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DATE OF DEPOSIT

APR 23 2024

CHRISTINA M. MELLOTT
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April 23, 2024

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

VIA CERTIFIED MAIL NO. 7022 2410 0001 7893 5607

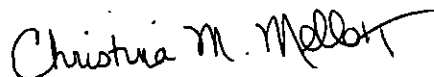
Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building – 2nd Floor
400 North Street
Harrisburg, PA 17120

**Re: Application for Paratransit Authority for Cetronia Ambulance Corps
Incorporated d/b/a Cetronia Ambulance Corps
(Currently hold PUC authority at PUC No. A-00120701)**

Dear Secretary Chiavetta:

This firm represents Cetronia Ambulance Corps Incorporated d/b/a Cetronia Ambulance Corps. Enclosed for filing, please find the original and one copy of the PUC Application, Verified Statement of the Applicant, a self-addressed envelope, and an attorney's check for the \$350 filing fee for an Application for Common Carrier Paratransit Service for Cetronia Ambulance Corps Incorporated d/b/a Cetronia Ambulance Corps to amend its existing common carrier paratransit authority at PUC No. A-00120701). Please date-stamp and return the copy to me in the enclosed envelope.

Very truly yours,



Christina M. Mellott
for PAGE, WOLFBERG & WIRTH, LLC

CMM:ms

cc: Cetronia Ambulance Corps

DATE OF DEPOSIT

APR 23 2024

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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)

Cetronia Ambulance Corps Incorporated

- 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)

Cetronia Ambulance Corps

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- 00120701

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 61803

(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).**

Robert F. Mateff, Sr. - Chief Executive Officer _____
Amy Ninos - Chief Financial Officer _____

6. **Mailing Address**

4300 Broadway
Street Address

Allentown, PA 18104 Lehigh
City, State and Zip Code County

(610) 395-0239 mateffr@ceironia.org
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.)

Street Address

City, State and Zip Code County

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)

Christina M. Mellott, Esq.; Page, Wolfberg & Wirth, LLC (717) 691-0100
Attorney's Name & Telephone Number for this Filing

5010 E. Trindle Rd., Ste. 202; Mechanicsburg, PA 17050 cmellott@pwwemslaw.com
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?**

X No Yes, at No. _____

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, as a common carrier by motor vehicle, persons in paratransit service from points in the counties of Lehigh, Northampton, Monroe, Carbon, Berks, Bucks, Montgomery, Schuylkill, Luzerne, Lackawanna, Wyoming, Wayne, and Pike 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.

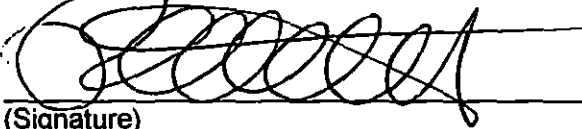
Verification of Application

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.

Robert F. Mateff, Sr.

(Print Name)



(Signature)

04-18-2024
(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).

APR 23 2024

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Cetronia Ambulance Corps Incorporated

Legal Name of Applicant

Cetronia Ambulance Corps

Trade Name, if any

4300 Broadway,

Allentown,

PA

18104

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.

Robert F. Mateff, Sr., Chief Executive Officer
4300 Broadway
Allentown, PA 18104
(610) 530-5513

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.

Cetronia Ambulance Corps has been providing emergency and non-emergency ambulance service since 1962. Cetronia has had PUC paratransit authority since 2005, and is seeking to expand its service area.

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.

Facilities: Cetrionia Ambulance Corps has stations in South Whitehall Township, Lehigh County; Bushkill Township, Northampton County and Hazleton, Luzeren County. It uses all of these for its PUC operations. Its main station has a total of 68,000 square feet, as well as 1/2 of an acre of parking. Each station has at least one computer, printer, copier, telephone, and fax machine. Each station also has bathrooms, a kitchen, a lounge area, and a laundry room.

Records and Record Maintenance Plan: A computerized transport report is documented through a software program for each transport. After billing for the transport is completed, all records are kept electronically and/or on paper for a minimum of 10 years. This includes requests for service, unit assigned to the transport, date/time of transport, and person completing the transport. The Company evaluates each transport for quality assurance. Records which are required to be kept by the PUC are maintained as described herein, and in compliance with all PUC requirements.

