

with seating capacity of 16 or More Passengers, including the Driver.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation exclusively using vehicles with a seating capacity of 16 or more passengers, including the driver.
2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at www.nicinsurancefilings.com . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

16 to 28 passengers: \$1,000,000 to cover liability for bodily injury, death or property damage incurred in an accident.

29 passengers or more: \$5,000,000 to cover liability for bodily injury, death or property damage incurred in an accident.

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

Application for Motor Common Carrier of Persons in Group and Party Service of 16 or More Passengers, including the Driver

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION EXCLUSIVELY USING VEHICLES WITH A SEATING CAPACITY OF 16 OR MORE PASSENGERS, INCLUDING THE DRIVER.

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

Eye 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) Birds

Eye Transportation LLC

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

no no

3. Do you currently hold PUC Authority? _____ Previous Authority? _____

If YES, at PUC No. A- _____

yes

4. Are you a business entity registered with the PA Dept. of State? _____ If NO, you must register (see checklist on how to register).

~~99-4931828~~

If YES, provide your PA Corporation Bureau Entity ID Number 13959845

(see checklist and indicate type of business entity registered)

ydd/sec 12/11/24

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rev 10/5/21

5. If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).

James Griffin Sr

6. Mailing Address

755 West Lancaster Ave

Street Address

Bryn Mawr, Pa 19010 Montgomery

City, State and Zip Code County

267-432-0452

mrjamesgriffin252@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 than mailing address. Do not use a post office box.)

2700 Dothan Terrace

Street Address

Philadelphia Pa 19153

City, State and Zip Code County

267 - 432 -0452

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)

N/A

Attorney's Name & Telephone Number for this Filing

N/A

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?

4307692 x

No Yes, at No. _____

10. 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 Group and Party Service with a seating capacity of 16 or more persons, including the Driver; 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. § 4904 relating to unsworn falsification to authorities.

James Griffin Sr

James Griffin Sr

(Signature) (Date)

12/10/2024

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).