

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)

-
- 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)

ON Time Limited Liability Company

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 **6996153**

(See checklist and indicate type of business entity registered)

DATE OF DEPOSIT

MAY 25 2022

5. If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).

<u>TOUYON TARLEY</u>	<u>MEMBER</u>

6. Mailing Address

417 NORTH SPRINGFIELD ROAD CLIFTON HEIGHTS PA 19018
Street Address

CLIFTON HEIGHTS PA 19018 DELAWARE COUNTY
City, State and Zip Code County

610-400-5295 honesthandshomecare@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 than mailing address. Do not use a post office box.)

SAME AS ABOVE

Street Address

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?**

 X No

Yes, at No. X

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).
-

The Service area that we are looking to cover is Delaware County, Montgomery County, Bucks County, Chester County and Philadelphia County. We will be transporting people whos *personal convictions prevents them from owning and/or operating any motor vehicle from points between the countie listed above 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.

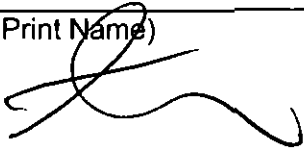
Verification of Application

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.

TOUYON TARLEY

(Print Name)



05/20/2022

(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.

ON Time Limited Liability Company

Legal Name of Applicant

Trade Name, if any

417 North Springfield Road

Clifton Heights

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.

Touyon Tarley, Director. 417 North Springfield Road Clifton Heights PA 19018. 610-400-5295

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

Touyon Tarley, 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.

DATE OF DEPOSIT

MAY 25 2022

**PA Public Utility Commission
Secretary's Bureau**

4. Describe your facilities, record maintenance plan and your communication network.

PLEASE SEE THE ATTACHED

Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles.

There is a garage space for parking at the physical location, Computer and a server will be utilized in housing, maintaining the safety of the vehicle.

As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable.

N / A

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.

Electronic Logging Devices

ELDs are meant to create safer conditions for drivers and to prevent fatigue related accidents and issues. When connected to the vehicle's engine, it automatically records information to make it easier and faster to track, manage and share records and helps drivers track their limits.

Data that is automatically recorded with these devices includes:

- Date, time, and location
- Number of engine hours
- Number of miles the vehicle has traveled
- The driver's identification
- Vehicle information
- Motor carrier details

Dispatch and Trip Records

In addition to the information collected and recorded by the ELD within each fleet vehicle, it is the responsibility of the transport company to maintain dispatch and trip records. These are considered supporting documents and must be retained by the carrier for no less than 6 months. The information contained in these records must coincide with the ELD data.

Fleet Management Communication Records

Fleet Management Software (FMS) is often used by motor carriers to help simplify and streamline the tasks associated with fleet vehicle management. In addition to managing vehicles, it also provides driver management, and incident tracking and route optimization. It is a way for transportation companies to ensure their fleet vehicles and drivers remain compliant. The FMCSA requires transport companies to maintain records of every communication transmitted through a fleet management system.

Driver Expense Receipts

Carriers must maintain records of all costs that drivers incur during their on-duty/not driving periods. The driver is required to collect all receipts and turn them into the carrier who keeps them for a minimum of 6 months. The types of expenses generally covered by this rule include:

- Lodging
- Meals
- Fuel
- Any other related expenses

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Payroll Records and Settlement Sheets

As an employer, it's vital that a transportation company, or carrier, maintains accurate records of all payments made to drivers. This includes regular payroll payments, settlement sheets, and any other related documentation. Not only does this documentation prove that the company has made the

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:

We plan on hiring a total of 5 drivers to alternate during the week, there will be more drivers hired when vehicles are purchased.

- a. Your hiring standards for drivers;

Driver Qualification and Performance Records

A driver who operates a vehicle that weighs 10,001 pounds or more, transports 8 passengers including the driver, or who hauls any hazardous materials requiring a placard must have a file containing their qualification documents. These records show that the driver is healthy, safe, and qualified to operate a commercial vehicle. It applies to both employees and owner-operators who are considered both employers and employees. Documents that must be maintained include:

- **Medical Certificate.**
- **Driver's Licence or Road Test Certification.**
- **Safety Performance Evaluation.**
- **Motor Vehicle Driving Record and Any Violations Incurred**
- **Annual Motor Vehicle Driving Record Review**

- b. Your system for conducting criminal background checks;

WE WILL USE THE STATE DATABASE TO CONDUCT BACKGROUND CHECKS
<https://epatch.state.pa.us>

- c. Your driver training program;

All staff will have to undergo SambaSafety's driving training course prior to working on the job.