Communications Network: The in-house Communications Center is the primary source for dispatching all non-emergency transport requests through the use of medical dispatch software. Communications are accomplished by telephone, cellular phone, and email. Customer requests for transport are primarily received by calling in and scheduling a transport. The paratransit vehicles each possess a cell phone. All personnel providing transports for Cetrionia Ambulance Corps have a cell phone during all transports and are able to communicate with dispatch and management, as well as any facility to and from which the person is being transported, at all times during the transport. Requests for transportation are able to be received and scheduled 24 hours per day, seven days per week. The addresses of its stations are 4300 Broadway, Allentown, PA; 155 Firehouse Lane, Nazareth, PA; 119 East Holly

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.

a. Cetrionia Ambulance Corps has 35 personnel available to provide paratransit services. All paratransit vehicle drivers must be certified by the Department of Health as EMS Vehicle Operators. Additionally, all drivers must be certified in CPR, and must pass a criminal background check, pass a driver record check, and possess a Pennsylvania Child Abuse History Clearance, and a drug screen. All drivers must be at least 21 years of age. All paratransit vehicle operators are trained on the proper operation of paratransit vehicles.

b. All employees, upon their hiring, are given a conditional offer of employment. Motor vehicle records checks and criminal background checks are then performed prior to allowing them to begin orientation with Cetrionia Ambulance Corps. We then complete annual checks of the motor vehicle records and criminal background checks on all of our employees.

c. All employees are given an in-house orientation and are then put through a field orientation process with a field training officer prior to be permitted to engage in any transport duties. This orientation and training program includes, among other things, driver training. During the driver training, staff members are coached on safe vehicle operations, operating the vehicle for optimal patient comfort, back and maneuvering the vehicle, and parking considerations.

d. A current driver's license is kept on file and maintained by the organization. Annual checks are performed on each driver's motor vehicle records. When a driver's license is set to expire, the staff member will receive a warning message that they are required to submit a copy of the renewed driver's license to the organization or they will be suspended from being able to operate a company vehicle. All staff members are required to immediately inform leadership personnel any time that they receive a driving citation that could result in a license suspension.

e. Cetrionia Ambulance Corps has a policy prohibiting the use of alcohol, illegal drugs, and prescription medication that could impair the ability to operate a motor vehicle or impair the ability to safely perform job duties. Personnel are tested for drugs and alcohol after every accident and upon reasonable suspicion. A copy of this policy is available upon request.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
See next page					

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

YEAR	MAKE	MODEL	SEATING CAPACITY	VEHICLE ID #	MILEAGE
2023	FORD	TRANSIT-350 PASSENGER	1	1FDAX2C86PKB02541	5,385
2018	FORD	TRANSIT-150	1	1FMZK1CM1JKA81789	132,144
2018	FORD	TRANSIT-150	1	1FMZK1CM0JKA81783	99,715
2018	FORD	TRANSIT-150	1	1FMZK1CM4JKA81785	145,581
2018	FORD	TRANSIT-150	1	1FMZK1CM8JKA81787	117,170
2018	FORD	TRANSIT-150	1	1FMZK1CM2JKA81073	127,494
2018	FORD	TRANSIT-150	1	1FMZK1CM2JKA81784	130,934
2018	FORD	TRANSIT-150	1	1FMZK1CM9JKA81782	127,816
2023	FORD	TRANSIT-350 PASSENGER	1	1FDAX2C84PKB02716	7,862
2023	FORD	TRANSIT-350 PASSENGER	1	1FDAX2C84PKB02909	8,788
2023	FORD	TRANSIT-350 PASSENGER	1	1FDAX2C82PKB03007	3,249
2023	FORD	TRANSIT-350 PASSENGER	1	1FDAX2C84PKB03123	9,066
2023	FORD	TRANSIT-350 PASSENGER	1	1FDAX2C81PKB03130	4,722
2023	FORD	TRANSIT-350 PASSENGER	1	1FDAX2C8XPKB03191	6,921
2018	FORD	TRANSIT-150	1	1FMZK1CMXJKA81788	127,609
2023	FORD	TRANSIT-350 PASSENGER	1	1FDAX2C80PKB03233	6,655
2018	FORD	TRANSIT-150	1	1FMZK1CM5JKA81066	144,526
2023	FORD	TRANSIT-350 PASSENGER	1	1FDAX2C88PKB03366	7,043
2023	FORD	TRANSIT-350 PASSENGER	1	1FDAX2C87PKB05111	275
2023	FORD	EXPLORER	1	1FMSK8DH6PGC41494	105
2024	FORD	EXPLORER	1	1FMSK8DH0RGA20413	77
2023	FORD	EXPLORER	1	1FMSK8DH1PGC07219	31
2023	FORD	EXPLORER	1	1FMSK8DH5PGC34150	31
2023	FORD	EXPLORER	1	1FMSK8DH7PGC40063	31

