



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

May 21, 2025

A-6227981
A-2025-3055242

SURE STEP TRANSIT LLC
815 SEYMOUR STREET
LANCASTER PA 17603

DATE OF DEPOSIT

JUN 3 2025

RE: Application of Sure Step Transit LLC

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

To Whom It May Concern:

On May 19, 2025, the application of Sure Step Transit LLC, at A-2025-3055242, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

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

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

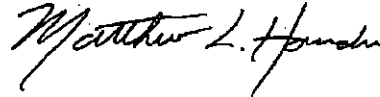
I, Reggie Murphy, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are **not** accepted.

Sincerely,



Matthew L. Homsher
Secretary

Enclosure

DATE OF DEPOSIT

Docket No. A-2025-3055242
Sure Step Transit LLC

JUN 3 2025

Request for Information

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

- 1.) For question #10 of the application, you are to identify the party with whom you are contracting. Based upon the information provided in this application, it is possible that paratransit would be a better fit for the service you wish to provide. Please review the application at https://www.puc.pa.gov/documents/utility-files/432/App_MC_Persons_Paratransit_Service120621.pdf. If you feel that paratransit is a better fit, then you will need to advise the Commission that you wish to amend your authority to Paratransit and submit a completed paratransit application. If not, then please provide the party you wish to contract with.

See Attached

- 2.) You failed to adequately answer all aspects of question #5 of the Verified Statement of Applicant. **Please review Title 52 Pa Code §29.501-509 Driver Regulations to see what is required of motor carriers.**
- a. Your system for conducting criminal background checks;
 - i. What type of things in their criminal background check would disqualify them from employment?
 - ii. How will you maintain records (record retention) of the criminal background checks performed?
 - b. Your system for conducting driver license/history checks;
 - i. How often will driver license/history checks be conducted?
 - ii. How will you maintain records (record retention) of such checks?

See Attached

- 3.) Please review the below criteria and submit a revised compliant Statement of Financial Position:

- a. The statement presented must be DATED and comprised of information which is less than 6 months old.
- b. The submission MUST be comprised of information which is accurate as of the date provided.
- c. The information is to be exact and should not include estimates or approximations when accurate numbers are available. Property and vehicle valuations may be approximations, but bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).
- d. All relevant assets and debts are to be included (for example: vehicle loan balances/vehicle asset value, lease expenses, etc.).

See Attached

- e. The information provided is also to be strictly limited to assets and debts held by the applicant (Sure Step Transit LLC), and not the individual member(s). Any property and accounts listed must be registered or titled to the corporation. Bank accounts must be in the name of Sure Step Transit LLC. Vehicles must be registered to Sure Step Transit LLC. Property must be titled to Sure Step Transit LLC. If these items are not in the name of Sure Step Transit LLC, then they should not be included on the balance sheet.

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority.

- f. In order to fully assist the Commission in determining your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration vehicle titles, vehicle registrations, property titles, purchase agreements, etc.

You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application.

**PLEASE PROVIDED A THOROUGH TYPED RESPONSE TO
THESE QUESTIONS ON A SEPARATE SHEET OF PAPER**

1.) For question #10 of the application

I am going to amended to Paratransit

— 2.) You failed to adequately answer all aspects of question #5 of the Verified Statement of Applicant. **Please review Title 52 Pa Code §29.501-509 Driver Regulations to see what is required of motor carriers. Your system for conducting criminal background checks;**

i. What type of things in their criminal background check would disqualify them from employment?

Any conviction of motor vehicle code within last 3 years, felonies, Medicare and Medicaid fraud, homicide or murder, drug delivery resulting in death, kidnapping, rape, sexual assault, sexual abuse of children, arson, burglary or robbery, theft, receiving stolen property, unlawful use of computer, forgery, promoting prostitution, intimidation or retaliation against witnesses or victims, corruption of minors,

How will you maintain records (record retention) of the criminal background checks performed?

Hard copies-Site

b. Your system for conducting driver license/history checks;

Pre-employment

i. How often will driver license/history checks be conducted?

Yearly after hire-upon suspicion

ii. How will you maintain records (record retention) of such checks?

Hard copies-site

3.) Please review the below criteria and submit a revised compliant Statement of Financial Position:

e. The information provided is also to be strictly limited to assets and debts held by the applicant (Sure Step Transit LLC), and not the individual member(s). Any property and accounts listed must be registered or titled to the corporation. Bank accounts must be in the name of Sure Step Transit LLC. Vehicles must be registered

to Sure Step Transit LLC. Property must be titled to Sure Step Transit LLC. If these items are not in the name of Sure Step Transit LLC, then they should not be included on the balance sheet.

