

Secretary  
Pennsylvania 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 Limousine Service

This application is required to operate as a common carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants providing service between points in the city and county of Philadelphia or from any airport, railroad station or hotel located in whole or in part in Philadelphia, must apply to the Philadelphia Parking Authority. Contact PPA at (215) 683-9434 or the website at [www.philapark.org](http://www.philapark.org)

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

Christenson Driving Service LLC

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- 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)

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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 Limo Service" 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 Limo Service" or "J. Doe Limo Service" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?**  YES  NO **Previous Authority?**  YES  NO

If YES, at PUC No. A- \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?**  NO  YES  
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 13514729

(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).**

Christopher Adam Christenson  
\_\_\_\_\_  
Margaret Dameron Christenson  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

744 E Catherine St  
Street Address

Chambersburg, PA 17201  
City, State and Zip Code

Franklin  
County

(724) 759-1580  
Telephone Number

christenson412@gmail.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 from Mailing Address. Do not use a PO Box)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

The address entered here should be 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 **MAILING ADDRESS** is the same as the **PHYSICAL 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. 4106518

**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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The service area is centered on customers traveling to or from Cumberland and Franklin Counties.

Expected points of service include:

- Regional airports to include HIA, IAD, BWI, Newark, JFK
- Transportation hubs such as Amtrak & bus station in Harrisburg, New Jersey cruise port, Baltimore cruise port, and Manhattan cruise terminal
- Specialist medical facilities such as UPMC, Hershey Medical Center, Johns Hopkins medical center, York Hospital
- Corporations based in the Cumberland Valley

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*Examples:*

- *To transport people from points in Berks County to points in PA, and return.*
- *To transport people between points in the counties of Chester, Delaware, and Montgomery.*

**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.

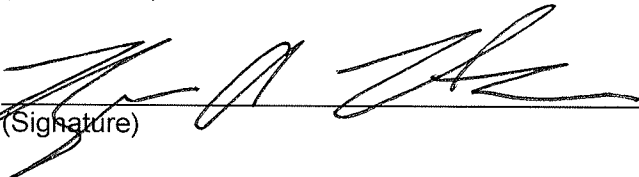
Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

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 limousine 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.

Christopher A. Christenson	Co-Owner and Operator
_____ (Print Name)	_____ (Position)
 _____ (Signature)	7/26/2023 _____ (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.

Christenson Driving Service LLC

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Legal Name of Applicant

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Trade Name, if any

744 E Catherine St

Chambersburg

PA

17201

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Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

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.

Christopher A. Christenson, Co-Owner and Operator  
744 E. Catherine St.  
Chambersburg, PA 17201  
724-759-1580

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

None

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.

Co-owners have experience with business management, accounting, marketing. Co-owner has experience operating and maintaining a company vehicle and completing long distance driving as part of field service work.

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.

Physical location is a detached 2-car garage on the Co-Owner's personal property, which will serve as the base of operations and house the company's vehicle(s). Laptop computers, wireless routers, printers, and tablets will be utilized for business purposes. Additionally, a home office will be used for bookkeeping and administrative tasks.

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.

Currently, only owners will be drivers. We foresee hiring part time drivers for additional coverage only when business has grown. At that time,

- a. Hiring standards will include a interview and driving evaluation
- b. PA criminal background check will be completed (or FBI check if moved to PA in last 10 years).
- c. Our driver training will include a ride along, maintenance orientation, and training on booking
- d. We will conduct an online driver history request through the state and photocopy drivers license. No DUIs permitted in last 10 years.
- e. Using any substance which impairs the ability to drive (including legal substances) is prohibited prior to driving

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. (Vehicles in limousine service may not be used if the vehicle mileage is greater than 350,000.)

A deposit has been made on the vehicle below and purchase is in process. Additional vehicles will only be added as business grows.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2018	Volvo	XC90	7	YV4A22PL9J1201625	80,851

\*Vehicles with seating capacity of more than ten passengers cannot be used for limousine 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).
  - c. Your system for ensuring that vehicles which no longer meet vehicle mileage requirement shall be replaced in a timely fashion.
- a. Driver will conduct a vehicle walk-around prior to each use. Vehicle will be serviced at manufacturer recommended service intervals, at each 15,000 miles. Driver will log mileage of each trip, allowing advance visibility to when the service should occur.
  - b. Vehicle will be inspected annually at an official inspection station and will properly display a certificate of inspection. Additionally, driver walk-arounds and vehicle safety checks performed during routine maintenance will alert the company to any concerns.
  - c. Procurement of a new vehicle will be initiated prior to reaching 300,000 on the mileage log. Additionally, vehicle suitability will be evaluated at least annually.

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

We have met with our insurance agent and received quotes for the particular vehicle we are in the process of purchasing. Insurance will be issued prior to finalization of the vehicle purchase and transfer of the title. Insurance has been quoted to meet or exceed both PA (PUC) and Federal (FMCSA) requirements for vehicles carrying passengers for commerce. The quoted rates have been budgeted for and funds are available for the immediate activation of the insurance policy. Policy activation is expected to take place July 27, 2023.

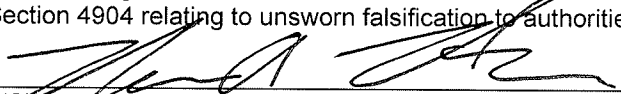
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ YES       NO

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)

7/26/2023  
 \_\_\_\_\_  
 (Date)

Christopher A. Christenson, Co-Owner and Operator  
 \_\_\_\_\_  
 (Name and Title, printed or typed)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 7/26/2023**  
**(Must be less than 6 months old)**

ASSETS

Current Assets			
Cash	40,774.43		
Other Current Assets (specify)	1,000.00 (deposit on vehicle)		
Total Current Assets			41,774.43
Tangible Assets			
Motor Vehicle Equipment	pending purchase		
Property (buildings, land, etc.)			
Office Equipment	1,800.00		1,800.00
TOTAL ASSETS			43,574.43

LIABILITIES

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