

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)

Family Care For You, 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)

Family Care For You

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?** _____

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

7130942

(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).

Bridget Rankins

6. **Mailing Address**

28 Gooseneck Rd
Street Address

Levittown, PA, 19057 Bucks
City, State and Zip Code County

267-583-3278 famcare4you@gmail.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 from Physical Address. Do not use a PO Box.)

1609 Woodbourne Road, Suite 207A
Street Address

Levittown, PA, 19057 Bucks
City, State and Zip Code County

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 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 in motor vehicles as a contract carrier between points in the Counties of Bucks, Philadelphia, Delaware, Chester, Berks, Montgomery, Lehigh and Lancaster to points in Pennsylvania and return

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.

Bridget Rankins
(Print Name)

Bridget Rankins
(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 9/25/20

Family Care For You, LLC

Member:

Bridget Rankins – 100%

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.

Family Care For You, LLC

Legal Name of Applicant

Family Care For You

Trade Name, if any

1609 Woodbourne Rd, Ste 204A

Street Address (principal place of business)

Levittown

City or Municipality

PA

State

19057

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.

Bridget Rankins

Owner

1609 Woodbourne Rd

Suite 204A

Levittown, PA, 19057

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

Not Applicable

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. With 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.

Information listed on attached additional pages

Motor Contact Carriers of Persons Application Responses

Page 4, Question 3

Facilities

We have leased an office space for the operation of our company. The location is comprised of 5 offices which can be locked for secure storing of our records. The office space does have ample parking for our vehicles for safe storing overnight.

The inside of the office is equipped with computers in each office, filing cabinets, a fax machine, multi-line phones and a printer. All listed equipment will be used daily for the intake of ride requests and records, submission of documents to carriers who contract with us and trip updates.

Record Maintenance Plan

All records for our trips will be filed physically in filing cabinets and copies retained electronically for retrieval. Our primary source of document retention will remain physical paper documents stored securely in our offices.

Our Financial Records will be maintained via QuickBooks and Microsoft Excel. This will include purchases, expenses, and payment from carriers for all transportation trips.

The mileage reporting, destination addresses, and vehicle maintenance records will be maintained via paper forms along with receipts in a locked office of the Transportation Manager.

This process will replicate and will not defer from our current record retention processes in our facility.

Communication Network

Customer Requests will be received electronically via email and fax. Immediate trip requests will be phoned in by the carrier to be documented and assigned by the dispatcher.

We will be utilizing tablets for GPS and 2-way radio communications to coordinate trips, changes or re-routing of drivers as needed.

The main office number will be utilized for any non-transportation requests including but not limited to previous completed trips, inquiries regarding covering other carriers, etc.

All organization leadership is equipped with cell phones for handling of emergencies and any after hour requests needed.

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.

Included on attached correspondences

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>

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).

Included on attached correspondences

Page 5, Question 4

Number of Drivers and Territory

We intend to hire 16 drivers initially to staff drivers in each country service daily. This will include weekend hours and coverage for after hour requests which may be needed by the contract provider(s). This staffing model will allow for regular scheduled days off, vacation, sick and personal time requests. Our Dispatcher and Manager will also be available and listed for trips which may need to be handled in the case of an emergency, weather event, etc.

a. Hiring Standards for Drivers

All drivers will need to have a valid driver's license in their state of residence. Provisional or probationary licenses will not be allowed. The driver must have at least 3 years' experience operating a motor vehicle, with no at fault accidents and no more than 1 moving violation listed on driving history. We will require at least 2 references be provided and verified before beginning employment.

The drivers must exemplify excellent communication skills, patience, the ability to work with people of different backgrounds, age, disabilities, and gender.

b. Criminal Background Checks

All employees will undergo a criminal background check via the State Police of Pennsylvania's Criminal Background check website along with any other states of residences provided during the last 10 years. All drivers must sign an agreement to undergo this background check prior to beginning employment.

These background checks will be performed annually from the date of hire. The drivers will sign an employee agreement advising that any encounters with law enforcement which may result in a felony conviction be reported to our Human Resources Manager.

c. Driver Training Program

All employees will need to complete online and on-the-road training prior to be able to work individually under any contracts. The training will include road safety, the un/loading of patients via wheelchair, safely and securely fastening a wheelchair or car seat, defensive driving, and stretcher safety. All drivers must complete the mobility assistance vehicle training before operating a vehicle.

d. Driver License Checks

All employees will undergo a review of their annual driving record provided by their state's Motor Vehicle Commission/Division. This will allow us to ensure all drivers have valid licenses and no suspensions. The driver will sign an employee agreement which includes prompt notification if the license status has changed or has been involved in any accidents

e. Substance Abuse Policy

Family Care For You has a No tolerance policy for the use of alcohol or any illegal substances. Any drivers caught drinking or using drugs will be immediately terminated. If a driver is prescribed medication which will impede their ability to operate a vehicle, they must notify their manager immediately.

Page 5, Question 5

Planned Number of Vehicles

We currently have plans to purchase, lease and finance 12 vehicles to be able to serve customers in all our territories of service. 12 vehicles will allow for us to maintain our contracted runs as well as replace vehicles in the fleet regularly for maintenance. The vehicles will be a variety of ambulatory, ambulettes and stretcher vans.

We currently do not have any vehicles we plan to operate under this authority.

Page 5, Question 6

Vehicle Maintenance Plan

Each Vehicle will have a maintenance log folder which will list any services performed on vehicle, daily mileage logs and daily inspection sheets. Our dispatcher will be responsible for daily review of the logs to ensure any reported issues are documented and vehicle listed for maintenance services. The recommended vehicle maintenance timeframes will be used for all oil changes, tire rotations and tune-ups.

All vehicles will be inspected and equipped with spare tires and equipment, portable air compressors and emergency kits. All vehicles will also be covered with roadside assistance for any on the road emergencies.

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

We currently have funds set aside for our quoted insurance premium. Our insurance agent has confirmed we will be able to obtain insurance but will need vehicle information before final quote can be provided

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

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. § 4904 relating to unsworn falsification to authorities.

Bridget R
(Signature)

9/10/21
(Date)

Bridget Rankins, Owner
(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

Liabilities

Monthly Rent	\$15,000.00
Monthly Utilities	\$200.00
Monthly	\$1,700.00
Over 12 mos	x12
Total =	\$20,400.00

Statement of Financial Position (Balance Sheet)

As of (date) 9/10/2021

ASSETS

Current Assets

Cash 60,000.00

Other Current Assets (specify) _____

Total Current Assets 60,000.00

Tangible Assets

Motor Vehicle Equipment _____

Property (buildings, land, etc.) _____

Office Equipment 3000.00

TOTAL ASSETS 63,000.00

LIABILITIES

Current Liabilities (Due within one year of date)

Loans _____

Credit cards/revolving credit _____

Other Liabilities (Attach schedule) rent utilities

Total Current Liabilities 20,400.00

Long Term Liabilities (Due after one year of date)

Mortgage _____

Long term commercial loan _____

Other Liabilities (Attach Schedule) _____

Total Long-Term Liabilities _____

TOTAL LIABILITIES 20,400.00