- d. Your system for conducting driver license checks;

PLEASE SEE POLICY ATTACHED

- e. Your policies regarding alcohol and drug use by your drivers.

Drug and Alcohol Test Records

The safety of drivers is imperative and any drug and alcohol use while on duty is strictly prohibited. Therefore, it's vital that drivers are periodically tested for these substances. Records of all drug and alcohol tests performed on drivers must be maintained in a secure location under lock and key away from regular personnel files. Access to these files must be strictly controlled and limited.

THE FOLLOWING RECORDS MUST BE MAINTAINED FOR A MINIMUM OF FIVE YEARS:

- Alcohol tests that result in a BAC of 0.02 or greater
- Positive controlled substances tests
- Documentation of a driver refusing testing.
- Substance Abuse Professional reports

THE FOLLOWING RECORDS MUST BE KEPT FOR AT LEAST TWO YEARS:

- Random Test Subject Selections
- Documentation of Reasonable Suspicion

THESE RECORDS MUST BE MAINTAINED FOR A MINIMUM OF ONE YEAR:

- Drug Test Results that are Negative or Canceled
- Alcohol Tests Showing a BAC below 0.02

- 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
2016	CHAMPION	CHALLENGER	13	1FDEE3FL4GDC05085	19376
2018	MITSUBISHI	MIRAGE	5	ML32A3HJ8JH000662	26000

*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

Every 3 Months or if noted early, the Enterprise Fleet will pick up the bus for service and return vehicle to physical location. The Vehicles be serviced when service is recommended according to the owner's manual. The hired maintenance manager will keep logs of when services, and upkeep are due.

- Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Vehicle will be serviced as recommended by the service vendor. Maintenance will be performed on the vehicle as recommended by the service vendor. A vehicle maintenance staff will be hired to monitor the upkeep and service records of the vehicle. Rear view camaras will be installed on the vehicle to ensure safety while driving.

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

Insurance have been obtained. Please see the attached.

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
Please See the attached

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)

04/03//2022
 (Date)

Touyon Tarley, Director

DATE OF DEPOSIT

MAY 25 2022

Statement of Financial Position (Balance Sheet)
As of (date) 05/20/2022
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$10,000.00	
Other Current Assets (specify)		
Total Current Assets		\$10,000.00
Tangible Assets		
Motor Vehicle Equipment	\$56,000.00	
Property (buildings, land, etc.)	\$10,000.00	
Office Equipment		
TOTAL ASSETS		\$76,000.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$56,000.00	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
TOTAL LIABILITIES		\$56,000.00

