

ENTREPRENEUR SUCCESS INC.

PA Public Utility Commission
400 North Street
2nd Floor
Harrisburg, Pennsylvania 17120

August 28, 2024

Document Submitting: Application for Carrier of Persons in Paratransit Service

RE: D.L.E Transportation LLC

Member Information:

Detron Ealey – Sole Member
4905 W Tilghman St., Suite 100
Allentown, PA 18034
215-901-2143
tendair@onpointgs.com

PA Corporation Bureau Entity ID Number:
0013924856

If there is any additional information needed, please feel free to contact me.

Thanks,

Brooke Fletcher
Authorized Agent (D.L.E Transportation LLC)

4144 Ridge Road Unit 6, Stevensville, MI 49127

Phone: 269-357-7974 Toll Free Phone: 855-967-7837 Fax: 269-545-1804

www.EntrepreneurSuccess.com

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)

D.L.E TRANSPORTATION LLC

- 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)

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 0013924856
(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).**

Detron Ealey (sole member) _____

6. **Mailing Address**

4905 W Tilghman St. Suite 100
Street Address

Allentown, PA 18034 LeHigh
City, State and Zip Code County

215-901-2143 tendair@onpointgs.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.)

4905 W Tilghman St. Suite 100
Street Address

Allentown, PA 18034 LeHigh
City, State and Zip Code County

215-901-2143 tendair@onpointgs.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?**

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 people with non-emergency medical needs between points in Philadelphia County.

Will provide the people with ambulatory or wheelchair transportation services.

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.

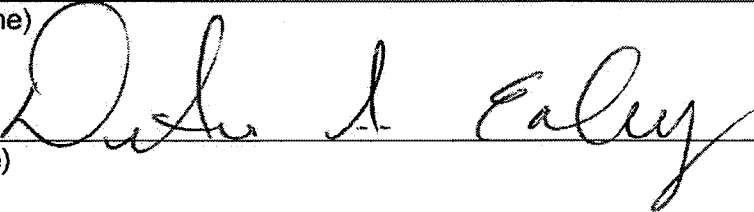
Verification of Application

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.

Detron Ealey

(Print Name)



(Signature)

08/19/2024

(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).

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.

Detron Ealey
Legal Name of Applicant

D.L.E. TRANSPORTATION LLC
Trade Name, if any

4905 W Tilghman St. Suite 100 Allentown, PA 18034
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.
Detron Ealey - Managing Member
502 W 7th St Ste 100
Erie, PA 16502-1333
215-901-2143

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.
D.L.E. team has been in the transportation business since 2004. The team has extensive experience providing transportation services to FedEx and Amazon across the country. Some of the team members have experience working for non-emergency transportation providers in other states. The team understands and knows how to deliver high level of customer care. Customers are the most important aspect of the non-emergency transportation business. The focus on customer service is vital in NEMT, where patient comfort and satisfaction are a top priority. Out attention to detail and experience addressing feedback at the customer level have created a large piece that will drive high customer satisfaction in the NEMT space.
Our management team has taken the following industry recommended trainings. Passenger Assistance Safety and Sensitivity (PASS), Wheelchair Securing Training, Defensive Driving Training, First Aid/AED Training.

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.

The office and physical address of the company is
 4905 W Tilghman Street Suite 100
 Allentown, PA 18104

The computers, fax machines, lock-up filing drawers will be in a safe locked office at the above mentioned address. The vehicles will be kept on site at the office. Records required by PUC and business records will be filed in lock-up drawers and cabinets. The backups will be stored on high security data cloud that can only be accessed by using highly sensitive and secure usernames and passwords. We will receive the customer request for transportation through Modivcare, a broker we will be working with. Modivcare's routing and dispatch, WellRyde, we will be linked to our company systems. WellRyde, will enable us to route and dispatch. We will also use Route Genie, as a backup for dispatch and routing.

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.

Please see attached for the above information as it would not fit in the box provided.

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

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

Will start with one vehicle with seating capacity of less than 10 and increase as the operation grows in the service territory.

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.**

We intend to start with 3 drivers and hire more drivers as the business and operation grows. We will screen and hire drivers through multiple ads on Indeed and other recruitment sites. Once screened, interviewed, and selected, candidates submit to a background check using ClearChecks or Checkr or Advantage. HireRight will also be used for MVRs. Potential candidates will be subject to pre-employment and annual screenings

We will be background checking, drug testing, and running MVRs, through multiple channels

(Simultaneously if needed). Our current vendors will be:

Background/MVR:

Advantage

Clear Checks

Checkr

Drug Screening:

Quest Diagnostics

The following reports / screenings will be done and submitted annually.

