

APPLICATION CHECKLIST

Motor Common Carrier of Persons in Limousine Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission. If you are seeking to provide service within the City and County of Philadelphia, you must apply to the Philadelphia Parking Authority.

- The original Application with original signatures (unless eFiled with the Commission's online eFiling system at www.puc.pa.gov)
- Verified Statement of Applicant
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania;"
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

If not eFiled, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND FLOOR, HARRISBURG, PA 17120.

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Limousine Service.

1. This application is required to operate as a commercial carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants seeking to provide 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
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

- | | | |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD). |
| | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
| | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits). |

Application for Motor Common Carrier of Persons in Limousine Service

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

Rex Celeris 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)

None

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?** **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 0014116813
(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).**

RasTafari Ferguson, Owner _____
James Tuff, Co-Owner _____

6. **Mailing Address**

600 W Germantown Pike STE 400
Street Address

Plymouth mtng., PA 19462
City, State and Zip Code

Montgomery
County

8772946104
Telephone Number

contact@rexceleris.com
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)

Same as Mailing
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)

None
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 the counties of Chester, Delaware and Montgomery.

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.

<u>RasTafari Ferguson & James Tuff</u> (Print Name)	<u>Co-Owners</u> (Position)
<u></u> (Signature)	<u>3/4/2025</u> (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.

RasTafari Ferguson & James Tuff Co-Owners of Rex Celeris

Legal Name of Applicant

none

Trade Name, if any

600 W Germantown Pike	Plymouth Meeting	PA	19462
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.

RasTafari Ferguson & James Tuff Co-Owners of Rex Celeris

Business address: 600 W Germantown Pike, Plymouth Meeting, Pa 19462

Business Telephone number: (214)-436-9973

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

Owners have no affiliation or no association with any other transportation carriers within the state of Pennsylvania

- 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.

Owner RasTafari Ferguson has 13 years of experience in the limousine industry.

-He has owned, operated & managed transportation companies in Florida (Original Ground Breakers) and California (LA GroundBreakers)

Owner James Tuff has over 13 years of driving experience,

-Has functioned as an employee and mentee of RasTafari Ferguson.

-Over 5 years of experience Chauffeuring and managing for transportation companies in Florida and California

-Subcontracted for over 3 years with Uber in the Tri-State area maintaining a 5 star rating completing over 14,000 trips with over 200,000 recorded miles

- 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.

Rex Celeris operates with a structured system for facilities, record maintenance, and communication to ensure PUC compliance.

Facilities: Our office space is used solely for staff meetings and conferences, while employees operate remotely. Vehicles are securely stored in a gated private parking garage with video surveillance.

Record Maintenance: All required records, including trip logs, driver records, and maintenance logs, are securely stored. Physical documents are kept in a locked file cabinet, while digital records are managed through Limo Anywhere, ensuring compliance with PUC regulations.

Communication Network: We use Limo Anywhere, a leading livery software, to receive transportation requests, dispatch vehicles, and maintain real-time communication with drivers. Our drivers are equipped with tablets running Driver Anywhere, allowing for seamless updates, route optimization, and direct dispatcher communication. This system ensures efficient operations, regulatory compliance, and high service reliability.

- 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 hire 2 to 5 drivers overtime based on growth of the company, ensuring full coverage of our service area while maintaining high availability and efficiency. We also plan to hire contracted drivers. A: Drivers will be required to have 3 years of experience, clean driving records, excellent customer service skills, and knowledge of local roads. B: We will conduct national and state level criminal background checks using Patch (epatch.pa.gov) and sex offender registry & DMV MVR record checks using Checkr and other recognized state and national background check systems and resources. Records will be checked periodically through employment status to ensure all drivers we hire are eligible and suitable to meet requirements by Federal and State Laws along with companies policies. C: Our driver training program will cover defensive driving, customer service, navigation, safety procedures, and vehicle maintenance. D: We will verify licenses through the Motor Vehicle Records (MVR) system, checking for validity and violations E: We will enforce a Zero-tolerance drug and alcohol policy. Routine checks will be set up to test drivers we hire. Employee's will be prohibited from working or operating vehicles or heavy equipment while under the influence of any medications or substances that may impair alertness, coordination, or judgement. Any employee taking prescribed over the counter medication that carry warnings against operating machinery must notify their supervisor and may be required to perform alternative duties or provide medical clearance. Any employee/ drivers we hire who does not comply will be terminated.

- 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.) Rex Celeris plans to Start with 1 Vehicle

and acquire more vehicles as the company grows. We will partner with and contract jobs to other affiliate PUC licensed holders based on company growth and need.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2025	Chevrolet	Suburban	8	1GNS5BRD4SR112110	8,000

*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.

Our Vehicle Safety Program will ensure our fleet meets Pennsylvania vehicle equipment standards, remaining in peak condition, and will be replaced before reaching unsafe mileage limits. Our periodic maintenance plan will include daily driver inspections, scheduled servicing every 5,000 miles, quarterly safety checks, and annual DOT inspections to maintain compliance. We will strictly follow PA Title 67, Chapter 175, ensuring all vehicles meet state standards for brakes, lighting, tires, exhaust, and other critical components, with immediate repairs for any non-compliant units. To maximize safety and reliability, we will enforce a vehicle replacement policy, retiring vehicles after 125,000 miles or 5 years. Monthly, we plan to take Vehicles to manufactured local dealerships to have vehicles serviced for the multipoint vehicle inspection. We are confident that with this proactive approach, we will minimize downtime, enhance driver and passenger safety, and ensure compliance with state regulations.

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

To ensure compliance with PUC requirements, Rex Celeris has taken proactive steps to secure the necessary insurance coverage. We have contacted multiple insurance providers specializing in commercial motor carrier insurance to obtain quotes for required liability coverage. We have confirmed affordability and financial feasibility of maintaining the required insurance. We have assessed our financial resources to ensure we can consistently meet premium payments. Rex Celeris is prepared to secure the necessary insurance coverage upon approval of our PUC application.

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 X 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)

3/4/2025

 (Date)

RasTafari & James, Co-Owners of Rex Celeris

 (Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 3/4/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$9,200	
Other Current Assets (specify)	\$0	
Total Current Assets		\$9,200
Tangible Assets		
Motor Vehicle Equipment	\$0	
Property (buildings, land, etc.)	\$0	
Office Equipment		\$4,259.95
TOTAL ASSETS		\$13,459.95

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0	
Credit cards/revolving credit	\$0	
Other Liabilities (Attach schedule)	\$0	
Total Current Liabilities		\$0
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		\$0

Tangible Assets

Office Equipment...

- 1 Mac Book Desk Top Computer \$1500
- 2 "12 Inch Ipads \$519.99 (x2) = \$1039.98
- 3 "10 Inch Ipads \$388.99 (x3) = \$1,166.97
- 1 Printer = \$350
- 1 Apple Headphones = \$550