

Secretary PA Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

DATE OF DEPOSIT  
SEP 12 2024  
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)

Chalfont Transportation Services Inc

- 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 7561399

(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).**

|                           |                               |
|---------------------------|-------------------------------|
| _____ Jaimini Patel _____ | _____ Priteshbhai Patel _____ |
| _____                     | _____                         |
| _____                     | _____                         |
| _____                     | _____                         |

6. **Mailing Address**

1100 Horizon Cir Ste 102  
\_\_\_\_\_  
Street Address  
Chalfont, PA 18915 Bucks  
\_\_\_\_\_  
City, State and Zip Code County  
215-684-9123  
\_\_\_\_\_  
Telephone Number E-mail Address Chalfonttransportation@gmail.com

*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)

\_\_\_\_\_  
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. \_\_\_\_\_

To transport persons who are physically, intellectually, developmentally disabled whose personal convictions prevent them from owning and operating motor vehicles and persons who typically need assistance from a caregiver needing transportation to get from their home and facilities. These service areas will be Philadelphia county, Bucks county, Montgomery county and Berks county. Our primary location will be Bucks county.

10. **Describe the service area proposed by this application.**  
(Use the space below or attach additional sheet if space provided is not sufficient).
- 

*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.

Priteshbhai Patel

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(Print Name)

*Pritesh Patel*

07/31/2024

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(Signature)

(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.

Chalfont Transportation Services INC

Legal Name of Applicant

Trade Name, if any

1100 Horizon Cir Ste 102 Chalfont, PA 18914

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.

Jaimini Patel owner located at 102 Summer Ridge Drive Lansdale, PA 19446

Priteshbhai Patel owner located at 1377 Memorial Drive Warwick, PA 18974

Phone number for both owners: 215-684-9123

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

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.

The applicants both have experience with transporting patients to dr appts, dialysis centers, social events that cater to years of experience with physically disabled, intellectually and developmental individuals.

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.

Records will be maintained on site premises in a locked filing cabinet in a secured locked room. Vehicles will be stored at a location in a private parking lot. For communication networks, customers can call the toll free number, request rides online via our websites internal application. We will have internal system to communicate with dispatch, drivers and management.

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.

we plan to initially hire 2 drivers. 1 driver will be listed for Philadelphia county and the other for Berks county. Our drivers must undergo a state criminal background check for Pennsylvania prior to being hired. All drivers will take a driver safety course, company training and undergo the insurances background check performed for their driving records to indicate traffic violations, tickets, any suspensions or points, Drug and alcohol testing performed prior to hire, every 3 months unannounced.

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.

we plan to use 1 vehicle

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
  - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

our vehicle safety program monitors the drivers safety ratings based on evaluations, supervisor reviews and periodic vehicle maintenance to be review every 30 days to ensure vehicle safety in compliance with vehicle equipment standards.

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

The steps we have taken is to receive a quote for insurance for the company as well as vehicles and were able to obtain an estimated premium.

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.

Pritesh Patel  
 (Signature)  
 Priteshbhai Patel  
 (Name and Title, printed or typed)

07/31/2024  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 8/1/2024**  
**(Must be less than 6 months old)**

ASSETS

|                                  |        |               |
|----------------------------------|--------|---------------|
| <b>Current Assets</b>            |        |               |
| Cash                             | 20,000 |               |
| Other Current Assets (specify)   | 0      |               |
| Total Current Assets             |        | 20,000        |
| <b>Tangible Assets</b>           |        |               |
| Motor Vehicle Equipment          | 0      |               |
| Property (buildings, land, etc.) | 0      | 0             |
| Office Equipment                 |        | 0             |
| <b>TOTAL ASSETS</b>              |        | <b>20,000</b> |

LIABILITIES

|                                                           |   |          |
|-----------------------------------------------------------|---|----------|
| <b>Current Liabilities (Due within one year of date)</b>  |   |          |
| Loans                                                     | 0 |          |
| Credit cards/revolving credit                             | 0 |          |
| Other Liabilities (Attach schedule)                       | 0 |          |
| Total Current Liabilities                                 |   | 0        |
| <b>Long Term Liabilities (Due after one year of date)</b> |   |          |
| Mortgage                                                  | 0 |          |
| Long term commercial loan                                 | 0 |          |
| Other Liabilities (Attach Schedule)                       | 0 |          |
| Total Long-Term Liabilities                               |   | 0        |
| <b>TOTAL LIABILITIES</b>                                  |   | <b>0</b> |