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).

a. All Company vehicles receive routine vehicle maintenance, which is performed by a licensed vehicle repair shop. This routine maintenance is performed every 3,000 miles and includes maintenance/inspection on the following areas: lighting, windshield and wiper blades, mirrors, brakes, tires, oil and lube, fluid level checks, under hood checks, transmission oil, underbody checks, batteries, and interior checks.

b. All vehicles are inspected annually, as required by law, at a certified Pennsylvania inspection station. The equipment on the vehicles also receive periodic maintenance to ensure that they continue to function properly.

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

Cetronia Ambulance Corps has had paratransit authority and has been providing paratransit services since 2005. It is simply seeking to expand its authority. Thus, Cetronia Ambulance Corps already has and is already paying the required insurance premiums.

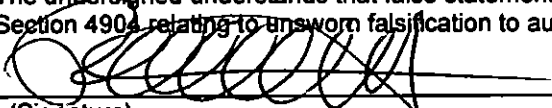
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ YES 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)
 Robert F. Mateff, Sr., Chief Executive Officer

 (Name and Title, printed or typed)

04-18-2024

 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) January 31, 2024
(Must be less than 6 months old)

ASSETS

Current Assets			
Cash	1,595,141		
Other Current Assets (specify) <i>A/R, Prepaid Assets,</i>	<u>6,639,106</u>		
Total Current Assets <i>Stocks, Bonds</i>			<u>8,234,247</u>
Tangible Assets			
Motor Vehicle Equipment	3,966,047		
Property (buildings, land, etc.)	<u>9,894,483</u>	(5,681,075)	<i>→ accumulated depreciation</i>
Office Equipment		<u>1,320,235</u>	
TOTAL ASSETS			<u>17,733,937</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans	0		
Credit cards/revolving credit	0		
Other Liabilities (Attach schedule)	<u>661,978</u>		
Total Current Liabilities			<u>661,978</u>
Long Term Liabilities (Due after one year of date)			
Mortgage	4,701,924		
Long term commercial loan	<u>558,785</u>		
Other Liabilities (Attach Schedule)	<u>173,252</u>		
Total Long-Term Liabilities		<u>5,433,961</u>	
TOTAL LIABILITIES			<u>17,733,937</u>

included is Net Assets of \$11,637,998

Cetronia Ambulance Corps, Inc.

Statement of Financial Position

January 31, 2024

	CURRENT	LAST YEAR	Variance	%
<u>ASSETS</u>				
<u>Current Assets</u>				
Cash	\$ 336,267	\$ 554,602	(218,335)	(64.93)
Cash	25,102	0	25,102	100.00
Cash	1,222,616	0	1,222,616	100.00
Petty Cash	102	102	0	0.00
Money Markets - Investments	11,054	24,714	(13,660)	(123.58)
A/R - Billing	4,245,083	3,712,028	533,055	12.56
Allowance for Doubtful Account	(900,968)	(450,968)	(450,000)	49.95
A/R - Employee AFLAC	297	199	98	33.00
A/R - Employee Pet Insurance	(585)	1,702	(2,287)	390.94
A/R - Employee NY Life Insur	(1,386)	(1,522)	136	(9.81)
A/R - Miscellaneous	215,180	1,264,221	(1,049,041)	(487.52)
Pledges Receivable	50,900	8,610	42,290	83.08
Allowance on Pledges	(5,900)	(900)	(5,000)	84.75
Discount on Pledges	(7,988)	0	(7,988)	100.00
Prepaid Assets	176,996	185,572	(8,576)	(4.85)
Total Current Assets	5,366,770	5,298,360	68,410	1.27
<u>Property and Equipment</u>				
Building & Improvements	57,534	16,082	41,452	72.05
Building & Improvements SWT	9,836,949	9,836,949	0	0.00
Vehicles	2,885,452	2,677,473	207,979	7.21
Furniture & Fixtures	297,410	290,217	7,193	2.42
Communications Equipment	763,026	750,539	12,487	1.64
Medical Equipment	1,080,595	911,524	169,071	15.65
Computer & Office Equipment	259,799	177,334	82,465	31.74
Accumulated Depreciation	(5,681,075)	(5,266,845)	(414,230)	7.29
Total Property and Equipment	9,499,690	9,393,273	106,417	1.12
<u>Investments</u>				
Investment - Schwab Equities	2,867,477	2,604,764	262,713	9.16
Total Investments	2,867,477	2,604,764	262,713	9.16
Total Assets	\$ 17,733,937	\$ 17,296,397	437,540	2.47

