

## 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)

All Blue Taxi 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- 6319220

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)

6436731

If YES, provide your PA Corporation Bureau Entity ID Number 6496734

(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 transport, in motor vehicles, persons in Paratransit Service, from points in Adams, Berks, Lancaster and York Counties, to points in Pennsylvania and return.

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*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.

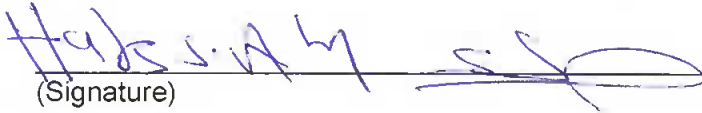
## Verification of Application

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.

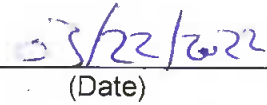
The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Hafes Aly

(Print Name)

A handwritten signature in blue ink, appearing to read 'Hafes Aly', written over a horizontal line.

(Signature)

A handwritten date in blue ink, '03/22/2022', written over a horizontal line.

(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.

All Blue Taxi 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, President/Sole Member of Applicant  
1000 Scenery Drive  
Harrisburg, PA 17109  
717-379-1362

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

Owner - Discount Cab Service LLC (PUC 6310309)  
Owner - Discount Transportation LLC (PUC 6418905)

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 taxi company in Harrisburg, about 8 years running Discount Cab Services in Berks and Lancaster Counties; and about 4 years running All Blue Taxi Service.

Mr. Aly also has Paratransit Authority in Berks and Lancaster Counties through Discount Transportation LLC and Discount Cab Service LLC.

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.

Service will operate out of the Lancaster and Berks county locations currently utilized by entity and the other entities in response 3 above. Offices will provide dispatchers with desks, multiple line phones, fax ability, radios for contact with vehicles, computer and record keeping software, printers and filing cabinets.

Locations have space to house and maintain vehicles and tools to provide daily maintenance checks. Records will be kept in hard copy on site in filing cabinets with electronic records on hard drives with cloud back up. Includes log sheets; background checks and maintenance information.

Communications can be received by phone or computer; contact with vehicles by radio and/or mobile phones.

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:
  - 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.

Applicant currently has about 5 drivers but will hire more if business needs dictate.

a. Will conduct interviews for attitude and competence; minimum age of 24; Background checks with DUI, license revocation or criminal history will be denied. Period checks will be conducted.

b. Will utilize a paid service to conduct check. Will be repeated every two years in accordance with 52 Pa Code 29.505.

c. Will continue to utilize training programs (online or inperson as needed) that have been successful with other entities.

d. Will utilize the same service that conducts background checks to also conduct driver license checks at required intervals.

e. All drivers must obey laws related to drug and alcohol use. No use within 12 hours of start of shift.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2012	D				81,324
2012	Dodge	Caravan	7 Seated	2C4RD6B6124544	81,324
2017	Dodge	Caravan	7 Seated Wholesale	2C4RD6B66- P161935	127,658

\*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:
  - 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. Vehicles will be subject to periodic maintenance according to manufacturer and industry suggested timelines and mileages. This includes replacement and filling of fluids, tires, wipers, filters and other recommended maintenance. Company will keep records of mileages and timelines. In addition, if daily inspections reveal need for maintenance, then those will be done prior to vehicle being put back into service.

b. Vehicles will be inspected daily for all basic items (fluids, glass, tires, etc.) and any problems will be fixed immediately. Heat and a/c will be checked prior to winter/summer. Formal inspections under 67 Pa. Code 175 will be done by licensed mechanic.

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

Various entities already have existing policies. Applicant has been in contact with insurance agent and believes that expanded coverage will be available upon approval of application.


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.

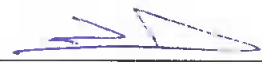
       YES        X   NO

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.

  
 (Signature)



03/22/2022  
 (Date)

Hafes Aly - Owner/Sole Member  
 (Name and Title, printed or typed)

Assets for combined entities  
**Statement of Financial Position (Balance Sheet)**  
**As of (date)** April 1, 2022  
**(Must be less than 6 months old)**

<u>ASSETS</u>		
Current Assets		
Cash	45,000	
Other Current Assets (specify)		
Total Current Assets		45,000
Tangible Assets		
Motor Vehicle Equipment	100,000	
Property (buildings, land, etc.)		
Office Equipment	9,000	109,000
TOTAL ASSETS		154,000
<u>LIABILITIES</u>		
Current Liabilities (Due within one year of date)		
Loans	--	
Credit cards/revolving credit	--	
Other Liabilities (Attach schedule)**	46,800	
Total Current Liabilities		46,800
Long Term Liabilities (Due after one year of date)		
Mortgage	--	
Long term commercial loan	--	
Other Liabilities (Attach Schedule)	--	
Total Long-Term Liabilities		
TOTAL LIABILITIES		46,800

\*\* Other Current Liabilities  
Rent - \$1400 per month  
Insurance - \$2500 per month