## **DRIVER SAFETY PROGRAM**

### **Vehicle Safety Program**

#### **Policy statement**

A vehicle safety program is most effective when everyone feels they have a role in the process. Everyone must commit time and resources; department managers must implement the program and employees must be involved from the start. A safety program should begin with a clearly worded statement of policy from management indicating:

- The vehicle safety program will apply to all employees, departments, and operations.
- The cooperation of all employees is expected and required.
- Vehicle safety is important for humanitarian and economic reasons.
  - Age Restrictions (Minimum Age)
  - Driver History (Schedules and Record retention)
  - Criminal History (Schedules and Record retention)

#### **Driver selection**

Every effort shall be made to hire the most qualified person to drive company owned vehicles. Management should define the specifications/requirements of the job and determine the driver's ability to meet those requirements. Some sources and techniques to use are:

- A completed application form by the applicant.
- A valid and current drivers' license for the state of vehicle operation.
- A check of motor vehicle records (MVRs).
- A check of previous employer references.
- A personal interview with department manager.
- A physical examination.
- A written test on traffic regulations and driving attitudes.
- A road test in a vehicle of the type to be driven over a similar route.
- Successful completion of probation period.

An effective vehicle safety program can help reduce vehicle accidents involving bodily injury and/or property damage; reduce operating costs; protect the public and protect the image of the company.

**§ 29.503. Age restrictions:**

(a) This company will permit a person to operate a vehicle in its authorized service if that person is at least 21 years of age.

(b) The transportation company providing paratransit service may permit a person to operate 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:

(1) The person shall be registered as a certified emergency medical services vehicle operator (EMSVO) with the Department of Health (Department).

(2) The person shall carry the Department-issued registration of their EMSVO certification on board while operating a paratransit vehicle under 28 Pa. Code § 1023.21(h) (relating to general rights and responsibilities).

(3) The carrier shall 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 must be available for inspection by Commission staff upon request.

(4) The carrier shall 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:

- (i) an accident, regardless of the severity of the accident.
- (ii) a driving-related violation such as a moving violation.
- (iii) reckless driving.
- (iv) driving under the influence of alcohol or drugs.

**§ 29.504. Driver history.**

The transportation company may not permit a person to operate a vehicle until it has obtained and reviewed a driver history from the appropriate agency of every state in which that person held a motor vehicle operator's license or permit during the preceding 3 years.

(2) Following receipt of the initial driver history report, the company 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.

(3) A copy of the driver history shall be maintained by the company for at least 2 years.

**§ 29.505. Criminal history.**

(1) *Criminal history record required.* The transportation company may not permit a person to operate a vehicle in its authorized service until it has obtained and reviewed a criminal history record from the Pennsylvania State Police and every other state in which the person resided for the last 12 months. For current drivers, carriers shall obtain a criminal history record by November 9, 2006.

(2) *Frequency of record check.* Following receipt of the initial criminal history record, a common or contract carrier shall obtain and review a criminal history record for each driver operating under its authority from the Pennsylvania State Police every 2 years from the date of the last criminal history check.

(3) *Disqualification.* A common or contract carrier may 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 relates adversely to that person's suitability to provide service safely and legally.

(4) *Record retention.* A copy of the criminal history shall be maintained for at least 3 years.

**(b) Call or demand and limousine drivers.**

(1) *Criminal background check.* Prior to permitting a person to act as a call or demand or limousine driver, a carrier shall conduct or have a third party conduct a local and National criminal background check for each driver applicant. The background check must include a multistate or multijurisdictional criminal records locator or other similar commercial Nationwide database with primary source search validation and a review of the United States Department of Justice National sex offender public web site. The carrier shall disqualify an applicant convicted of certain crimes in accordance with the following:

(i) An applicant convicted of any of the following within the preceding 7 years:

(A) Driving under the influence of drugs or alcohol.

(B) A felony conviction involving theft.

(C) A felony conviction for fraud.

(D) A felony conviction for a violation of The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. § § 780-101—780-144).

(ii) An applicant convicted of any of the following within the preceding 10 years:

(A) Use of a motor vehicle to commit a felony.

(B) A felony conviction involving theft.