LIABILITIES AND CAPITAL

<u>Current Liabilities</u>				
Accounts Payable	\$ 149,126	\$ 213,976	(64,850)	(43.49)
Misc Liability	(2,974)	2,535	(5,509)	185.24
Employee Fund	2,292	2,292	0	0.00
Deferred Transport Revenue	(300)	(225)	(75)	25.00
Deferred Subscriptions Ren	204,957	199,739	5,218	2.55
Deferred Subscriptions New	9,787	9,420	367	3.75
Deferred Misc Revenue	0	20,000	(20,000)	0.00
Deferred Donations	0	0	0	0.00
Accrued Wages & Pd Time Off	225,402	184,500	40,902	18.15
Accrued Expenses	65,000	72,890	(7,890)	(12.14)
Employee FSA Account	8,688	5,758	2,930	33.72
Total Current Liabilities	661,978	710,885	(48,907)	(7.39)

For Management Purposes Only

Cetronia Ambulance Corps, Inc.

Statement of Financial Position

January 31, 2024

	CURRENT	LAST YEAR	Variance	%
<u>Long-Term Liabilities</u>				
LTD -Embassy 2019565	4,701,924	4,862,503	(160,579)	(3.42)
Debt Issuance Costs	(126,100)	(130,223)	4,123	(3.27)
VLAP Loan #P31002941-202	2,448	16,965	(14,517)	(593.01)
VLAP Loan #P31005640-202	36,962	46,814	(9,852)	(26.65)
Lease - Enterprise Vehicles	299,352	5,258	294,094	98.24
Vehicle Loan - ABLV	382,208	392,916	(10,708)	(2.80)
Zoll Debt on Series X Monitors	137,167	462,389	(325,222)	(237.10)
Total Long-Term Liabilities	5,433,961	5,656,622	(222,661)	(4.10)
Total Liabilities	6,095,939	6,367,507	(271,568)	(4.45)
<u>Net Assets</u>				
Undesignated	8,954,596	8,954,347	249	0.00
Undesignated	2,567,582	1,689,806	877,776	34.19
Current Surplus <Deficit>	115,820	284,737	(168,917)	(145.84)
Total Net Assets	11,637,998	10,928,890	709,108	6.09
Total Liabilities & Net Assets	\$ 17,733,937	\$ 17,296,397	437,540	2.47

For Management Purposes Only

Cetronia Ambulance Corps
Balance Sheet
January 2024

	<u>Current Year</u>
ASSETS	
<u>Current Assets</u>	
Cash	\$ 1,584.087
Money Market-Investments	\$ 11.054
A/R - Billing Net of Contractual Allowances	\$ 4,245.083
Reserve for Bad Debt	\$ (900.968)
Prepaid assets	\$ 176.996
Other Current Assets	\$ 250.518
Total Current Assets	\$ 5,366.770
Property and Equipment	\$ 9,499.690
Investments	\$ 2,867.477
TOTAL ASSETS	\$ 17,733.937
LIABILITIES AND NET ASSETS	
<u>Current Liabilities</u>	
Short Term Debt	\$ -
Accounts Payable	\$ 149.126
Deferred Subscriptions	\$ 214.744
Accrued Wages and Time Off	\$ 225.402
Other Current Liabilities	\$ 72.706
Total Current Liabilities	\$ 661.978
Long Term Debt	\$ 5,134.609
Capitalized Leases	\$ 299.352
Net Assets	\$ 11,637.998
TOTAL LIABILITIES and NET ASSETS	\$ 17,733.937

Wolfberg & Wirth, LLC
1010 E. Trindle Road
Suite 202
Harrisburg, PA 17050

7022 2410 0001 7893 5607

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APR 26 2024

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Rosemary Chiavetta, Secretary
PA Public Utility Commission
Commonwealth Keystone Building - 2nd Floor
400 North Street
Harrisburg, PA 17120

CMPC

717-705-1952

HIAVETA, R. PUC

PUC

Carrier: PRIORITY

4/25/2024 12:22:47 PM



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