

APPLICATION CHECKLIST

Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

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.

If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND FLOOR, HARRISBURG, PA 17120

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:

- Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
- Transportation of people to correctional facilities for visitation.
- Transportation of people in wheelchair and stretcher vans.

****Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at www.nicinsurancefilings.com . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- | | | |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD). |
| | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
| | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits). |

Application for Motor Common Carrier of Persons in Paratransit Service

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

K & T SEAHORSES TRUCKING 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- 8924651

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 7287475

(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).
-

To transport persons, by motor vehicle, in Paratransit service, from points in Luzerne Lackawanna, Monroe, Columbia, Carbon, Wyoming and Philadelphia County to points in Pennsylvania, 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.

KEVIN ABEL

MEMBER

(Print Name)



6-30-23

(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.

K & T SEAHORSES TRUCKING LLC

Legal Name of Applicant

Trade Name, if any

24 WILLOW ST PLYMOUTH PA 18651

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.

KEVIN ABEL

PRESIDENT

24 WILLOW ST PLYMOUTH PA 18651

570-313-0011

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

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.

KEVIN ABEL PERFORMED 3 WEEKS OF TRAINING WITH ANOTHER

PARATRANSIT BUSINESS IN PA

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.

OFFICE WILL HAVE A FAX MACHINE, PRINTER/COPIER/SCANNER AND COMPUTER

OFFICE SPACE WILL BE A DEDICATED SPACE AT 24 WILLOW ST PLYMOUTH PA

VEHICLES WILL BE STORED AT A GARAGE AT 24 WILLOW ST.

RECORDS WILL BE KEPT ONSITE IN HARD COPY FORM AND WILL BE STORED IN DIGITAL FORM OFFSITE ON A VIRTUAL SERVER

ALL EMPLOYEES WILL HAVE A COMPANY CELL PHONE TO COMMUNICATE. PERSONAL CALLS WILL NOT BE ALLOWED ON BUSINESS PHONES

CUSTOMER REQUESTS WILL BE RECEIVED THRU THE OFFICE PHONE. OFFICE WILL COMMUNICATE TO THE DRIVER BY PHONE TO DISPATCH DRIVER TO CUSTOMER. DRIVERS WILL HAVE COMPANY CELL PHONES AT ALL TIMES

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.

NEW DRIVERS WILL RIDE WITH EXISTING DRIVER FOR ONE WEEK AND THEN WILL DRIVE FOR THREE DAYS WITH A SUPERVISOR

WE WILL HAVE TWO DRIVERS INITIALLY UNTIL DEMAND REQUIRES ADDITIONAL DRIVERS.

DRIVERS MUST HAVE A CLEAN DRIVING RECORD WITHOUT ANY VIOLATIONS/ACCIDENTS IN LAST FOUR YEARS.

DRIVER MUST NOT HAVE ANY FELONIES EVER AND NO CHARGES OF ANY KIND IN LAST THREE YEARS

A CRIMINAL BACKGROUND CHECK WILL BE SUBMITTED THRU THE PA STATE POLICE SYSTEM.

DRIVER LICENSE CHECKS WILL BE SUBMITTED TO PENNDOT .

WE WILL HAVE ZERO TOLERANCE POLICY FOR DRUG USE ON DUTY OR OFF DUTY. DRIVERS CAN NOT HAVE ANY ALCOHOL IN THEIR SYSTEM AT THE START OF THEIR SHIFT OR AT ANY POINT DURING THEIR SHIFT

Drivers will be subject to periodic drug testing done by Quest Diagnostics.

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>
2017	DODGE	GRAND CARAVAN	7PASSENGER	2C4RDGEG1HR715669	77133

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

WE PLAN TO HAVE 2 VEHICLES TO START. TWO VEHICLES WILL BE SUFFICIENT TO HANDLE TRANSPORTATION NEEDS OF OUR CUSTOMER AND THEIR PATIENTS₆

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).

WE WILL FOLLOW THE VEHICLE MAINTENANCE SCHEDULE FOR EACH VEHICLE AS OUTLINED IN THE SERVICE MANUAL FOR THAT VEHICLE.

DRIVERS WILL BE REQUIRED TO MAINTAIN DAILY LOGS THAT RECORD ENDING ODOMETER READINGS, TOTAL MILES DRIVEN AS WELL AS NOTING ANY ISSUES OR WARNING LIGHT ACTIVATIONS. DRIVERS WILL BE REQUIRED TO DO A VISUAL INSPECTION OF THE VEHICLE AT THE BEGINNING OF THEIR SHIFT TO CHECK FOR ANY ISSUES.

REPAIRS AND PERIODIC MAINTENANCE WILL BE PERFORMED BY A PROFESSIONAL VEHICLE SERVICE/REPAIR CENTER

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

INSURANCE HAS ALREADY BEEN OBTAINED BY THE COMPANY AND PREMIUMS HAVE BEEN INCLUDED IN BUDGETS AND PROJECTIONS.

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.



6-30-23

(Signature) KEVIN ABEL PRESIDENT

(Date)

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 05-31-23
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	13,426.11	
Other Current Assets (specify)	_____	
Total Current Assets	_____	<u>13,426.11</u>
Tangible Assets		
Motor Vehicle Equipment	17998.47	
Property (buildings, land, etc.)	_____	20415.58
Office Equipment	2417.11	
TOTAL ASSETS		<u>33,841.69</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	2617.38	
Credit cards/revolving credit	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		<u>2617.38</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	<u>9149.88</u>	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		<u>9149.88</u>
TOTAL LIABILITIES		<u>11,767.26</u>

EQUITY

	22,074.43
TOTAL LIAB AND EQUITY	33,841.69