

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)

Special Delivery Mobility 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- 6425306

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 7464978
(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).

Francis Nattle JR
Ryan Deibele

6. **Mailing Address**

249 Bridge Street
Street Address

Phoenixville, Pa 19460 Chester
City, State and Zip Code County

(610) 910-8885
Telephone Number

ryan@specialdeliverymobility.com
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.)

249 Bridge Street
Street Address

Phoenixville, Pa 19460 Chester
City, State and Zip Code County

(610) 910-8885
Telephone Number

ryan@specialdeliverymobility.com
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?**

No

Yes, at No. 3574999

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

See Attached please

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.

Francis P. Nattke Jr.

(Print Name)

Francis P. Nattke Jr.

(Signature)

11/27/22

(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.

Francis Paul Nattle JR.

Legal Name of Applicant

FRANK NATTLE JR.

Trade Name, if any

249 Bridge St. Phoenixville, Pa 19460

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.

Frank Nattle JR - Owner

249 Bridge Street

Phoenixville, PA 19460

(610) 910-8885

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

Owner - No other affiliations

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.

Owners have been operating Special Delivery Mobility for the last several months. Ryan Deibele owner has completed hundreds of paratransit commutes successfully throughout the Midwest.

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.

See Attached please

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.

See Attached please

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>
2018	FORD	Transit 350	7	1FBAX2CM6JKA84149	
					Miles 46,300

*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).

a.) Vehicle will be inspected + maintained at regular monthly intervals or sooner as determined by usage.

B.) We will always continuously comply with PA standards as directed by licensed inspector.

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

Currently have business commercial insurance. We have an established professional commercial insurance agent to help us with all of our insurance needs. Our company is financially stable enough to pay one year of premiums.

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.

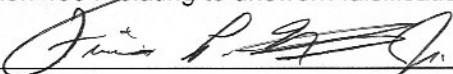
YES NO

Ryan DUI 10 years — (2013)

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) _____
 FRANCIS P. NATTLE JR.
 (Name and Title, printed or typed)

11/27/22
 (Date)

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

ASSETS

Current Assets		
Cash	\$ 19,000	
Other Current Assets (specify)	\$ 40,000	
Total Current Assets		<u>in other accounts</u>
Tangible Assets		
Motor Vehicle Equipment	\$ 49,000	
Property (buildings, land, etc.)	—	
Office Equipment		<u>\$ 2,500</u>
TOTAL ASSETS		<u>\$ 51,500</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		_____
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	\$ 39,000	
Total Long-Term Liabilities		_____
TOTAL LIABILITIES		<u>\$ 39,000</u>

Question #10

To transport by motor vehicle in paratransit service, persons from points in the counties of Adams County, Allegheny County, Armstrong County, Beaver County, Bedford County, Berks County, Blair County, Bradford County, Butler County, Cambria County, Cameron County, Carbon County, Centre County, Clarion County, Clearfield County, Clinton County, Columbia, Crawford, Cumberland County, Dauphin County, Elk County, Erie County, Fayette County, Forest County, Franklin County, Fulton County, Greene County, Huntingdon County, Indiana County, Jefferson County, Juniata County, Lackawanna County, Lancaster County, Lawrence County, Lebanon County, Lehigh County, Luzerne County, Lycoming County, McKean County, Mercer County, Mifflin County, Monroe County, Montour County, Northampton County, Northumberland County, Perry County, Pike County, Potter County, Schuylkill County, Snyder County, Somerset County, Sullivan County, Susquehanna County, Tioga County, Union County, Venango County, Warren County, Washington County, Wayne County, Westmoreland County, Wyoming County, York County, to points in Pennsylvania and return.

Verified Statement Of Applicant

Question #4

We are a small operation consisting of one vehicle primarily specialized in long distance transports. Our facilities are currently run out of an office in Phoenixville, PA with computers, printers and document shredders. We store the vehicle in a secure, leased private space. All PUC required records and normal business records will be saved and stored according to PUC requirements. They will be stored in both hard copy and digital format at a secure location.

Customer requests will be received via our webpage, directly from hospital and facility discharge coordinators and web based applications or direct phone calls. Dispatch will be coordinated and operated directly with the owners of the company, primarily via phone with GPS video and location tracking. We also use a web based application that connects directly to the owners via phone and text messaging.

#5

Currently the two owners are the only drivers but an additional two to four on-call drivers may be added in the future if needed. We are a specialized service focused on longer distance transports which means we may only handle a few trips per week.

- a. Hiring Standards For Drivers: If additional drivers are hired, we will conduct a criminal background check, driver history evaluation and a formal in-person interview.
- b. Background Check: We will use a highly rated company to conduct a full national criminal background check such as Goodhire or Checkmate or similar.
- c. Driver Training Program: New hires will have two weeks of hands-on training and ride along experience with owners.
- d. System For Conducting Drivers License Checks: Drivers license checks will be conducted through mvrcheck.com, padmv.com or similar.
- e. Drug Policy: Alcohol, Drug use or impairment are strictly prohibited