

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

Application for Motor Contract Carrier of Persons

This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.

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

Sure Step Transit 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 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?** _____

If YES, at PUC No. A- N/A

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

If YES, provide your PA Corporation Bureau Entity ID Number

0014349815

(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).

Peggy Myrtil

6. Mailing Address

815 Seymour St.
Street Address

Lancaster Pa 17603 Lancaster
City, State and Zip Code County

203-428-5958
Telephone Number

suresteptransit@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 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)

N/A
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).

Following Counties

Cumberland	Adams
Lancaster	Lebanon
Dauphin	Berks
York	

Examples:

- To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.
- To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.

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.

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.

Peggy Myrtil
(Print Name)


(Signature)

5/1/25
(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.

Sure Step Transit LLC
Legal Name of Applicant

815 Seymour St Lancaster, PA 17603
Street Address (principal place of business) Trade Name, if any 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.

See Attached

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.

See Attached

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. With 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.

See Attached

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.

See Attached

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.

see attached

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

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).

See Attached

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

See Attached

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.

Use Standard P+L Verification of Statement See Attached

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. § 4904 relating to unsworn falsification to authorities.

Peggy Myrtill
(Signature)

5/1/25
(Date)

Peggy Myrtill
(Name and Title, printed or typed)

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

ASSETS

Current Assets		
Cash		<u>5,000.00</u>
Other Current Assets (specify)		
Total Current Assets		_____
Tangible Assets		
Motor Vehicle Equipment	Vehicles	<u>25,000</u>
Property (buildings, land, etc.)		_____
Office Equipment		_____
	TOTAL ASSETS	<u>25,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>4,000</u>	
Credit cards/revolving credit	<u>0</u>	
Other Liabilities (Attach schedule)	<u>1,000</u>	
Total Current Liabilities		<u>5,000.00</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>—</u>	
Long term commercial loan	<u>—</u>	
Other Liabilities (Attach Schedule)	<u>—</u>	
Total Long-Term Liabilities		<u>5,000</u>
	TOTAL LIABILITIES	<u>20,000</u>
		25,000

Verified Statement Supplemental Response Sheet

1. Pegguy Myrtil Owner

815 Seymour St. Lancaster, PA 17603

3. Owner has been the weekend dispatcher for Integrated Medical Transport for over 6 months. This experience has provided significant training to operate a small paratransit agency. Owner has more than 20 years of extensive management experience.

4. Sure Step Transit LLC has 1 operating location. The operating location consists of an office for management, maintenance area, Office area access will be limited to personnel that will be working in that area along with individuals in management. Office equipment includes a designated desktop/non-portable computer for dispatch and billing, landline fax machine/scanner/copier, along with landline portable phone with answering machine. Ample parking is available. Household goods, such as cleaning supplies and other similar items, are kept in a designated cabinet that is solely used for those supplies and away from any food products or products intended for use on a customer. Records will be maintained in a designated storage area which is behind two locks with restricted key access. These records will be maintained for the PUC required time period. Business records will be kept in a secure location at the operating location. Intended business hours will be Monday through Friday, 9am to 5pm. Crews will be available outside of these hours with advanced notice or based on crew availability. Corporate office houses substantially the functions of billing, accounting, dispatch, marketing and strategic management. Corporate billing and dispatch work directly with the operating locations management and line staff in accomplishing these tasks.

Customer requests will be received through a designated dispatcher or other trained office personnel during normal business hours. These individuals will take the information from the customer while checking the existing schedule to ensure that the request does not overlap an existing transport. Schedules will be maintained through a paper log or dispatching software once obtained. Every measure will be made to accommodate the customer's request for transportation. All future transports will be scheduled with confirmation given by phone at the time of request. Immediate transports will be dispatched by phone to the driver that will be handling the request with information about the request given on initial dispatch. Continuous communication will be maintained with the drivers via cellphone. Every measure will be taken to avoid routine communication while driving with texting while driving strictly prohibited.

Sure Step Transit LLC currently has 1 employee for administrative and management purposes that we are currently utilizing. This individual will handle dispatching, accounting and operations management including vehicle management and human resources. As a small operation, the number of employees is appropriate to provide reasonable and efficient service to our territory.

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:

Sure Step Transit LLC currently has 1 driver but will add drivers as demand dictates.

Projected 1 Year Profit and Loss Statement

1 year

Revenue	\$ 268,007.76
Payroll	\$ 133,736.94
Fuel	\$ 18,144.00
R&M Vehicles	\$ 3,600.00
Supplies	\$ 540.00
GL and Auto Insurance	\$ 33,000.00
Workers Comp Ins	\$ 8,024.22
<hr/> Total Direct Expense	<hr/> \$ 197,045.16
 Annual Profit (Loss)	 <u>\$ 70,962.60</u>

- a. Your hiring standards for drivers;

Driver hiring standards are the following:

1. At least 21 years old
2. Pass a criminal background and driver's license check upon hire and biannually.
3. Have license for a minimum of three months and without suspension for one (1) year.
4. Must have valid license on their person at all times.
5. Have not had any of the following violations within the past three (3) years:
 - Driving while intoxicated or under the influence
 - Homicide arising out of the use of a motor vehicle (gross negligence)
 - Reckless endangerment involving a motor vehicle
 - Operating during a period of suspension or revocation
 - Using a motor vehicle for the commission of a felony
 - Operating a motor vehicle without owner's authority
 - Permitting an unlicensed person to drive
 - Reckless driving
 - Three or more traffic violations
 - Any other Class A violation

- b. Your system for conducting criminal background checks;

All drivers will be subject to an initial background conducted through Pennsylvania State Police upon application and prior to hire. These background checks will be conducted biannually based upon their date of hire and as required based on suspicion of dangerous or illegal activities. Failure of background check will be grounds for termination.

