


4/23/2024

I, Aloy U. Payne, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Electronically Signed

2024-04-23 20:58:40 UTC - 174.242.33.21



Nintex AssureSign®

0465e044-93ec-4121-9534-b15b0158d66c

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

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)

Transit4life Corporation

- 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)

Transit4life Corporation

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 7582608

(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).**

Aloy U. Payne
Vernon Jackson

6. **Mailing Address**

21 Yost Blvd, Suite 505
Street Address

Pittsburgh, PA 15221 Allegheny
City, State and Zip Code County

(412) 302-5746 transit04life@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.)

21 Yost Blvd, Suite 505
Street Address

Pittsburgh, PA 15221 Allegheny
City, State and Zip Code County

(412) 302-5746 transit04life@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)

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 x Yes, at No. 3975442

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

Our Operating Territory will be Allegheny County. The City of Pittsburgh and other points within the County

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.

Aloy U. Payne

(Print Name)

2024-04-23 21:01:18 UTC - 174.242.33.21



4/23/2024

(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.

Transit4life Corporation

Legal Name of Applicant

Transit4life Corporation

Trade Name, if any

21 Yost Blvd, Suite 505

Pittsburgh

PA

15221

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.

Aloy U. Payne

Co-Owner

21 Yost Blvd, Suite 505

Pittsburgh, PA 15221

412-302-5746

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

N/A

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.

3 years experience as a Paratransit operator and Stretcher Van. Certified through prior employer.

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.

Our offices are in a secured facility. The address is 21 Yost Blvd, Suite 505, Pittsburgh PA, 15221. Records are locked and secured in this facility on a secured server. Our vehicles are parked at this well lighted facility with security cameras. Request for transportation are pre-arranged via our dispatcher. Communication with our driver are done through cellular communications. Trips will also be pre-arranged through our website once it is up and running.

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, the only driver is the owner. When we do decide to hire drivers, they will have to be over 25 years of age, pass a background check with the state and federal standards along with clear MVR's. No drivers will be hired that do not pass any of these standards or fail the driving test. No drivers will be hired that have any violations for alcohol or drug offenses.

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>
2015	Dodge	Caravan	4	2C4RDGBG7FR734115	110456

*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).

The vehicle is checked daily for tire pressure and lights and turn signals are working properly. Regularly scheduled oil changes at 3,000 miles and the vehicle is subjected to a safety inspection every 90 days. Annual Inspections are conducted by a licensed, state approved facility.

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

Insurance has been in place since the inception of the business. It has been maintained with no lapses and continues to be paid monthly.


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)
Aloy U. Payne

(Name and Title, printed or typed)

4/23/2024

(Date)

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

ASSETS

Current Assets		
Cash	\$10,000	
Other Current Assets (specify)		
Total Current Assets		\$10,000
Tangible Assets		
Motor Vehicle Equipment	\$3,500	\$3,500
Property (buildings, land, etc.)		
Office Equipment		\$5,000
TOTAL ASSETS		\$18,500

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

Certificate No. A-6425878
Docket No. A-2024-3048555

Paratransit Pa PUC No. 1

TRANSIT4LIFE CORPORATION

Tariff Naming Rates, and Rules and Regulations Governing the
Transportation of Persons in Paratransit Service Between Points in Pennsylvania

To transport, as a common carrier, by motor vehicle, persons in Paratransit service, from points in the County of Allegheny. Our Operating Territory will be Allegheny County. The City of Pittsburgh and other points within the County.

