

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)

CLH Transportation Services, 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)

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 0013617468
(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).**

Collis Hemerding, Owner and CEO

6. **Mailing Address**

21 S. 14th Street
Street Address

Darby PA 19023 Delaware
City, State and Zip Code County

(610) 812-3285
Telephone Number

clh-transportation-services@gmail.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)

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 each
Counties within the State of PA.

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.

Collis Hemerding

(Print Name)

Owner, CEO

(Position)

Collis Hemerding

(Signature)

04/21/2025

(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.

CHL Transportation Services, LLC

Legal Name of Applicant

Trade Name, if any

21 South 14th Street Darby PA 19023

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.

Collis Hemerding, Owner/CEO
21 South 14th Street
Darby, PA 19023
(610) 812-3885

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

N/A

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 applicant has been a licensed driver for over 25 years and an independent driver with both Uber and Lyft for three (3) plus years, with no moving violations. Applicant has also applied for and since obtained his limousine license.

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.

21 S. 14th St. Darby, PA 19023 will be the location for the business. The location has parking in rear. No current office machines are being used at property. All records/paperwork will be stored in a secured desk/drawer, or online in a secure file. As for communication, once a job is available and can be fulfilled by a driver, a call will be placed to an available driver for pick up and or drop off. Continuous communication will be maintained throughout the day via phone calls or emails.

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.

The number of driver(s) is one (1). Since this is a small start up company. As the company expands and revenue increased, additional drivers will be hired. As a small upward coming company, we believe in integrity and honesty and that also comes with effectiveness and efficiency. Those are some of the standards our drivers will have to adhere to along with zero criminal background and a willingness to work. A zero tolerance for drugs and alcohol. Each driver must take a defensive driving course 2x per year.

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
2024	Chevy	Suburban	8	1GNSKBKD9RR103772	69,842

*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.

Vehicle has scheduled maintenance check every three months. Yearly inspection is conducted as required by State. Upon completion of inspection of vehicle, and results shows it no longer meets requirements, said vehicle will be replaced effective immediately. Vehicle is also detailed at least three times a week.

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

Insurance have been obtained with an effective date of 2/10/25.

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.

Collis Hemerding
 (Signature)
Collis Hemerding, Owner/Ceo
 (Name and Title, printed or typed)

04/21/2025
 (Date)

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

ASSETS

Current Assets			
Cash		15,600.00	
Other Current Assets (specify)		15,600.00	
Total Current Assets			
Tangible Assets			
Motor Vehicle Equipment			
Property (buildings, land, etc.)			
Office Equipment			
TOTAL ASSETS			15,600.00

LIABILITIES

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