

Secretary  
PA Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

## Application for Motor Common Carrier of Persons in Airport Transfer Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION THAT ORIGINATES OR TERMINATES AT AN AIRPORT BETWEEN POINTS IN PENNSYLVANIA.

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

ALLEGHENY BLACK CAR SERVICE, 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 Airport Shuttle" 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 Airport Shuttle" or "J. Doe Airport Shuttle" 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

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

**If YES, provide your PA Corporation Bureau Entity ID Number** 7317889

(see checklist and indicate type of business entity registered)



**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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To transport people from points in Allegheny County and Butler County to Pittsburgh International Airport, and return.

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*Examples:*

- *To transport people from points in Lancaster County to Harrisburg International Airport.*
- *To transport people from Pittsburgh International Airport to points in Allegheny and Washington Counties.*

**10. 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 Airport Transfer 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.

Dennis William Bruce  
(Print Name)

Dennis William Bruce  
(Signature)

8-4-21  
(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.

ALLEGHENY BLACK CAR SERVICE, LLC

Legal Name of Applicant

Trade Name, if any

264 MINGO RD.	WEXFORD,	PA	15090
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.  
DENNIS WILLIAM BRUCE, SOLE MEMBER  
264 MINGO RD.  
WEXFORD, PA 15090  
724-831-1065
2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.  
NONE.
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 business will be run out of my home office. I have a 2-3 car garage on 3 acres. All business records and records required by the PUC will be kept on site, on the home office computer or in filing cabinets. Records will be maintained and filed by date. This will ensure that necessary records are accessible. The business communication network will include a business work phone, as well as a business email address. Customer requests will come in via phone or email. Vehicles will be dispatched based on scheduling with customers and drivers. Drivers will remain in contact using cell

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.

I plan to be the sole driver when the company commences operations. One or more drivers is appropriate for airport transfer service to Pittsburgh International Airport.

- a. Drivers will need to have and maintain a valid Pennsylvania driver's license and proper experience.
  - b. New hires and all prospective drivers will be subject to a criminal background check.
  - c. Drivers will be trained on the job by me.
  - d. License renewals for all company drivers will be checked every year and records kept on file and regularly reviewed to ensure that all company drivers maintain valid Pennsylvania driver's licenses.
  - e. We will have a zero tolerance policy regarding drug and alcohol use by our drivers. Drivers will be terminated if it is determined that they have operated company vehicles under the influence.
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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2018	Chevrolet	Suburban LT	8	1GNSKHKC8J R353972	45,612

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).
- A. I ensure a complete service-safety check, oil change and filter check every 4-5 thousand miles. There is also a yearly state emissions check. All manufacturer-scheduled checks are performed at the proper time and mileage. All work is performed at a GM dealership or Flynn's Tire Center.
- B. Daily visual inspections will be completed before each day's first trip and after the final trip.

7. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.  
 I have standard insurance currently and have spoken to two agents and received quotes through underwriters for the limits of the insurance required. I have the means to pay for the required premiums (see attached Statement of Financial Position).

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.

Dennis William Bruce  
 (Signature)

8-4-21  
 (Date)

Dennis William Bruce President/owner  
 (Name and Title, printed or typed)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) August 2, 2021**

ASSETS

Current Assets		
Cash	\$15,000	
Other Current Assets (specify)	<u>\$29,094.35</u>	
Total Current Assets		<u>\$44,094.35</u>
Tangible Assets		
Motor Vehicle Equipment	<u>\$52,400</u>	
Property (buildings, land, etc.)	<u>\$450,000</u>	
Office Equipment		<u>\$21,500</u>
TOTAL ASSETS		<u>\$567,994.35</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>\$0</u>	
Credit cards/revolving credit	<u>\$0</u>	
Other Liabilities (Attach schedule)	<u>\$0</u>	
Total Current Liabilities		<u>\$0</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>\$139,445.99</u>	
Long term commercial loan	<u>\$28,901.12</u>	
Other Liabilities (Attach Schedule)	<u>\$0</u>	
Total Long-Term Liabilities		<u>\$168,347.12</u>
TOTAL LIABILITIES		<u>\$168,347.12</u>