

A-2024-3045507

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

Met with insurance to obtain quotes
Have insurance already.

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.

Scott Waters
(Signature)
Scott Waters - Owner
(Name and Title, printed or typed)

1/1/24
(Date)

RECEIVED

JAN 1 1 2024

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU