

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)

BKL 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)

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 7069102
(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).**

RODNEY ARRINGTON _____

6. **Mailing Address**

1700 MARKET ST SUITE 1005
Street Address

PHILADELPHIA PA 19103 PHILADELPHIA
City, State and Zip Code County

2672467896 RODNEY@BKLTRANSPORTATION.COM
Telephone Number E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. **Physical Address (if different than mailing address. Do not use a post office box.)**

1700 MARKET ST SUITE 1005
Street Address

PHILADELPHIA PA 19103 PHILADELPHIA
City, State and Zip Code County

2672467896 RODNEY@BKLTRANSPORTATION.COM
Telephone Number E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney (if applicable)**

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail 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 x Yes, at No. 3658205

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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NON EMERGENCY TRANSPORT FOR PATIENTS

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.

RODNEY ARRINGTON

(Print Name)

Rodney Arrington

(Signature)

6/21/2021

(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.

BKL TRANSPORTATION LLC

Legal Name of Applicant

Trade Name, if any

1700 MARKET ST SUITE 1005	PHILADELPHIA	PA	19018
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.
2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of 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.

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.

Will outsource and use DirectScreening.com for Driving record and Background check and Lab Corp + CVS for Drug screening

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
2012	Dodge	Caravan	6	2CHRDGACE2CA 364578	205,000
2008	Chery	Uplander	3	16BVD13W48D 210859	217,000

*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).

In House Maintenance and Vehicle inspection through the state of PA.

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

Have obtained quotes From Allstate +
And Liberty Mutual + use a company called
Cover wallet As a broker.

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

In 1995 plead No contest to possession with
intent to deliver

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)
RODNEY ARRINGTON

(Name and Title, printed or typed)

6/21/2021
(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 6-21-2021

ASSETS

Current Assets		
Cash	<u>\$ 3,000</u>	
Other Current Assets (specify)	_____	
Total Current Assets	_____	_____
Tangible Assets		
Motor Vehicle Equipment	<u>0</u>	
Property (buildings, land, etc.)	_____	_____
Office Equipment	_____	_____
	TOTAL ASSETS	_____

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>Auto Lease</u>	
Credit cards/revolving credit	<u>Credit Cards</u>	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities	_____	<u>\$ 22,000</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>0</u>	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities	_____	_____
	TOTAL LIABILITIES	_____

Pennsylvania

DRIVER'S LICENSE



SEX: M
DOB: 12/21/1978
RESID:
ARRINGTON
P.O. BOX 12
100 WASHINGTON AVE
CLIFTON PARK, PA 18037
CLASS: C
SEX: M
DOB: 12/21/1978
CLASS: C
SEX: M
DOB: 12/21/1978

SEX: M
DOB: 12/21/2018

James J. Jones

COMMISSIONER

DL



Entity# : 7069102
 Date Filed : 06/05/2020
 Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:
 John Proctor
 Name
 1625 Washington Ave
 Address
 Philadelphia PA 19146
 City State Zip Code
 Return document by email to: _____

Certificate of Organization Domestic
 Limited Liability Company
 DSCB 15-8821(rev. 2/2017)



8821

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov>.

Fee: \$125.00 I qualify for a veteran reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):
 BKL Transportation LLC

2. Complete part (a) or (b) - not both:

(a) The address of the limited liability company's initial registered office in this Commonwealth is:
 (post office box alone is not acceptable)

6350 Saybrook Ave, Suite 202	Philadelphia	PA	19142	Philadelphia
Number and Street	City	State	Zip	County

(b) name of its commercial registered office provider and the county of venue is:

c/o:
 Name of Commercial Registered Office Provider _____ County _____

3. The name of each organizer is (all organizers must sign on page 2):

Name	Address
Rodney Arrington	6350 Saybrook Ave . Suite 202 . Philadelphia . Philadelphia , PA , United States , 19142

4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

The Certification of organization shall be effective upon filing in the Dept of State.

The Certification of organization shall be effective _____ at _____
 on: Date(MM/DD/YYYY) Hour (if any)

5. **Restricted professional companies only.**

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

- The company is a restricted professional company organized to render the following restricted professional service(s):
- Chiropractic
 - Dentistry
 - Law
 - Medicine and surgery
 - Optometry
 - Osteopathic medicine and surgery
 - Podiatric medicine
 - Public accounting
 - Psychology
 - Veterinary medicine

6. **Benefit companies only.**

Check the box immediately below if the limited liability company is organized as a benefit company.

- This limited liability company shall have the purpose of creating general public benefit

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s).

See instructions for examples of specific public benefit

- This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 05 day of June, 2020.

Rodney Arrington

Signature