

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

JUN 11 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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)

BSF HOMECARE 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 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- _____

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 93-3096699

(See checklist and indicate type of business entity registered)

13561294 (anc)

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

STEVEN SMITH _____

6. **Mailing Address**

1537 BRINTON AVE
Street Address

BRADDOCK, PA 15104 ALLEGHENY
City, State and Zip Code County

(412) 654-4090 BSFHOMECARESERVICE@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)

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?**

X 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, as a common carrier, by motor vehicle, persons in Paratransit service, from points in the counties of Allegheny, Lawrence, Butler and Washington, Fayette, Westmoreland to points in Pennsylvania, and then 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.

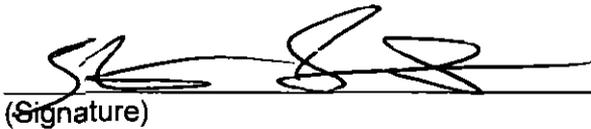
Verification of Application

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.

STEVEN SMITH

(Print Name)



(Signature)

05-19-25

(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).

DATE OF DEPOSIT

JUN 11 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

BSF HOME CARE SERVICES LLC

Legal Name of Applicant

Trade Name, if any

1537 BRINTON AVE

BRADDOCK

PA

15104

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.

STEVEN SMITH, OWNER/MANAGER
BUSINESS ADDRESS: 1537 BRINTON AVE BRADDOCK, PA 15104
PHONE NUMBER: (412) 654-4090

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

DATE OF DEPOSIT

NOT APPLICABLE

JUN 11 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Steven Smith has been a business owner and operator for diving and transporting goods, and persons since 2017, his experiences range from transporting goods of various different merchandise to manager positions of transportation companys. Steven also coordinates pick ups and drop offs for his company and also has over a decade in driving experience.

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.

BSF HOME CARE SERVICES LLC maintains its records at the company's office located at 1537 BRINTON AVE BRADDOCK, PA 15104. All records required by PUC as well as for normal business are maintained under locked cabinets at the company's physical location in compliance with state and federal confidentiality laws. The physical location of the company is a business office with telephones, fax machines and computer systems for communication. All vehicles shall be housed at the physical location of the company. Customer requests shall be received via telephones, emails or through the company's website. BSF HOME CARE SERVICES LLC maintains a schedule of drivers available to work on a given day. Drivers are dispatched based on a mapping system to fulfill request and to ensure requests are fulfilled expediently while the driver follows all driving laws in Pennsylvania. BSF HOME CARE SERVICES LLC maintains continuous communication with drivers via a 2-way communication cell phones.

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.

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

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

QUESTION # 5 ANSWER:

BSF HOME CARE SERVICES LLC will hire 3 drivers, 1 full time driver, 1 part time driver and 1 per diem driver as back-up in the event of a staffing need to operate three vehicles. The company will hire more drivers as more vehicles are purchased and the company grows.

A. Hiring standards for drivers: All drivers must complete the company's job application form, and an in-person interview with a manager or supervisor. The company also conducts at least two satisfactory professional reference checks. Educational background and certifications such as CPR/First Aid certifications are also obtained and verified, the applicant's age is verified and documented in the driver's confidential employee file. All drivers must be physically able to drive company vehicles through written evidence of a physical examination by a medical doctor. BSF HOME CARE SERVICES LLC is an equal opportunity Employer and the rendering of services to clients. Opportunities are available to all individuals at will and does not discriminate in its hiring practices on the grounds of race, color, religion or national origin and any other status protected by law.

B. System for conducting criminal background checks: BSF HOME CARE SERVICES LLC requires all drivers undergo certain criminal and other background checks in compliance with state law as a condition of employment through the Pennsylvania state policy.

C. Driver training program: All drivers are provided with orientation and annual training. A formal orientation program is established to help assure all drivers are presented with BSF HOME CARE SERVICES LLC policy, understand their responsibilities, and are familiarized with their vehicles.

Areas that must be addressed with the driver include:

- o Defensive Driving
- o Passenger Assistance Training
- o Driver Safety Training
- o Customer Service Training
- o Sensitivity Training
- o Orientation to Motor Carrier of Passenger Rules
- o First Aid and CPR if mandated Understand, review, and be given a copy of the Standard Operating Manual.
- o Understand and sign the Vehicle Assignment Agreement.
- o Review individual Motor Vehicle Report (MVR).
- o Understand accident reporting and emergency procedures.
- o Transportation of blind or deaf persons with dog guides
- o Driver cell use phone policy
- o Dispatching and routing process

o Review operation and controls of vehicles being assigned. Inspect vehicle using Vehicle Inspection Form.

o Incident and accidents reporting

o Alcohol and Substance Abuse Policy

Annual training provided to drivers include refresher on Passenger Assistance and Safety training and the organization's driver cell use phone policy.