(C) A felony conviction for fraud.

(D) A felony conviction for a violation of The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. § § 780-101—780-144).

(ii) An applicant convicted of any of the following within the preceding 10 years:

(A) Use of a motor vehicle to commit a felony.

(B) Burglary or robbery.

(iii) An applicant convicted of any of the following at any time:

(A) A sexual offense under 42 Pa.C.S. § 9799.14(c) or (d) (relating to sexual offenses and tier system) or similar offense under the laws of another jurisdiction or under a former law of the Commonwealth.

(B) A crime of violence as defined in 18 Pa.C.S. § 5702 (relating to definitions).

(C) An act of terror.

(2) *Frequency.* One year after engaging a driver and every second year thereafter, the criminal background and driving history checks required under this subsection shall be conducted and that a driver continues to be eligible to be a driver shall be verified.

(3) *Record retention.* A copy of the criminal history shall be maintained by the call or demand or limousine driver for at least 3 years.

**An effective vehicle safety program should include the following:**

- Management policy statement
- Driver selection
- Driver training
- Driver monitoring
- Driver supervision
- Accident investigation/reporting
- Vehicle maintenance
- Safety motivation recognition
- Vehicle operating safety

### **Driver training**

The most important aspect of a vehicle safety program is to ensure hired drivers receive the proper training in safe vehicle operation. As a minimum, they should receive:

- Orientation on company policy for vehicle safety.
- Review of rules and procedures stressing the driver's responsibilities for vehicle safety.
- On-the job training covering vehicles to be used, maintenance and safe work practices.
- Continued training as needed based on periodic performance evaluations.

### **Driver monitoring programs**

The overall goal of these programs is to lower accident frequency and reduce fleet losses by increasing driver safety awareness. Improved public image, lower maintenance costs, and reduced fuel costs are other benefits of the program.

### **What does the program consist of?**

**Decals listing a toll-free "1-800" reporting number are attached to the rear of the vehicle.**

**The stickers can have various messages on them, for instance:**

**How am I driving? My vehicle # is \*\*\*\*\*. Call...**

**I am proud of my driving. My vehicle # is \*\*\*\*\*. Call...**

**Safe, courteous driving is my goal. How am I doing? Call...**

The vehicle decals encourage the public to call a 24-hour monitoring service to report unsafe driving, faulty equipment, improperly loaded vehicles and other potentially hazardous conditions. The monitoring company contacts the affected company immediately and provides detailed reports of the "1-800" phone call. The company will check all drivers by checking motor vehicle records, criminal records, and verifying educational background.

The company often produces management reports and summaries that can be used to evaluate phone call data. These reports may provide an overview of total numbers of calls; drivers with multiple complaints; actions taken by management (driver consultation); and provide an analysis of incoming complaints.

### **How does the program benefit our company?**

These programs are a proactive effort to identify unsafe drivers and prevent accidents before they happen. Repeated phone calls and reports on a single driver may be an indication of poor driving habits or inadequate training. The drivers know that anyone can call and report their activities, so they drive in a more safe and courteous manner. Managers and supervisors have more information available to them to evaluate and manage their drivers. The program can also help improve public perception of the company by showing their commitment to safety.

Because drivers are more conscientious, maintenance costs are lowered and fuel consumption improved. Citations and traffic violations should also be reduced.

The real value of the program is derived from how the information provided by the monitoring company is put to use.

- Evaluating incident reports
- Conducting driver consultations
- Establishing incentive programs
- Instituting disciplinary action

Overall, the program is designed to reduce accident frequency. This translates into stabilized insurance premiums, less equipment downtime (due to accident repair activities), and lower legal expenses. Most importantly remember that according to the National Safety Council, vehicle collisions are the leading cause of death in the workplace. This type of program is a big step towards making your workplace safer.

### **Driver supervision**

A manager's attitude toward safe driving can affect the performance of drivers responsible to the department. Managers or supervisors should be held accountable for safety performance in their department by the owner/manager. Managers should supervise through proper and safe job performance:

- Observation of the driver's performance.
- Periodic reviews of driver personnel file/MVR.
- Listening to comments and/or complaints of others.
- Remaining alert to personality or performance changes.
- Evaluating vehicle use (or abuse) and maintenance practices.
- Always encouraging a safe and high level of performance.