9 Panel Drug Screen (when ordering drug screenings, **request an MRO**)

9-panel drug screen* shall mean a urine based drug test that screens for the use of: Amphetamines, Barbiturates, Benzodiazepines (including Valium, Restoril, Xanax and Librium), Cocaine, Methadone, Methaqualone, Opiates and Phencyclidine (PCP), and Propoxyphene (Darvon).

Motor Vehicle Report (annual check required)

5 year history

No more than 1 moving violations or at fault accidents in the last 3 years

No DUI/DWI in the past 3 years or suspensions the past 5 years

National Background Check (annual check required)

7 Year National and County Level Check

No crimes of violence, substance abuse or sexual abuse

PA Child Abuse Check

Driver Training

Driver will receive the recommended basic training before they are fully on boarded to work.

Passenger Assistance Safety and Sensitivity (PASS)

Wheelchair Securing Training

Defensive Driving Training

First Aid/CPR/AED Training

In addition to basic training will be provided, we will use a scoring rubric to encompass all measurable facets of the driver role. Our training process begins with driver trainers; we select drivers who demonstrate above-average skills in three core competencies.

- **On-Road Safety (ORS) Metrics** – Only drivers with perfect ORS metrics are considered. These are measured utilizing Netradyne metrics provided daily for each driver.
- **Performance and Feedback** – Utilizing weekly scorecards and daily reports, we then rank our safest drivers by delivery and performance feedback. This allows us to further narrow our search by identifying the individuals who not only have a proven affinity for safety but also demonstrate a superior ability to follow standard work and consistently provide an outstanding customer experience.

Disposition and Ability to Handle Adversity – Once our list is narrowed to only top performers, we focus on disposition. We recognize that our driver trainers are typically the first meaningful interaction our drivers have with anyone from our company. When developing new drivers, it has been proven crucial to provide them with a positive on-boarding and training experience. Driver Trainers (DT) must have the ability to conduct themselves calmly and respectfully at all times

The Drug and Alcohol Policy

Employees and applicants are strictly prohibited from possessing, manufacturing, distributing, storing, consuming or otherwise using alcohol and illegal drugs as defined by state and federal laws and regulations on our company/client premises and worksites, on company/client activities or in our company/client vehicle.

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).

Please see attached for additional information as there was not enough room to complete in this section.

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.
Please see attached for additional information as there was not enough room to complete in this section.

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)

(Name and Title, printed or typed)

Detron A. Ealey
Detron A. Ealey / Owner

(Date)

8-19-24

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).

Vehicle will have the PA state inspection and registrations and required insurance. Modivcare (broker) will also do vehicle inspections.

We have a rigorous approach to vehicle maintenance and safety. NEMT requires vehicles that are not only reliable but also equipped to handle special customer needs, including accessibility features for the disabled. Vehicles will be maintained to the highest standards, provide safe and comfortable transportation for NEMT clients. Vehicle will have pre and post-trip inspection.

Scheduling and tracking maintenance and Preventive Maintenance will be done through Autosist, a program that will be installed on the vehicles. In the event a vehicle is grounded, we will look to source a vehicle from a neighboring market or rent while we continue to build out our fleet to meet customer demand.

In terms of technology, we utilize Netradyn to monitor the on-road safety aspects of the operation. We will utilize a combination of MODV's preferred software, our selected dispatch software, and daily internal reporting to create our own KPIs. In terms of operational management, we will structure this business to have a dispatcher/router monitor on-road operations to coach drivers and communicate time-sensitive information.

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

We have identified insurance brokers who will provide insurance coverage for the following to cover our Modivcare (our broker) and PA DHS

Auto Liability

Policy of \$500,000.00 Written for symbol 1, "Any Auto" or symbols 2,8 & 9.

Policy must be written for Non-Emergency Medical Transportation.

General Liability

Policy of \$1 000,000.00 Written for Occurrence not Claims Made

COI will include the following endorsement:

"ModivCare Solutions, LLC. and PA DHS are included as Additional Insured with regard to commercial General Liability and Auto Liability policies as required by written contract. General Liability coverage includes blanket contractual liabilities and sexual abuse and molestation".

Statement of Financial Position (Balance Sheet)
As of (date) 08/23/2024
(Must be less than 6 months old)

ASSETS

Current Assets			
Cash		\$50,000.00	
Other Current Assets (specify)		_____	
Total Current Assets			<u>\$50,000.00</u>
Tangible Assets			
Motor Vehicle Equipment		_____	
Property (buildings, land, etc.)		_____	
Office Equipment		_____	
	TOTAL ASSETS		<u><u>\$50,000.00</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		_____	
Credit cards/revolving credit		_____	
Other Liabilities (Attach schedule)		_____	
Total Current Liabilities			_____
Long Term Liabilities (Due after one year of date)			
Mortgage		_____	
Long term commercial loan		_____	
Other Liabilities (Attach Schedule)		_____	
Total Long-Term Liabilities			_____
	TOTAL LIABILITIES		<u><u>0.00</u></u>