

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)

Discount Cab 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 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- 6310309

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 3811718 LLC

(See checklist and indicate type of business entity registered)

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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To provide ambulatory and wheelchair transportation from points in Berks and Lancaster Counties to points in PA and return.

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.

Hafes Aly

(Print Name)

  

(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.

Discount Cab Service LLC			
Legal Name of Applicant			
Trade Name, if any			
1000 Scenery Drive	Harrisburg	PA	17109
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.

Hafes Aly, Owner

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

Owner

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

Mr. Aly has at least 17 years experience running a taxicab company in Harrisburg, about 8 years running Discount Cab Services in Berks County, and about five years running All Blue Taxi Service LLC in Lancaster County.

Mr. Aly has also had Paratransit Authority to operate in Berks County through Discount Transportation LLC since 2018.

4. 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.

Applicant will utilize facilities already in place in Berks and Lancaster Counties which are utilized by the other entities noted in answer 3. This will provide areas to service vehicles and store them when not in use.

Applicant will utilize the same record management plans that have already been used and reviewed by PUC for the other entities.

Communications will be made by phone and radio network to receive contact from customers and to communicate with vehicles.

5. 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.

- Applicant will use the same standards that have been successful for the other entities he owns, including background and driving record checks, interviews to determine attitude and competence, minimum ages, and specific rules for dui and other infractions prior to hire.
- Applicant utilizes a paid service to conduct criminal background checks at hire and required intervals.
- Applicant will utilize the same driver training programs which have been successful in his other entities.
- Applicant will utilize the same service that conducts criminal record checks to conduct driver license checks at required intervals.
- Drivers will not be permitted to use drugs and not permitted alcohol within 12 hours of driving.

6. 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
2014	Toyota	Sienna	7	5TDZK3DC6F425203	← 141257
2012	Dodge	Caravan	7	2C9RD8B68K3C34934	← 125482
2013	Toyota	Sienna	7	5TDZK3DC0P597249	← 172693
211	chevy	Impala	5	267W65EKXB1160979	← 131850
2012	Ford	Fusion	5	3FAHP0HAXCR251257	← 75241

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

7. 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).

- Will continue to utilize plans used by other entities to maintain vehicles.
- Will continue to utilize the systems in place in other entities which have complied with vehicle equipment standards

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

1- company has insurance with First Chicago Insurance Company
 2- company has insurance Agent he works with insurance

9. 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

10. 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.

Abbas S. Aly
 (Signature)
Abbas Suliman Aly
 (Name and Title, printed or typed)

12/13/2021
 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) 12/13/2021

(Must be less than 6 months old)

ASSETS

Current Assets			
Cash		45,000	
Other Current Assets (specify)		_____	
Total Current Assets			<u>45,000</u>
Tangible Assets (Combined entities)			
Motor Vehicle Equipment		100,000	
Property (buildings, land, etc.)		_____	
Office Equipment		9,000	109,000
	TOTAL ASSETS		<u><u>154,000.00</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans			
Credit cards/revolving credit		10,000.00	
Other Liabilities (Attach schedule)		_____	
Total Current Liabilities			<u>10,000.00</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		_____	
Long term commercial loan		_____	
Other Liabilities (Attach Schedule)		_____	
Total Long-Term Liabilities			_____
	TOTAL LIABILITIES		<u>10,000.00</u>