- c. Your driver training program;

Driver Training process will be as follows after successful completion of driver's record and background check

- All new members, upon approval of application, will be given an orientation packet to include driver orientation material.
- The driver/trainer will arrange to meet with the new crewmember for unit orientation and review of driving policies.
- Driver will drive along with a trainer for a minimum of two (2) shifts unless approved otherwise by operations management.
- No driver in training will be allowed to serve as the sole driver until completion of this program.
- Failure of this driving program will result in either additional or termination of employment. Accidents or traffic violations that occur during this training period will result in failure of the driving program.
- Appropriate evaluation forms will be completed and upon satisfactory completion of this program, the new staff member will be elevated to driver.
- Operations management will sign off on the driver upon completion of this program.

- d. Your system for conducting driver license checks;

All drivers will be subject to an initial driving record check conducted through Pennsylvania Department of Transportation upon application and prior to hire. These checks will be conducted **biannually based upon their date of hire and as required based on suspicion of motor vehicle violations.**

- e. Your policies regarding alcohol and drug use by your drivers.

As a service provider, the company refuses to allow the mixture of intoxicating beverages or drugs while functioning on the units. The possession, consumption or "being under the influence" of intoxicating beverages or drugs either while on duty or while at the station is grounds for immediate dismissal. Employees may not drink 8 hours prior to the start of their shift. The use of either intoxication beverages or drugs prior to reporting to duty so that such use can be detected by physical criteria such as smell, slurred speech or unsteady demeanor or other abnormal behavior may result in immediate disciplinary action up to and including dismissal and a request for complaint investigation to the regional council. ALL employees are subject to pre-employment and random drug tests at the request of management without advanced notice. Employees refusing to submit to drug and/or alcohol testing may be subject to termination. Employees who fail a drug test will be subject to disciplinary action up to and including termination unless a physician's note can be provided within seven (7) days. Diluted samples will be subject to a repeat drug test the following day. Failure to complete the repeat drug test will be treated as a drug test refusal and will be subject to disciplinary action up to and including termination. All crewmembers are responsible for reporting suspected infractions to operations management. Employees failing to report or involved in covering up substance abuse of a fellow employee may be subject to disciplinary action.

6

75	BA85756	5TDZZ3DC8LS087809	Toyota	Sienna	2020	181912
37	BA80211	5TDZZ3DC9HS820749	Toyota	Sienna	2017	190258

7. Describe your vehicle safety program. Please include the following in your explanation:
a. Your periodic vehicle maintenance plan

All vehicles will be placed on a standardized maintenance schedule. This schedule will include basic daily vehicle checks which will include checking oil and other fluids along with a walk-around safety check which includes the interior passenger compartments. Advanced vehicle checks will be completed weekly which will include checking all vehicle fluids, lights, passenger compartment features, tires, and tire pressures. Vehicles will be placed on a routine oil change scheduled based on manufacturer's recommendations.

- b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

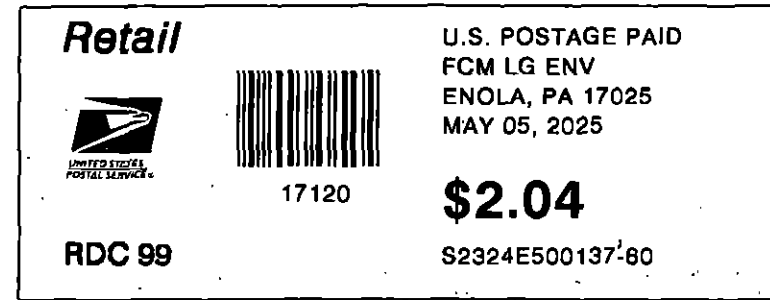
Vehicle checks will be completed within the intervals as stated in 8a. Ensuring that the vehicles remain in compliance with Pennsylvania's equipment standards will be conducted in the advanced vehicle checks. All vehicles will be inspected annually or as needed between annual inspections. IMT will also ensure that its vehicles are in compliance with the 52 Pa Code § 29.403 through the use of a daily check list that drivers complete at the start of their shift. This checklist will be collected and reviewed by an IMT supervisor and any identified issues fixed prior to the vehicle being used.

8. Sure Step Transit LLC has researched the annual premium and paratransit insurance market for the required insurances to ensure accessibility and affordability.

10.

See Financials Attached

Sure Step Transit LLC
815 Seymour St
Lancaster, PA 17603



Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120