

A-2024-3050285

**Black Horse Empire LLC**

238 North 12th Street

Reading, PA, 19604

DATE OF DEPOSIT

AUG 20 2024

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**1.) Age Restrictions:**

At least 21 years of age

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

Criminal background checks:

- v.) 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.

Check oil

Check tires

Check damages to cars (windshields, foreign objects, windows, etc)

Check blinkers

Check lights

3.) Have a schedule for routine oil changes, tune-ups, and tire rotations set up at the beginning of the month.

Update information:

1.

a. Your system for conducting driver's license/history checks

i. How often will driver/license history checks be performed?

i.) Following receipt of the initial driver history report, a common or contract carrier shall, at least once every 12 months from the date of the last report, obtain a driver history for each driver operating under its authority from the appropriate agency of the state in which the driver held an operator's license during the time period. Compliance with this subsection does not

relieve a common or contract carrier of the responsibility to ensure its drivers hold a current, valid driver's license.

ii. How will you maintain records (record retention) of such checks

(1.) A copy of the driver history shall be maintained by the common or contract carrier for at least 2 years.

## 2: Routine maintenance for vehicles.

- Oil change (Every 5,000 miles)
- Check tires (With Oil change, Tire rotation 5,000 miles)
- Check damages to cars (windshields, foreign objects, windows, etc) (Daily before every shift)
- Check blinkers (daily before every shift)
- Check lights (daily before every shift)
- Check breaks (during an oil change and tire rotation so every 5,000 miles)

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

I, Sylvestre 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.

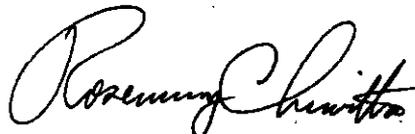
Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are not accepted.

DATE OF DEPOSIT

AUG 20 2024

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Sincerely,



Rosemary Chiavetta  
Secretary

Enclosure

Retail



17120

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READING, PA 19606  
AUG 20, 2024

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AUG 21 2024

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



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FROM: (PLEASE PRINT) PHONE ( )  
Black Horse Empire LLC  
238 NORTH 12<sup>th</sup> ST.  
Reading, PA 19604

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.  
Delivery Options  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
\*Refer to USPS.com® or local Post Office™ for availability.

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

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

ORIGIN (POSTAL SERVICE USE ONLY)

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|---|--|-----------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> 1-Day | <input type="checkbox"/> 2-Day   | <input type="checkbox"/> Military | <input type="checkbox"/> DPO         |
| PO ZIP Code<br>19604                      | Scheduled Delivery Date (MM/DD/YY)<br>8/21                             | Postage<br>\$ 30.45               |                                      |
| Date Accepted (MM/DD/YY)<br>8/20          | Scheduled Delivery Time<br><input checked="" type="checkbox"/> 6:00 PM | Insurance Fee<br>\$               | COD Fee<br>\$                        |
| Time Accepted<br>1:30 PM                  | <input type="checkbox"/> AM  | Return Receipt Fee<br>\$          | Live Animal Transportation Fee<br>\$ |
| Special Handling/Fragile<br>\$            | Sunday/Holiday Premium Fee<br>\$                                       | Total Postage & Fees<br>\$ 30.45  |                                      |
| Weight<br>1.40 lbs.                       | Flat Rate<br>Employee Initials<br>JJC                                  |                                   |                                      |

DELIVERY (POSTAL SERVICE USE ONLY)

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

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