Issued: April 23, 2024

Effective: April 23, 2024

Issued Under authority of 52 PA Code Section 23.42

By: TRANSIT4LIFE CORPORATION
21 YOST BLVD SUITE 505
PITTSBURGH PA 15221
412-302-5746

RULES & REGULATIONS

1. Advance reservations are required and must be made two (2) hours prior to service being rendered. Any reservation made less than two (2) hours to travel time will be charged an additional fee.
2. Rates for mileage are determined by the odometer of the vehicle in use and begin when the vehicle leaves the passenger's premises. The final mileage reading is determined upon drop-off of the passenger.
3. Additional expenses necessitated by or incurred at the request of the passengers, including but not limited to, highway tolls, bridge tolls, entrance fees and parking, shall be added to the charge of the trip. Expenses for driver's lodging and meals while on trips out of town which are in excess of ten (10) hours will be added to the basic charge.
4. If any trip requires the vehicle and driver to remain at a destination overnight, or at any point en route to a destination overnight, the patron will be responsible for providing carrier's driver with accommodations at an overnight facility (motel, hotel) being utilized by the patron, and all meals required by the carrier's driver. Expenses for driver's lodging and meals while on trips out of town which are in excess of ten (10) hours will be added to the basic charge.
5. Trips on the following Holidays are subject to Additional fees as listed in RATES:
 - New Year's Eve and New Year's Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day and Black Friday (Day after Thanksgiving)
 - Christmas Eve and Christmas Day
6. Deposit: All reservations require a deposit of not more than 20% of the quoted charter price.
 - a. Deposits are subject to forfeiture of not more than 50% of the deposit if the charter is cancelled by the customer more than 15 but less than 30 days prior to the date the transportation was to depart.
 - b. Deposits are subject to forfeiture of not more than the total amount of the deposit if the cancellation occurs within 15 days prior to the date the transportation was to depart.

(If deposits are being taken, the Rules above must be followed exactly, no changes to this language are allowed, it has been written by the PUC Law Bureau, no exceptions)

7. CONTRACT SERVICES

Contract services will be for a term of not less than 30 days for pre-qualified persons under a federal, state, county or municipal government agency contract. Rates for the services will be specified in the respective contracts, copies of which, including any amendments thereto, are to be filed with the Commission as executed to become effective on one day's notice.

(NOTE: NONE of the wording in the Contract Services section above can be changed in any way, it has also been written by PUC Law Bureau, no changes, no exceptions. Also note, Contract Services can be incorporated in your Paratransit business, but if you are working SOLELY on contracts, you have applied for the wrong authority, you would need to apply for Contract Services Authority.)

8. SENIOR CITIZEN DISCOUNT

The rates for senior citizens, having proper identification, will be 15% of the shared ride rate rounded upward to the nearest nickel, provided that the carrier is under contract with the Pennsylvania Department of Transportation under provisions of Section 704 of Act 36 of 1991 (The Lottery Fund Preservation Act).

(Senior Discounts are optional. If your company does not offer them, delete this item. If your company does offer Senior Discounts, the exact wording above must be used.)

SCHEDULE OF RATES

(Per Person)

Flat Rates – For all loaded miles from the point of pickup to point of drop-off (one way)

Standard Hours: 8:00 AM to 6:00 PM

Wheelchair Van: \$45.00

Ambulatory: \$35.00

Evening Hours: 6:00 PM to 8:00 AM

Wheelchair Van: \$55.00

Ambulatory: \$45.00

Weekend Hours: Saturday 12:01 AM to Monday 7:59 AM

Wheelchair Van: \$65.00

Ambulatory: \$55.00

Holidays: 12:01 AM to 11:59 PM

Wheelchair Van: \$65.00

Ambulatory: \$55.00

Mileage rate: \$3.00 per mile, or any fraction thereof, applies in addition to the Flat Rate stated above on all loaded miles, after the first ten (10) miles, from the point of pick-up to the final destination.

Reservations: Any Reservation made less than two (2) hours before travel time will be charged an additional \$25.00 fee.

Waiting Time At Origin: After the first twenty (20) minutes of free time the passenger will be charged at the rate of \$5.00 for every fifteen (15) minute increment, or any fraction thereof.

Waiting Time During Trip: If the driver is requested to wait for a customer at the destination or during a trip, there will be an additional waiting time charge of \$5.00 for every fifteen (15) minute increment, or any fraction thereof.

Extra Attendant: An extra attendant shall be provided by reservation in those instances where necessary, according to the passenger's needs or condition. The charge for the extra attendant is \$50.00 per trip and an additional \$10.00 per half hour, or any fraction thereof, after the first two (2) hours from Pick Up Time.