone Number for this Filing
1500 Walnut Street, Suite 700, Philadelphia, PA 19102
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).

To transport people who qualify for Medicaid LTSS waiver services from points in Bucks, Chester, Delaware, Montgomery and Philadelphia County 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.

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.

Shani George _____
(Print Name)

____/s/ Shani George- CEO/Founder _____ 5/28/2020 _____
(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.

DELTA EXCELLENCE, LLC

Legal Name of Applicant

N/A

Trade Name, if any

1135 Spring Garden Street

Philadelphia

PA

19123

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.

Shani George, RN, Founder and CEO
1135 Spring Garden Street
Philadelphia, PA 19123
(215) 385-0066

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.

Our main office is located on Spring Garden St. close to Center City. There is a short flight of stairs leading to the main floor housing our offices. Our offices contain typical administrative/office equipment, telephones, fax machines, computers, copiers/printers. Vehicles will be housed on a separate secure lot.

We do not plan on carrying household goods in use.

All records are currently being maintained in both hardcopy and electronic format, with electronic files backed up to the cloud or server. These include all records required by the PUC as well as normal business records.

Customer requests or transportation will be by referral from the Office of Long Term Living, as delegated through the officially designated Managed Care Organization. The customer has to first select Delta Excellence as their transportation carrier of choice, and a schedule will be set for recurring

transportation needs. If there are any needs outside of those scheduled, then the request must come from either the customer's Service Coordinator, or Managed Care Organization. Since the requests will largely be on a schedule/reservation basis, vehicles will be dispatched directly from the dispatch base, and continuous communication with drivers will be maintained via mobile phones outfitted with handsfree communication devices/accessories.

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:

The number of drivers will be driven by need, as determined by the number of customers enrolled in waiver services who have selected Delta Excellence, LLC as their transportation provider. At current we have no customers and thus the plan is to begin with a small staff of two drivers and expand our staffing level as our needs and capacity dictate.

a. Our hiring standards for drivers is as follows:

- i. Possession of a valid drivers license
- ii. Clean driving record to wit, no points or limitation on driving privileges.
- iii. Substance abuse free, per testing.
- iv. Compliance with State criminal background check requirements.

b. Our system for conducting criminal background checks is as follows:

- i. In consultation with our attorney, check the name of all Pennsylvania residents against the State Police database.
- ii. Check the name of all non-Pennsylvania residents against the FBI database.
- iii. Analyze results to ensure compliance with Commonwealth of Pennsylvania guidelines.

c. Our driver training program is as follows:

- i. All drivers are provided orientation on Delta Excellence, LLC transportation policies prior to being approved for use of Delta Excellence, LLC vehicles.
- ii. Drivers are trained on the specific use of Delta Excellence vehicles, including core functions that do not involve operation of the vehicle, such as employee responsibility for ensuring that customers safely enter, travel in, and exit the vehicles.

d. Our system for conducting driver license checks is as follows:

- i. A motor vehicle record request is made with the Commonwealth of Pennsylvania's Department of Motor Vehicles
- ii. Operators must be properly licensed according to the laws of the Commonwealth of Pennsylvania and federal guidelines.
- iii. Operators must have a valid driver license with no more than 6 points on their motor vehicle record.
- iv. Operators with 7 or more points on their motor vehicle record are not allowed to operate Delta Excellence, LLC vehicles.
- v. Operators with restrictions on their driver license are required to notify their supervisor and abide by the restriction set forth by the issuing authority.

e. Our policies regarding alcohol and drug use by your drivers is as follows:

- i. Whenever employees are working, are operating any DEX vehicle, are present on DEX premises or are conducting company-related work offsite, they are prohibited from:
- ii. Using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia).
- iii. Being under the influence of alcohol or an illegal drug as defined in this policy.
- iv. Possessing or consuming alcohol.
- v. The presence of any detectable amount of any illegal drug, illegal controlled substance or alcohol in an employee's body system, while performing company business or while in a company facility, is prohibited.
- vi. DEX will also not allow employees to perform their duties while taking prescribed drugs that are adversely affecting their ability to safely and effectively perform their job duties.

- Employees taking a prescribed medication must carry it in a container labeled by a licensed pharmacist or be prepared to produce the container if asked.
- vii. Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

- 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.

The number of vehicles used will be driven by need, as determined by the number of customers enrolled in waiver services who have selected Delta Excellence, LLC as their transportation provider. At current we have no customers and thus the plan is to begin with one vehicle and expand our fleet as our needs and capacity dictate.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE

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

We have not yet obtained any vehicles but will be guided by the PUC requirements in our procurement of paratransit service vehicles.

