

Application for Motor Common Carrier of Persons in Limousine Service

This application is required to operate as a common carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants providing service between points in the city and county of Philadelphia or from any airport, railroad station or hotel located in whole or in part in Philadelphia, must apply to the Philadelphia Parking Authority. Contact PPA at (215) 683-9434 or the website at www.philapark.org

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Black and Gold 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)

N/A

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 Limo Service" 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 Limo Service" or "J. Doe Limo Service" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** Yes NO **Previous Authority?** NO

If YES, at PUC No. A- 6427331

4. **Are you a business entity registered with the PA Dept. of State?** Y NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 0015940002

(See checklist and indicate type of business entity registered)

3579902 (anc)

5. **If either a Corporation or Limited Liability Company, please list members (LLC) or shareholders and officers (Corporation).**

MD Taybur Rahman _____

6. **Mailing Address**

1308 Bridle Trail _____
Street Address

Moon Twp, PA 15108 _____ Allegheny
City, State and Zip Code County

4127797291 _____ trpolash@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 from Mailing Address. Do not use a PO Box)

Street Address

City, State and Zip Code

Telephone Number E-mail Address

The address entered here should be 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 **MAILING ADDRESS** is the same as the **PHYSICAL 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 _____ 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 between points in Pennsylvania excluding service that is under the jurisdiction of the Philadelphia Parking Authority.

Examples:

- *To transport people from points in Berks County to points in PA, and return.*
- *To transport people between points in the counties of Chester, Delaware, and Montgomery.*

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 limousine service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

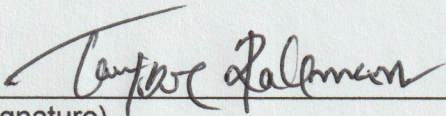
Verification of Application

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.

MD Taybur Rahman
(Print Name)

Owner
(Position)


(Signature)

09.25.2024
(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.

Black and Gold Transportation LLC			
Legal Name of Applicant			
N/A			
Trade Name, if any			
1308 Bridle Trail	Moon Twp	PA	15108
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

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.

MD Taybur Rahman, sole member, 1308 Bridle Trail, Moon Twp., PA 15108. Phone: 412-779-7291

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

I obtain rides/trips from other Limo Companies that are brokering transportation to me. I use apps such as Elife Drive, Luxy Drive, and Move Partners. I also use Sunny's Worldwide Chauffeured Transportation and Nationwide Chauffeured Transportation.

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.

Self Employed for Uber and Lyft for four years. Currently employed with Steeler Limosuine LLC.

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 business is operated out of the applicants office at 1308 Bridle Trail, Moon Twp. PA 15108. All business records of the company are maintained at the applicants office in Moon Twp. PA. Communication between the office and the operator of Applicant's vehicle is maintained by cell phone, text messaging and email messaging. Requests for service are received by the Applicant at its work number and vehicles are scheduled to provide service as requested.

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.

Applicant currently has 1 driver, namely the owner of the Applicant. Additional drivers may be added as business is developed.

- a. All drivers will have to have and maintain a valid PA drivers license and have proper experience;
- b. New hires and all prospective drivers will be subject to a criminal background check;
- c. New drivers will be trained by the owner of the Applicant who is an experienced driver;
- d. License renewals for any company driver will be checked every year and records will be kept of file and regularly reviewed to ensure that all company drivers maintain a valid PA driver license;
- e. The company has a zero tolerance regarding drug and alcohol use by drivers. Drivers will be terminated if it is determined that they have operated vehicles under the influence.

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. (Vehicles in limousine service may not be used if the vehicle mileage is greater than 350,000.)

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2020	Chevrolet	Tahoe	7	1GNSKBKC0LR114786	203,050

*Vehicles with seating capacity of more than ten passengers cannot be used for limousine 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).
 - c. Your system for ensuring that vehicles which no longer meet vehicle mileage requirement shall be replaced in a timely fashion.

- a. Applicant will ensure that each vehicle receives a complete safety service check, oil change and filter check every 4000-5000 miles. In addition, a yearly state emissions check is performed. All manufacturer-scheduled checks are performed at the proper time and mileage.
- b. All work on vehicles is performed at a licensed garage. In addition, daily visual inspections will be completed before each days first trip and final trip by the operator.

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

I currently have commercial insurance which meets Pennsylvania PUC minimum requirements:

Policy Number: LVA 128007

Insurer: First Chicago Insurance Company

Agent: Exquizit Insurance 1-215-600-1230

Agent Name: Ko Swin

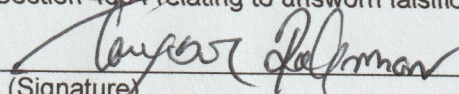
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

 YES no 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)

09.25.2024
 (Date)

MD Taybur Rahman Owner
 (Name and Title, printed or typed)

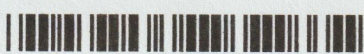
Statement of Financial Position (Balance Sheet)
As of (date) 09/25/2024
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	5000	
Other Current Assets (specify)		
Total Current Assets		5000
Tangible Assets		
Motor Vehicle Equipment	35,000	
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		35000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	10000	
Credit cards/revolving credit	5000	
Other Liabilities (Attach schedule)		
Total Current Liabilities		15000
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		



0013940602



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
**CERTIFICATE OF AMENDMENT - DOMESTIC
 LIMITED PARTNERSHIP / LIMITED LIABILITY
 COMPANY**
 Fee: \$70

Pennsylvania Department of State
-FILED-
 Amendment #: 0013940602
 Date Filed: 8/28/2024

(rev. 2/2017)

In compliance with the requirements of _____ or _____ (relating to amendment or restatement of certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/ Certificate of Organization, hereby states that:

File number	0003579902
Current filing name	Rahman Transportation LLC
Filing type	Domestic Limited Liability Company
Current limited liability company subtype	Limited Liability Company
Initial File Date	12/13/2022

New limited liability company name	Black and Gold Transportation LLC
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Effective Date
 The filing shall be effective when filed with the Department of State

Current Registered Office or Commercial Registered Office Provider Address	1308 BRIDLE TRL CORAOPOLIS, PA 15108-4701 ALLEGHENY
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Additional Details
 There are no additional changes

Restated Certificate of Limited Partnership/Certificate of Organization

The restated Certificate of Limited Partnership/ Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all amendments thereto.

Electronic Signature

I verify that I have electronically signed and submitted this document on behalf of the association.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed by a duly authorized person.

Full Name	Title	Date
MD Taybur Rahman	Member	08/28/2024



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-07-2023

Employer Identification Number:
92-3385071

Form: SS-4

Number of this notice: CP 575 G

RAHMAN TRANSPORTATION
MD TAYBUR RAHMAN SOLE MBR
1308 BRIDLE TRL
CORAOPOLIS, PA 15108

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-3385071. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.