

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)

Pocono Mountain Transportation, Inc.

2. Trade Name (Attach a copy of fictitious name registration if applicable)

None

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

If YES, at PUC No. A- 6320706

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 4210863

(See checklist and indicate type of business entity registered)
PENNSYLVANIA DOMESTIC BUSINESS CORPORATION

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

Anthony DelCorso, President

6. Mailing Address

431 Courtland Street

Street Address

E. Stroudsburg, PA 18301

Monroe

City, State and Zip Code

County

917-295-8779

poconomtn05@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.)

399 Oak Street

Street Address

East Stroudsburg, PA 18301

Monroe

City, State and Zip Code

County

917-295-8779

poconomtn05@gmail.com

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)

Craig A. Doll, Esquire

717-580-7748

Attorney's Name & Telephone Number for this Filing

P.O. Box 403, Hummelstown, Pa
17036

cdoll76342@aol.com

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 X 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, as a common carrier, by motor vehicle, persons upon paratransit service, from points in the counties of Monroe, Pike and Carbon; the boroughs of Wnd Gap, Pen Argyl and Bangor, and the Townships of Plainsfield, Washington and Upper Bethel, all in Northampton County, to points in Pennsylvania, and return.

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.

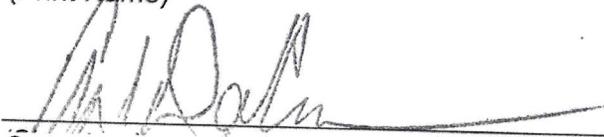
Verification of Application

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.

Anthony Del Corso

(Print Name)



(Signature)

2.27.25
(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.

Pocono Mountain Transportation, Inc.

Legal Name of Applicant

Trade Name, if any

431 Cortland Street, East Stroudsburg, PA 18301

Street Address (principal place of business)	City or Municipality	State	Zip Code
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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.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

Anthony Del Corso, President

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

None

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.

I have been the owner of Pocono Mountain Transportation since 4/25/2018. Prior to that I was an employee of Pocono Cab Company, LLC, assisting in all aspects of the business. I am also employed by a school bus company engaged in the upkeep of 100 school busses.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their 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. Finally, please state your intended business hours.

The dispatch office is collocated with Pocono Cab Company at 431 Cortland Street, East Stroudsburg, and the vehicles are garaged at 399 Oak Street, East Stroudsburg, PA.

The owner of Pocono Mountain will maintain all records required by the PUC.

All repairs will be handled by local garages or dealerships.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. (Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).

We currently have 0 employees. The owner will be responsible for all aspects of the business. Once business for this service increases, additional employees, including drivers, will be added.

6. 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 geographical territory you will be serving. In addition, please explain:
 - a. Your hiring standards for drivers:
 - b. Your system to ensure prospective drivers will be subject to a criminal background check:
 - c. Your driver training program:
 - d. Your system for ensuring that your drivers are properly licensed at all times:
 - e. Your system to ensure that all drivers will be subject to a criminal background check every two years;
 - f. Your policies regarding alcohol and drug use by your drivers.

Every driver is required to fill out a job application, submit a copy of their driver's license, and a copy of their driver history which must be no older than thirty (30) days. Our insurance carrier also runs an independent driver history report and advises us of any adverse findings. Absent good cause shown, any adverse findings result in the individual not being employed. A criminal background check is performed utilizing the PA PATCH data base. Only upon the clearance of the driver history and criminal background check is the driver deemed suitable to employment.

A driver history will be run every 12 months thereafter to insure the validity of their state driving privileges. Every two years a criminal history will be run.

Pocono Mountain maintains a zero-tolerance policy on drug and alcohol abuse. No driver will be permitted to operate a company vehicle if it is suspected that the individual is under the influence of drugs or alcohol.

7. 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 geographical territory you will be serving. If you have already obtained vehicles for your business,

please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2016	Dodge	Caravan	7	2C4RDGBG3GR155012
2016	Dodge	Caravan	7	2C48DGBGB7R386785

8. 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 Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - c. Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
 - d. Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines);
 - e. Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
 - f. Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

- a. A daily visual inspection is conducted prior to a vehicle leaving the garage. Every driver conducting this inspection completes a preprinted form, noting any vehicle deficiencies at the beginning of a trip. At the end of a shift, a similar form will be completed. Any non-cosmetic defects result in a vehicle being declared "out of service" until those deficiencies are corrected. The mechanic will certify that any deficiencies noted have been corrected before the vehicle is returned to service.