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

Our vehicle safety plan consists of the following:

a. Vehicle Operator Safety policy:

- i. Operators must be properly licensed according to the laws of the Commonwealth of Pennsylvania and federal guidelines.
- ii. Operators must have a valid driver license with no more than 6 points on their motor vehicle record.
- iii. Operators with 7 or more points on their motor vehicle record are not allowed to operate Delta Excellence, LLC vehicles.
- iv. Operators with restrictions on their driver license are required to notify their supervisor and abide by the restriction set forth by the issuing authority.

b. Periodic vehicle maintenance policy:

- i. All vehicles are scheduled for PM based on time and usage. The standard PM schedule for a vehicle is once per year or every 5,000 miles, whichever comes first.
- ii. It is the responsibility of management to monitor the PM schedule. This can be done by reviewing the time and usage along with the PM schedule attached to windshield of every vehicle.
- iii. PM includes an oil & filter change along with a 13 point inspection to include but not limited to: braking, tires, suspension, steering, charging, cooling, heating and exhaust systems.
- iv. Vehicles owned or leased and furnished by Delta Excellence, LLC need to be inspected prior to operation.
- v. A daily inspection should be performed to ensure the safe operation of the vehicle.

- vi. Before operating the vehicle, confirm that the following features are working properly: brakes, lights, signals, wipers, mirrors and horn. Also inspect the vehicle for damage, evidence of fluid leaks and confirm tire inflation and pressure.
 - vii. Any issues should be reported to management immediately.
- c. **Our system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175) is as follows:**
- i. All Delta Excellence, LLC vehicles will be maintained in strict compliance with the applicable Pennsylvania vehicle equipment standards of 67 Pa. Code, Chapter 175.
 - ii. All scheduled vehicle inspections are to be conducted at official Commonwealth of Pennsylvania inspection stations only.

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

We have begun the process of calling commercial motor vehicle insurers and investigating both the policies and costs associated with providing coverage for one or two paratransit vehicles, to be used exclusively for conducting company business as expressed in this application. We have determined that the cost is within our budget, but we are awaiting a decision by PUC on our license application before we commit to purchasing insurance coverage.

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

1. Officer/shareholder Jimmy George

- a. On 06/23/1988, he was convicted of 18 § 6106, CARRYING FIREARMS WITHOUT LICENSE. He was sentenced to probation and successfully completed his sentence.
- b. On 06/23/1988, he was convicted of 18 § 6108, CARRYING FIREARMS /PUBLIC STREET OR PLACE LICENSE. He was sentenced to probation and successfully completed his sentence.

2. Officer/shareholder Richard George

- a. On 02/20/2001, he was convicted of 35 § 780-113 §§ A30, MFG/DEL/ OR POSS W/I MFG OR DEL CONTRL SUBS. He was sentenced to a maximum of 2 years confinement and successfully completed his sentence.
- b. On 02/20/2001, he was convicted of 35 § 780-113 §§ A16, KNOWING/INTENTIONALLY POSS CONTROLLED SUBST. He was sentenced to a minimum of two years probation, and successfully completed his sentence.
- c. On 02/20/2001, he was convicted of 18 § 903, CRIMINAL CONSPIRACY. He was sentenced to No Further Penalty.
- d. On 07/08/2003, he was convicted of 35 § 780-113 §§ A16, KNOWING/INTENTIONALLY POSS CONTROLLED SUBST. He was sentenced to a minimum of one year probation, and successfully completed his sentence.
- e. On 07/26/2010, he was convicted of 35 § 780-113 §§ A30, MFG/DEL/ OR POSS W/I MFG OR DEL CONTRL SUBS. He was sentenced to a minimum of 11 ½ - 23 months confinement, followed by four years probation, and successfully completed his sentence.
- f. On 07/26/2010, he was convicted of 35 § 780-113 §§ A16, KNOWING/INTENTIONALLY POSS CONTROLLED SUBST. He was sentenced to No Further Penalty.

3. 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.

/s/ Shani George

(Signature)

5/28/2020

(Date)

Shani George- CEO/Founder

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) _____

ASSETS

Current Assets		
Cash	\$34,656.91	
Accounts Receivable	\$43,809.06	
Security Deposit	\$1,500.00	
Total Current Assets		\$79,965.97
Tangible Assets		
Motor Vehicle Equipment	0	
Property (buildings, land, etc.)	0	0
Office Equipment		
TOTAL ASSETS		\$79,965.97

LIABILITIES

Current Liabilities (Due within one year of date)		
Accounts Payable	\$406.03	
Payroll Liabilities	\$6,749.84	
Rent	\$18,000	
Total Current Liabilities		\$25,155.87
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		0
TOTAL LIABILITIES		\$25,155.87

We have entered into binding annual contracts with the Commonwealth of Pennsylvania, Department of Health's Office of Long Term Living, and once we have started providing the services, a license for which is being applied for within, our ability to continue safely providing the services will be ensured by self-sustaining revenue from the Commonwealth.