

Secretary PA Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

## 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)

BIG JOY TRANSPORTATION INC

- 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-** \_\_\_\_\_

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** 7161774

(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).**

Xiao Qing Lin

_____	_____
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

211 North 13th Street-1st floor  
Street Address

Philadelphia, PA 19107 Philadelphia  
City, State and Zip Code County

TBD (Temp: (929)293-9033 or (215)869-5786) bigjoytransportation@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.)

211 North 13th Street-1st floor  
Street Address

Philadelphia PA 19107 Philadelphia  
City, State and Zip Code County

TBD (Temp: (929)293-9033 or (215)869-5786) bigjoytransportation@gmail.com  
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)

Betty Mon (Mon & Associates Consulting)  
Attorney's Name & Telephone Number for this Filing

825 Longwood Avenue, Cherry Hill NJ 08002 Tel: (215)869-5786  
betty@monassociates.com  
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).

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PROPOSED SERVICE AREA IS TO TRANSPORT PERSONS (PARATRANSIT SERVICE) BETWEEN POINTS WITHIN THE CITY AND COUNTY OF PHILADELPHIA. SERVICE IS TO PROVIDE NONEMERGENCY MEDICAL TRANSPORTATION TO ADULT DAYCARE CENTER CLIENTS. REVENUE STREAM WILL BE MAINLY FROM MEDICAID OR MEDICARE.

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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.

XIAO QING LIN (OWNER)

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(Print Name)



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(Signature)

9/14/2022

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(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.

**BIG JOY TRANSPORTATION INC**

Legal Name of Applicant

Trade Name, if any

211 NORTH 13th STREET-1st FLOOR	PHILADELPHIA	PA	19107
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.

**XIAO QING LIN IS MAKING THIS VERIFIED STATEMENT AS APPLICANT AND SOLE OWNER OF BIG JOY TRANSPORTATION INC. BUSINESS ADDRESS IS 211 NORTH 13TH STREET-1ST FLOOR, PHILADELPHIA PA 19107. TELEPHONE IS TO BE DETERMINED, TEMPORARY TELEPHONE NUMBER IS (929)293-9033 OR (215)869-5786.**

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

**XIAO QING LIN IS SOLE OWNER OF BIG JOY TRANSPORTATION INC AND HAS NO AFFILIATION WITH ANY OTHER CARRIER.**

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.

**APPLICANT'S BUSINESS EXPERIENCE IS IN HER FAMILY BUSINESS OPERATING A RETAIL STORE AND RESTAURANT. ALTHOUGH THE BUSINESS EXPERIENCE IS NOT RELEVANT TO THE PARATRANSIT BUSINESS; HOWEVER, THE ADULT DAYCARE CENTER IS CO-OWNED BY HER SPOUSE AND FAMILY MEMBER. THE TRANSPORTATION SERVICES IS ANCILLARY TO THE ADULT DAYCARE CENTER BUSINESS WHERE BIG JOY TRANSPORTATION WILL BE PROVIDING THE TRANSPORTATION SERVICES TO THE DAYCARE CENTER CLIENTS. ANY DEFICIENT EDUCATION OR TRAINING WILL BE UNDERTAKEN OR EMPLOYEES WILL BE HIRED TO FILL THE DEFICIENCIES.**

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.

THE FACILITY IS SHARED WITH HOMERICA, AN ADULT DAYCARE CENTER, LOCATED AT THE SAME LOCATION. REQUIRED RECORDS OF BIG JOY TRANSPORTATION INC WILL BE MAINTAINED/STORED AT THE HOMERICA FACILITY IN A SEGREGATED AREA. RECORDS WILL INCLUDE PUC AND OTHER BUSINESS RECORDS. REQUEST FOR SERVICES WILL COME FROM HOMERICA AND/OR OTHER ENTITIES. FACILITY VEHICLES WILL BE STORED A A LOCAL PARKING LOT NEAR THE FACILITY WHEN NOT IN USE. THE COMMUNICATION NETWORK IS SIMPLE, IT WILL INVOLVE USING CELLULAR CELLULAR PHONES TO COORDINATE THE OPERATION AND EMERGENCIES.

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.

INTENDED NUMBER OF DRIVERS INITIALLY WILL BE 3-4. THIS IS APPROPRIATE BASED ON THE SIZE OF THE CLIENTELE TO BE SERVICED FOR THE ADULT DAYCARE CENTER. THE TIMING OF THE SERVICES IS LIMITED TO PICKUP AND DROPOFF WITHIN THE PHILADELPHIA COUNTY AREA WITHIN THE OPERATING HOURS OF THE ADULT DAYCARE CENTER.

DRIVERS AND OTHER EMPLOYEES OF THE COMPANY WILL BE HIRED WITH THE PREREQUISITE DRIVING LICENSE, BE EXPECTED TO MAINTAIN A GOOD DRIVING RECORD, FOLLOW SPECIFIC STANDARDS AND TRAINING SET FORTH IN THE COMPANY'S EMPLOYEE HANDBOOK, INCLUDING RANDOM DRUG TEST. EACH QUALIFIED APPLICANT'S CRIMINAL BACKGROUND WILL BE CHECK, DRIVING RECORDS VERIFIED. ADDITIONALLY, DRIVERS WILL UNDERGO FACILITY TRAINING FOR CPR, FIRST AID, USING HANDICAP ACCESSIBILITY EQUIPMENT, AND TRANSFERRING SENIORS AND PERSONS WITH DISABILITY AS WELL AS OTHER AREAS.

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>
2022	TBD		15 SEATS		
2022	TBD		15 SEATS		

\*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).

**INTENDED VEHICLE MAINTENANCE PLAN WILL INCLUDE PERIODIC MAINTENANCE ON THE VEHICLES. THIS WILL BE ANNUAL INSPECTIONS UNLESS ISSUES WILL REQUIRE MORE FREQUENT MAINTENANCE. THIS MAY INCLUDE BUT NOT BE LIMITED TO OIL CHANGES, TIRE MAINTENANCE, PA REQUIRED INSPECTIONS, ETC. MAINTENANCE ISSUES WILL ALSO EXTEND TO EQUIPMENT ON THE VEHICLE. MAINTENANC WILL BE IN COMPLIANCE WITH 67 Pa Code Ch 175.**

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

**BIG JOY TRANSPORTATION HAS AN INSURANCE AGENT READY TO UNDERTAKE OBTAINING THE REQUIRED INSURANCE THAT WILL AT LEAST MEET THE MINIMUM INSURANCE REQUIRED STATUTORILY. BIG JOY TRANSPORTATION IS READY TO PAY THE INSURANCE PREMIUM.**

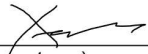
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ 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)  
 XIAO QING LIN  
 \_\_\_\_\_  
 (Name and Title, printed or typed)

9/14/22  
 \_\_\_\_\_  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) \_\_\_\_\_**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash - INITIAL INVESTMENT	150,000.00	
Other Current Assets (specify)	_____	
Total Current Assets		_____
Tangible Assets		
Motor Vehicle Equipment	_____	
Property (buildings, land, etc.)	_____	
Office Equipment	_____	
TOTAL ASSETS		150,000.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans -LEASES ON VEHICLES	30,000.00	
Credit cards/revolving credit	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		30,000.00
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		0
TOTAL LIABILITIES		30,000.00