Title Vans to Sure Steps Transit LLC

1.) For question #10 of the application

I am going to amended to Paratransit

— 2.) You failed to adequately answer all aspects of question #5 of the Verified Statement of Applicant. **Please review Title 52 Pa Code §29.501-509 Driver Regulations to see what is required of motor carriers.** Your system for conducting criminal background checks;

i. What type of things in their criminal background check would disqualify them from employment?

Any conviction of motor vehicle code within last 3 years, felonies, Medicare and Medicaid fraud, homicide or murder, drug delivery resulting in death, kidnapping, rape, sexual assault, sexual abuse of children, arson, burglary or robbery, theft, receiving stolen property, unlawful use of computer, forgery, promoting prostitution, intimidation or retaliation against witnesses or victims, corruption of minors,

How will you maintain records (record retention) of the criminal background checks performed?

Hard copies-Site

b. Your system for conducting driver license/history checks;

Pre-employment

i. How often will driver license/history checks be conducted?

Yearly after hire-upon suspicion

ii. How will you maintain records (record retention) of such checks?

Hard copies-site

3.) Please review the below criteria and submit a revised compliant Statement of Financial Position:

e. The information provided is also to be strictly limited to assets and debts held by the applicant (Sure Step Transit LLC), and not the individual member(s). Any property and accounts listed must be registered or titled to the corporation. Bank accounts must be in the name of Sure Step Transit LLC. Vehicles must be registered

to Sure Step Transit LLC. Property must be titled to Sure Step Transit LLC. If these items are not in the name of Sure Step Transit LLC, then they should not be included on the balance sheet.

Title Vans to Sure Steps Transit LLC

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)

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?** **NO**

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

6. Mailing Address

815 Seymour St
Street Address
Lancaster PA 17603 Lancaster
City, State and Zip Code County
203-428-5958 suresteptransit@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.)

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. _____

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)

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?** **NO**

If YES, at PUC No. A- N/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 0014349815
(See checklist and indicate type of business entity registered)

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	York	Berks
Lancaster	Adams	
Dauphin	Lebanon	

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.

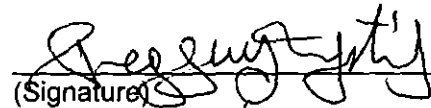
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure 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.

Reggie Myrtel
(Print Name)


(Signature) 6/2/25
(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).

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	york	Berks
Lancaster	Adams	
Dauphin	Lebanon	

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.

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
Trade Name, if any
Street Address (principal place of business) 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. 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.

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:
- 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.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE

See Attached

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

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
Trade Name, If any
Street Address (principal place of business) 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

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).

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 See Attached

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.

Regency Myrtill
(Signature)
Regency Myrtill
(Name and Title, printed or typed)

6/2/25
(Date)

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</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

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).

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 Sep Attached

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.

Rebecca Myrtal
(Signature)
Rebecca Myrtal
(Name and Title, printed or typed)

6/2/25
(Date)

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

	<u>1 year</u>
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
Total Direct Expense	<u>\$ 197,045.16</u>
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.**

- c. 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

Transfer of the vans will be done on 6/5/25 to Sure Step Transit, LLC.

- 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.

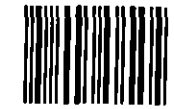
- 8. Sure Step Transit LLC has researched the annual premium and paratransit insurance market for the required insurances to ensure accessibility and affordability.

10.

See Financials Attached

U.S. POSTAGE PAID
PME
CAMP HILL, PA 17011
JUN 03, 2025

Retail



17120

\$31.40

S2324E500594-69

RDC 07



PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

PRIORITY MAIL EXPRESS®

FLAT RATE ENVELOPE

ONE RATE ■ ANY WEIGHT



EI 210 120 975 US

JUN - 4 2025

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE: 203, 428-5958
 Peggy Mytil
 815 Seymour St
 Lancaster, PA 17603

PAYMENT BY ACCOUNT (If applicable)
 USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service Acct. No.
 SECRETARY'S BUREAU

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available*)
 *Refer to USPS.com® or local Post Office® for availability.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage
17011	06/04/25	\$ 31.40
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee
6/4/25	5:00 PM	\$
		COD Fee
		\$

TO: (PLEASE PRINT) PHONE:
 Matthew L. Homsher, Secretary
 Pennsylvania Public Utility Commission
 Commonwealth Keystone Building
 408 North Street, Harrisburg, PA
 2nd Floor 17120
 ZIP + 4® (U.S. ADDRESSES ONLY)

CMPC
 717-705-1952

To: PUC SECRETARY BUREAU
 Agency: PUC
 Floor:
 External Carrier: EXPRESS

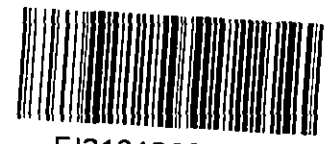
To schedule free Package Pickup, scan the QR code.



USPS.COM/PICKUP

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

PEEL FROM THIS CORNER



EI210120975US

6/4/2025 10:11:58 AM