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

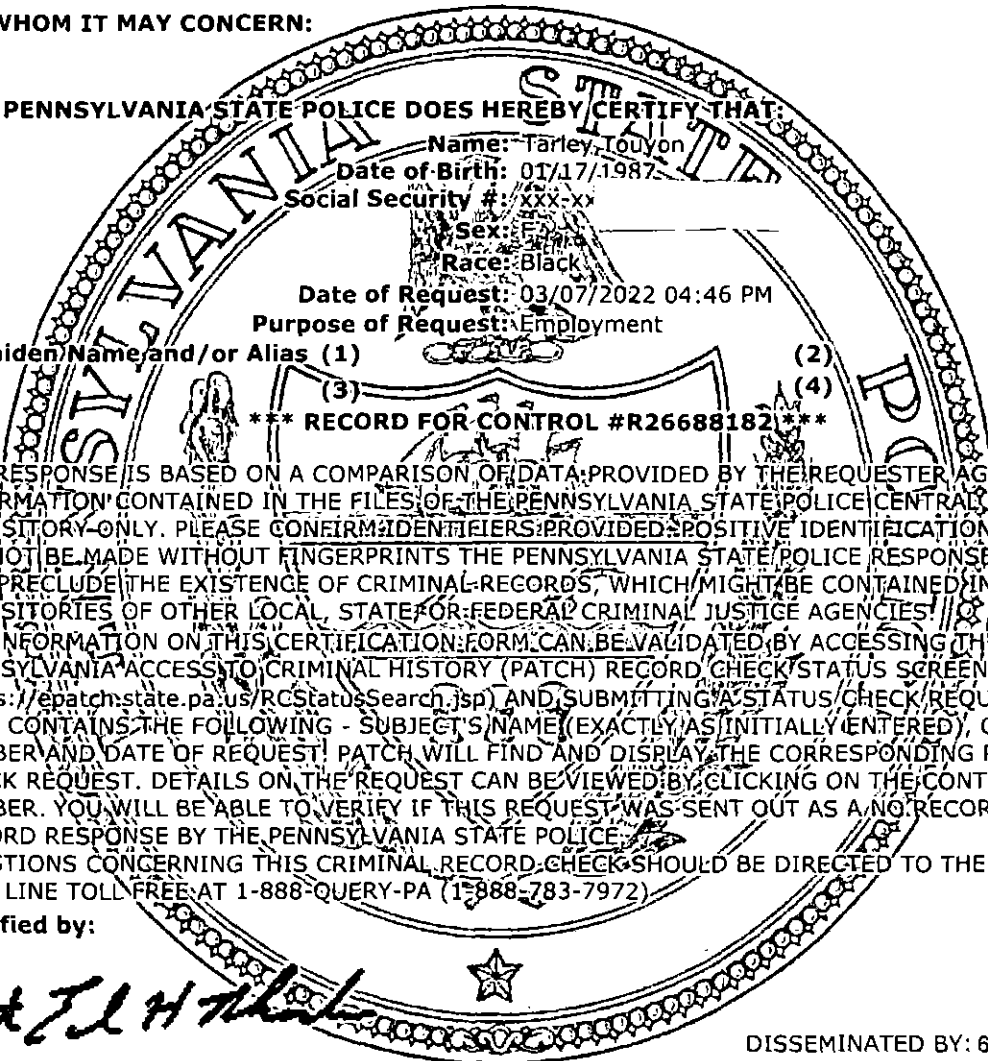
Response for Criminal Record Check

**HONEST HANDS HOME CARE
417 NORTH SPRINGFIELD ROAD
CLIFTON HEIGHTS PA 19018**

TELEPHONE (484) 466-3242

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:



Name: Tarley, Touyon
 Date of Birth: 01/17/1987
 Social Security #: xxx-xx
 Sex: F
 Race: Black
 Date of Request: 03/07/2022 04:46 PM
 Purpose of Request: Employment
 Maiden Name and/or Alias (1) (2)
 (3) (4)
 *** RECORD FOR CONTROL #R26688182***

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTER AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE OR FEDERAL CRIMINAL JUSTICE AGENCIES. THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.state.pa.us/RCStatusSearch.jsp>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE. QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972)

Certified by:

Lt. Earl Rhoades
Lt. Earl Rhoades
Director of Criminal Records & Identification
Pennsylvania State Police

DISSEMINATED BY: 633124
03/14/2022 01:02 PM

DATE OF DEPOSIT

MAY 25 2022

PA Public Utility Commission
Secretary's Bureau

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

**HONEST HANDS HOME CARE
417 NORTH SPRINGFIELD ROAD
CLIFTON HEIGHTS PA 19018**

TELEPHONE (484) 466-3242

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THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:



Name: Tarley, Touyon
Date of Birth: 01/17/1987
Social Security #: [REDACTED]
Sex: F
Race: Black

Date of Request: 03/07/2022 04:46 PM

Purpose of Request: Employment

Maiden Name and/or Alias (1)

(2)

(3)

(4)

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Certified by:

Lt. Earl Rhoades
Director of Criminal Records & Identification
Pennsylvania State Police

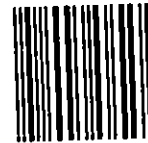
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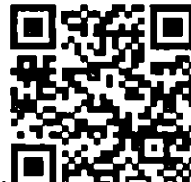


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online.

nationally, a customs
may be required.

To schedule free
Package Pickup,
scan the QR code.



TO: Secretary PA Public
Utility Commission,
400 N Street 2nd floor
Harrisburg PA 17120