### **Accident investigation/reporting**

The primary purpose for accident investigation is to determine the cause of the accident to implement corrective action to prevent similar recurrences. It can also assist management to determine whether an accident was preventable or not. Some procedures are:

- All accidents should be reported, investigated and reviewed to standard procedures.
- Accident report forms, witness cards, and list of persons/telephone numbers to contact should be in every owned vehicle.
- Initial investigation should be done by immediate supervisor of employee involved.
- Accidents should be reviewed by designated person or accident review committee to determine preventability and to recommend control measures.
- Designated person

Vehicle maintenance

### **An effective vehicle maintenance program can reduce mechanical failures which could contribute to potential accidents. Some criteria for a maintenance program are:**

- As minimum, enforce regular maintenance schedule which meets manufacturer suggested guidelines.
- Pre and post trip inspections of the vehicles.
- Priority scheduling for safety related deficiencies.
- Out of service criteria should be established.
- Scheduled and unscheduled review of vehicle exterior and interior conditions.
- Individual maintenance records in each owned vehicle.

Safety motivation/recognition

Safe driving deserves to be recognized by management to demonstrate their interest and commitment to safety. One way to accomplish this is an awards or incentive program for accident-free driving over a period of time. Some guidelines are:

- Administer fairly to all drivers of owned vehicles.
- Awards of money, merchandise or plaques or benefits (vacation day).
- Use accident review committee to determine driver's eligibility.
- Drivers should have right to appeal decisions of awards.

### **Vehicle operating safety rules**

Some safety rules to consider for your program:

- Do not take chances. To arrive safely is more important than to arrive on time.
- Do not drive faster than posted speed limits.
- Do not drive faster than road, traffic and weather conditions allow.
- Do not attempt to exercise the right-of-way. Let the other driver go first.
- Keep to right except when passing or getting into position to make left turn.
- Keep adequate distance when following other vehicles to make a safe stop (Use 2-second rule for following distance rule).
- Turn signals must be used at all times to indicate turns and lane changes.
- Slow down for all school zones and watch for children.
- Driving under the influence of alcohol or drugs is prohibited.
- Drivers must have a valid drivers' license on their person at all times for type of vehicle they are operating.
- Driver's physical condition must enable them to operate vehicle safely.
- Vehicles are to be driven by authorized drivers only.
- Drivers must report all accidents immediately, or as required by law and company policy.

Date of this notice: 07-07-2022

Employer Identification Number:  
88-3134491

Form: SS-4

Number of this notice: CP 575 A

CHALFONT TRANSPORTATION SERVICES  
1100 HORIZON CIR STE 102  
CHALFONT, PA 18914

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 88-3134491. 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.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1120

04/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit [www.irs.gov/mefbusproviders](http://www.irs.gov/mefbusproviders) for a list of companies that offer IRS e-file for business products and services.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is CHAL. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.





PRESS FIRMLY TO SEAL

Retail



17120

U.S. POSTAGE PAID  
PME  
MOORESTOWN, NJ 08057  
SEP 12, 2024

\$30.45

S2324E503262-01

RDC 07  
SCANNED

FOR DOMESTIC AND INTERNATIONAL USE **SCANNED**



PRIORITY  
MAIL  
EXPRESS®



EI 681 605 227 US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE ( )

Chalfont Transportation Services  
1100 Horizon Circle Ste 102  
Chalfont, PA 18915

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

CMPC

717-705-1952

RECEIVED

To: PUC MASTER

Agency: PUC

SEP 16 2024

Floor:

External Carrier: EXPRESS - PUBLIC UTILITY COMMISSIO

SECRETARY'S BUREAU

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the addressee's signature is required. (OR 2) Purchases additional insurance; (OR 3) Purchases COD serv. Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the ac mail receptacle or other secure location without attempting to obtain the addressee's signature on deliver.

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.

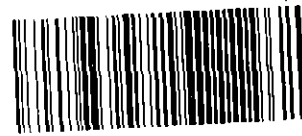
TO: (PLEASE PRINT)

PHONE ( )

Secretary PA Public Utility  
Commission  
400 North Street, Second Floor  
Harrisburg, PA

ZIP + 4® (U.S. ADDRESSES ONLY)

17120



E1681605227US

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

PEEL FROM THIS CORNER

LABEL 11-B, MAY 2021

PSN 7690-02-000-9996

ctob

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