

DATE OF DEPOSIT

Docket No. A-2024-3050285
Blackhorse Empire LLC

JUL 29 2024

Request for Information

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

- 1.) You failed to adequately answer all aspects of question #5 of the Verified Statement of Applicant. Please review Title 52 Pa Code §29.501-509 Driver Regulations to see what is required of motor carriers.
 - a. Age Restrictions;
 - i. What if any age restrictions will you have for intended drivers? Please provide a policy on the age of drivers that complies with the regulations mentioned above.
 - b. Your system for conducting criminal background checks;
 - i. How often will the criminal background checks be conducted?
 - ii. What type of things in their criminal background check would disqualify them from employment?
 - iii. How will you maintain records (record retention) of the criminal background checks performed?
 - c. Your system for conducting driver license/history checks;
 - i. How often will driver/license history checks be performed?
 - ii. How will you maintain records (record retention) of such checks?
 - d. You mention that prospective drivers will have a urine and drug screening at quest diagnostics but fail to identify anything beyond that. What will a failed drug and alcohol test result in? Will there be any testing after being hired, and if so what is the procedure, and what actions would be taken?
- 2.) In question #7 of the Verified Statement of Applicant you are asked to describe your vehicle safety program. You stated routine maintenance. What would "routine maintenance" entail, and on what schedule would this maintenance be performed?
- 3.) You failed to provide a **DATED** Statement of Financial Position (Balance Sheet). Please submit a dated balance sheet that reflects the current financial position of the LLC, showing only the assets and liabilities held by the LLC.

PLEASE ANSWER THESE QUESTIONS THOROUGHLY ON A SEPARATE SHEET OF PAPER

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, Sylvester Thomas JR, 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).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are **not** accepted.

Sincerely,



Rosemary Chiavetta
Secretary

Enclosure

DATE OF DEPOSIT

JUL 29 2024

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Black Horse Empire LLC

238 North 12th Street
Reading, PA, 19604

DATE OF DEPOSIT

JUL 29 2024

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

1.) Age Restrictions:

- a.) At least 21 years of age
- b.) Operating a paratransit vehicle in its authorized service if that person is at least 18 years of age but under 21 years of age if the following conditions are met:
 - i.) Registered as a certified emergency medical services vehicle operator (EMSVO) with the Department of Health (Department).
 - ii.) Carry the Department-issued registration of their EMSVO certification on board while operating a paratransit vehicle
 - iii.) Verify that the paratransit driver is in good standing with the Department and maintain records for 4 years to prove each person's EMSVO certificate registration. The records would be available for inspection by commission staff upon request.
 - iv.) The carrier would notify the Commission's Bureau of Technical Utility Services within 3 calendar days of the occurrence of the following events involving a paratransit driver who is under 21 years of age:
 - (1) Accident, regardless of the severity of the accident
 - (2) Driving-related violations such as a moving violation
 - (3) Reckless driving
 - (4) Driving under the influence of alcohol or drugs
- c.) Criminal background checks:
 - i.) Frequency of record check
 - (1) Every 2 years from the date of the last criminal history check
 - (2) Must check history records from the state of Pennsylvania State Police and every other state in which the person resided for the last 12 months.
 - ii.) Maintaining Records
 - (1) Copy of the criminal history shall be maintained by the commoner contract carrier for at least 3 years
 - iii.) Type of things that would disqualify them from employment
 - (1) Not permit a person to operate a vehicle in its authorized service when the person was convicted of a felony or a misdemeanor under the laws of the Commonwealth or under the laws of another

jurisdiction, to the extent the conviction related adversely to that person's suitability to provide service safely and legally.

- (2) Within the preceding 7 years
 - (a) Driving under the influence of drugs or alcohol
 - (b) A felony conviction involving theft
 - (c) Felony conviction for fraud
 - (d) A felony conviction for a violation of The Controlled Substance, Drug, Device and Cosmetic Act
- (3) Within the preceding 10 years
 - (a) Use of a motor vehicle to commit a felony
 - (b) Burglary or robbery
- (4) At anytime
 - (a) Sexual offense under 42 Pa.C.S. 9799.14 (c) or (d)
 - (b) Crime of violence as defined in 18 Pa.C.S. 5702
 - (c) Act of terror

1.) If failed drug and urine screening at Quest Diagnostics results personnel would be notified that they did not pass their test they would get a warning and be suspended until a Drug and Alcohol counseling for a 30-day outpatient treatment certificate.

- 2.) Routine maintenance would be performed daily by the drivers before they start their schedule.
 - a.) Check oil
 - b.) Check tires
 - c.) Check damages to cars (windshields, foreign objects, windows, etc)
 - d.) Check blinkers
 - e.) Check lights
- 3.) Have a schedule for routine oil changes, tune-ups, and tire rotations set up monthly.

BALANCE SHEET

BlackHorse Empire LLC

Date 29 Jul 2024

ASSETS

Currency 5902.64

CURRENT ASSETS

Cash	5,902.64
Accounts receivable	20,000.00
Inventory	3,000.00
Prepaid expenses	0.00
Short-term investments	0.00
TOTAL CURRENT ASSETS	28,902.64

NON CURRENT ASSETS

Property/land	65,000.00
Furniture	1,000.00
Vehicles	150,000.00
Equipment/tools	8,000.00
Long-term investments	0.00
TOTAL NON-CURRENT ASSETS	224,000.00

TOTAL ASSETS	252,902.64
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LIABILITIES

CURRENT LIABILITIES

Accounts payable	4,000.00
Payroll	5,000.00
Sales tax	0.00
Income tax payable	62,000.00
Short-term loans	0.00
TOTAL CURRENT LIABILITIES	71,000.00

LONG-TERM LIABILITIES

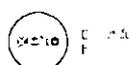
Long-term loans	0.00
Other long-term liabilities	0.00
TOTAL LONG-TERM LIABILITIES	0.00

TOTAL LIABILITIES	71,000.00
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OWNER'S EQUITY

Owner's investment	50,000.00
Owner's drawings	0.00
Retained earnings	60,000.00
TOTAL OWNER'S EQUITY	110,000.00

TOTAL LIABILITIES AND OWNERS EQUITY	181,000.00
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**PRIORITY
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CUSTOMER USE ONLY
FROM: (PLEASE PRINT) **PHONE:** 215, 399-8886
 CK Horse Empire LLC
 8 North 12th Street
 Reading PA 19604

RECEIVED
 JUL 30 2024

PAYMENT BY ACCOUNT (If applicable)
 Federal Agency Acct. No. or Postal Service™ Acct. No.

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1-Day 2-Day Military DPO

PO ZIP Code 019612	Scheduled Delivery Date (MM/DD/YY) 7/30/24	Postage \$ 30.45
Date Accepted (MM/DD/YY) 7/29/24	Scheduled Delivery Time 12:30 PM	Insurance Fee \$
Time Accepted 12:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Live Animal Transportation Fee \$
Weight 3 lbs. 3 ozs.	Acceptance/Employee Initials ML	Total Postage & Fees \$ 30.45

TO: (PLEASE PRINT) **PHONE:** _____
 Rosemary Chiquetta, Secretary
 Pennsylvania Public Utility Commission
 Commonwealth Keystone Building
 400 North Street
 Harrisburg PA
 ZIP + 4® (U.S. ADDRESSES ONLY)
 17120

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time Employee Signature	<input type="checkbox"/> AM <input type="checkbox"/> PM
Delivery Attempt (MM/DD/YY) Time Employee Signature	<input type="checkbox"/> AM <input type="checkbox"/> PM

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