



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
COMMONWEALTH KEYSTONE BUILDING  
400 NORTH STREET  
HARRISBURG, PENNSYLVANIA 17120  
<http://www.puc.pa.gov>

June 23, 2022

A-6425319  
A-2022-3033118

ON TIME LIMITED LIABILITY COMPANY  
417 NORTH SPRINGFIELD ROAD  
CLIFTON HEIGHTS PA 19018

DATE OF DEPOSIT

**RE: Application of ON Time Limited Liability Company**

JUL - 5 2022

To Whom It May Concern:

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

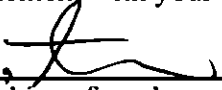
On June 17, 2022, the application of ON Time Limited Liability Company, at A-2022- 3033118, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
Harrisburg, Pennsylvania 17120

**ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.**

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, **Touyon Tarley**, , hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are **not** accepted.

Sincerely,



Rosemary Chiavetta

Secretary

Enclosure



## 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. § 4904 relating to unsworn falsification to authorities.

**TOUYON TARLEY**  
(Print Name)

  
(Signature)

**04/04/2022**

(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).

## Request for Information

- 1.) For question #10 of the Verified Statement of Applicant you described the proposed service that you were to provide, as such “to transport people whose personal convictions prevent them from owning or operating motor vehicles between points in the Counties of Bucks, Chester, Delaware, Montgomery, and the City and County of Philadelphia.”

Is it your intention to only transport the Amish and other type sects that prevent members from owning or operating motor vehicles, because that is what the aforementioned verbiage indicates. Otherwise, please revise the type of service that you wish to operate. (ex. To transport people between points in the Counties of Bucks, Chester, Delaware, Montgomery, and the City and County of Philadelphia.)

**Done**

- 2.) Included with your application was paperwork for Honest Hands Home Care. Will you be transporting members of this home care agency? What is the relationship between ON Time LLC and Honest Hands Home Care, and how was this information pertinent to this application?

**Upon Approval of this License On-Time will transport anyone would would require non-medical transportation.**

**ON-Time Transportation and Honest Hands Home Care are owned by the same person, and this informtaion is not pertinent to this application.**

- 3.) On question #9 of the Verified Statement of Applicant you marked “yes” on whether the applicant has been convicted of a felony or misdemeanor. If you marked yes you were to explain. You wrote “Please see the attached,” but no where does it explain this conviction. Please explain in detail the conviction(s).

**6/3/2011 I plead Guilty to False lenthification to law enforcement authorities during a traffic. Please see the attached for convictions.**

**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:**

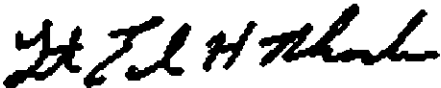
**Name:** Tarley,Touyon  
**Date of Birth:** 01/17/1987  
**Social Security #:**  
**Sex:** F  
**Race:** Black  
**Date of Request:** 03/07/2022 04:46 PM  
**Purpose of Request:** Employment

**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**  
Director of Criminal Records & Identification  
Pennsylvania State Police

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

PENNSYLVANIA STATE POLICE  
CENTRAL REPOSITORY  
1800 ELMERTON AVENUE  
HARRISBURG, PENNSYLVANIA 17110  
(888)783-7972

USE OF THE FOLLOWING CRIMINAL HISTORY RECORD \*\*\* SID 332-45-48-3 \*\*\*  
REGULATED BY ACT 47, AS AMENDED.

IDENTIFICATION

NAME: TARLEY, TOUYON  
SID: 332-45-48-3 DOB: 1987/01/17 SOC:  
SEX: FEMALE RAC: BLACK HAI: BLACK EYE: BROWN  
HGT: 5'03" WGT: 125  
POB: LIBERIA US CITIZEN: YES  
COUNTRY OF CITIZENSHIP: UNITED STATES

CRIMINAL HISTORY

NAME: TARLEY, TOUYON OTN: T059757-5  
ARRESTED: 2011/06/14 PA0233600 UPPER CHICHESTER TWP PD OCA: UC11008524  
DISPO DATE: 2011/09/06 COMMON PLEAS DOCKET: 3642-2011

\*\*\* COURT DATA \*\*\*

OFFENSE DATE	CHARGE	COUNT	GRADE	DISPOSITION
2011/06/03	CC4914A FALSE IDENTIFICATION TO LAW ENFORCEMENT AUTHORITIES	1	M3	PLEAD GUILTY/ COUNTY PROBATION/ 001 YRS/ FINES AND COSTS

FOR MORE INFORMATION, CONTACT THE APPROPRIATE COURT OF RECORD

ADDITIONAL IDENTIFIERS

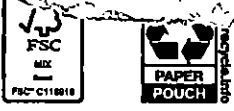
AKAs: GWYAN, FEFE  
DOBs:  
SOCs:  
MNUs:

F=FELONY, M=MISDEMEANOR, S=SUMMARY AND THE NUMERIC=DEGREE  
ARREST(S) SUPPORTED BY FINGERPRINT CARD(S) ON FILE

RESPONSE BASED ON COMPARISON OF REQUESTER FURNISHED INFORMATION AND/OR  
FINGERPRINTS AGAINST A NAME INDEX AND/OR FINGERPRINTS CONTAINED IN THE FILES OF  
THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY, AND DOES NOT PRECLUDE  
THE EXISTENCE OF OTHER CRIMINAL RECORDS WHICH MAY BE CONTAINED IN THE  
REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES.

THE PENNSYLVANIA STATE POLICE IS IN THE PROCESS OF SWITCHING FROM SCN CHARGE  
CODES TO THE PURDON'S FORMAT. RAP RESPONSES MAY SHOW BOTH SCN AND PURDON'S  
FORMATTED CHARGES.

\*\*\*\*\* END OF RAP SHEET \*\*\*\*\*



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AMOUNT

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ON-Time Transportation  
417 N Springfield Road  
Clifton Heights PA 1908

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.  
JUL -6 2022

ORIGIN (POSTAL SERVICE USE ONLY) PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

<input checked="" type="checkbox"/> 1-Day		<input type="checkbox"/> 2-Day		<input type="checkbox"/> DPO	
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage			
19018	7-6-22	\$26.95			
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee		
7-5-22	8:00 PM	\$	\$		
Time Accepted		Return Receipt Fee	Live Animal Transportation Fee		
12:11 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		\$	\$		
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees			
\$	\$	\$26.95			
Weight	Flat Rate	Acceptance Employee Initials			
1.7 ozs.		Pa			

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.  
Delivery Options  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available\*)  
\*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) Roman Chivatta, Secretary Pennsylvania Public Utility Commission Commonwealth Keystone Building 400 North Street Harrisburg PA

ZIP + 4 (U.S. ADDRESSES ONLY)  
17120

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 Insurance included.

PEEL FROM THIS CORNER