- b. Every three months or 3,000 miles an inspection will be conducted on each vehicle by the mechanic to insure safe operation and compliance with Pennsylvania inspection standards and the Commission's regulations.
 - c. See response to items a and b.
 - d. Pocono Mountain has a rotating vehicle replacement program to ensure that its vehicles comply with the Commission's age/mileage requirements.
 - e. A Pocono Mountain employee will be responsible for completing all required PUC reports.
 - f. See response to items a and b.
9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

Pocono Mountain Transportation has existing valid insurance.

10. Please describe your customer service standards. Within your description, please explain:
- a. Your plan to inform customers of the procedures for filing complaints with the PUC;
 - b. Your intended customer complaint resolution procedure.

Each vehicle will include a notice, posted on the partition between the passenger and driver which will inform a passenger of the procedure to file a complaint with the Commission. Immediately upon receiving the complaint, Pocono Mountain will discuss any incident with the driver of the vehicle. Attempts will be made to resolve the complaint. All formal customer complaints will be forwards to company counsel for resolution.

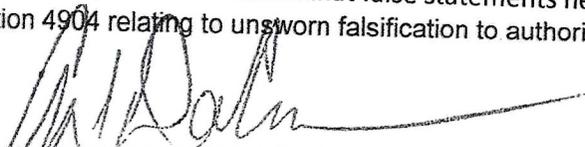
11. Criminal Record. Have you, any members (if LLC or LLP), shareholders, or officers (corporations) been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES X NO

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore, you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if the proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains 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)

2-27-25
(Date)

Anthony DelCorso (owner)
(Name and Title printed or typed)

Section 4

Statement of Financial Position (Balance Sheet)
 As of (date) 2.27.25
 (Must be less than 6 months old)

ASSETS

Current Assets			
Cash		<u>13,922</u>	
		<u>0</u>	
Accounts Receivable		<u>A/R</u>	
		<u>10,000.00</u>	
			<u>23,922</u>
Notes Receivable		<u>0</u>	
			<u>0</u>
Other Current Assets (specify)		<u>N/A</u>	
			<u>0</u>
	Total Current Assets		
Tangible Assets		<u>13,500</u>	<u>13,500</u>
Motor Vehicle Equipment			<u>0</u>
Less: Accumulated Depreciation			<u>0</u>
Building and Structures			<u>0</u>
Less: Accumulated Depreciation			<u>0</u>
Office Equipment			<u>0</u>
Less: Accumulated Depreciation			<u>0</u>
Land			<u>0</u>
Investments and Funds (specify)			<u>0</u>
Intangible Assets			<u>0</u>
Other Assets (advances and idle equipment — specify)			
	TOTAL ASSETS		<u>37,422</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Accounts Payable		<u>30,000.00</u>

Notes Payable		<u>0</u>	
Equipment Obligations		<u>0</u>	
Other Liabilities (Attach schedule)	<u>0</u>	<u>17,600</u>	<u>17,600</u>
		<u>0</u>	
		<u>0</u>	

Total Current Liabilities

30,000

Long Term Liabilities (Due after one year of date)

Accounts Payable
 Notes Payable
 Equipment Obligations
 Other Liabilities (Attach Schedule)
 Total Long-Term Liabilities

TOTAL LIABILITIES

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock		<u>0</u>	
		<u>0</u>	
Additional Paid-in Capital	c) <u>0</u>	=	<u>0</u>
			<u>0</u>
Retained Earnings			<u>0</u>
Less: Treasury Stock			
Total Owner's Equity			

TOTAL LIABILITIES & OWNER'S EQUITY

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	67,907.15
Net Revenue from non-carrier operations	<u>0</u>
Dividend and interest revenues	<u>0</u>
Other non-operating revenue	<u>0</u>
Gains	<u>0</u>
Total Revenue and Gains	<u>67,907.15</u>

EXPENSES

11

Equipment Maintenance and Garage Expense	32,450
Insurance Expense	<u>39,000.00</u>
Employee Salaries Supervisory Salaries	<u>0</u>
Officer Salaries	<u>0</u>
Fuel Expense	<u>0</u>
Purchased Transportation (Lease Expense)	6300
Materials and Supplies Expense	<u>0</u>
General Office Expense	<u>0</u>
Advertising Expense Telephone Expense	<u>0</u>
Accounting Expense	1325
Legal Expense	1000
Uncollectible Revenue	<u>0</u>
Depreciation Expense	<u>0</u>
Amortization	N/A
Operating Taxes and Licenses Rent Expense	<u>0</u>
Loss	71,475
Total Operating Expenses and Losses	<u>71,475</u>
<u>Net Income (Loss)</u>	<u>N/A</u> <u>-6460</u>