D. System for conducting driver license checks: BSF HOME CARE SERVICES LLC shall obtain and

review driving history research report for all drivers from the Department of Transportation and other relevant sources such as from the appropriate agency of every state in which that person held a motor vehicle operator's license or permit during the preceding 3 years.

E. Policies regarding alcohol and drug use by your drivers: BSF HOME CARE SERVICES LLC policies prohibits a driver from being under the influence of alcohol or having any measured alcohol concentration or detected presence of alcohol, while operating a vehicle in passenger service. BSF HOME CARE SERVICES LLC policies prohibit a driver from being under the influence of a controlled substance, being under the influence of a controlled substance, or having any measured concentration or detected presence of a controlled substance, while operating a vehicle in passenger service. All drivers are informed and provided with a written copy of the organization's alcohol and drug use policy upon hire. The organizations conduct Alcohol and substance abuse testing as a condition of employment. All drivers are informed in writing that the company reserves the right to conduct drug and alcohol screening at any time when there is suspicion a driver is under the influence of alcohol or drugs.

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).

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

BSF HOME CARE SERVICES LLC ownership contacted several insurance companies to obtain a quote for insurance to meet the required insurance premiums. The company has selected UPMC Work Alliance as the company to ensure all the company vehicles. BSF HOME CARE SERVICES LLC is able to pay the required insurance premiums quoted in writing by UPMC Work Alliance.

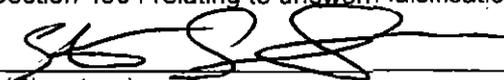
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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.



 (Signature)
 STEVEN SMITH OWNER

 (Name and Title, printed or typed)

5/19/25

 (Date)
 DATE OF DEPOSIT

JUN 11 2025

Answer to question #7

BSF HOME CARE SERVICES LLC maintains a safety program in compliance with safety rules in the FMCSR (part 392). Drivers are trained to be familiar with the safety program and managers must inform drivers of the rules that affect them. Safety program addresses Safety Belts, Impaired Driving, Traffic Laws, Vehicle Condition, Cellular Telephones, Radios usage, General Safety Rules, Company and Personal Property.

A. Periodic vehicle maintenance plan: BSF HOME CARE SERVICES LLC conducts preventive maintenance and inspection of each licensed vehicle conforming to manufacturer specifications. Preventive maintenance shall include periodic maintenance, semiannual inspection, annual vehicle inspection and pre-trip vehicle inspection. Written pre-trip inspections are conducted by each driver at the start of each shift to include the inspection of the interior and exterior of each vehicle, underneath the hood and under the vehicle for any leaks. Any identified issues are reported to the supervisor for immediate repairs. Pre-trip vehicle inspections are documented and kept at the office. The company's management shall initiate all periodic maintenance, annual vehicle inspections at their scheduled due dates. All maintenance and inspections are documented by the appropriate technician and records are kept by the manager at the company's office.

B. System for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175): BSF HOME CARE SERVICES LLC has a system in place to comply with 67 Pa. Code, Chapter 175. The management team of the company shall be responsible for ensuring each vehicle has a valid certificate of inspection for new vehicles purchased and re-inspections, semiannual inspection, annual inspection, inspection of vehicle reentering the Commonwealth which had been outside continuously for 30 days or more, and other applicable standards of 67 Pa. Code, Chapter 175. All certificates of inspections and reinspection, semi-annual inspections, annual inspections shall be kept in compliance with 67 Pa. Code, Chapter 175.

Statement of Financial Position (Balance Sheet)
As of (date) 5/19/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$38,000	
Other Current Assets (specify)	\$0.00	
Total Current Assets		\$38,000
Tangible Assets		
Motor Vehicle Equipment	\$53,000	
Property (buildings, land, etc.)	\$0.00	
Office Equipment		\$6,200
TOTAL ASSETS		\$97,200

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0.00	
Credit cards/revolving credit	\$8,000	
Other Liabilities (Attach schedule)	\$0.00	
Total Current Liabilities		\$8,000
Long Term Liabilities (Due after one year of date)		
Mortgage	\$1,350	
Long term commercial loan	\$0.00	
Other Liabilities (Attach Schedule)	\$0.00	
Total Long-Term Liabilities		\$1,350
TOTAL LIABILITIES		\$9,350



PRESS FIRMLY TO SEAL



PITTSBURGH, PA 15290
JUN 11, 2025

17120

\$14.95

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OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



9589 0710 5270 1416 1407 76

for domestic and many international destinations.

FROM:

Steven Smith
1537 Brinton Ave
Beadock, PA 15104

RECEIVED

JUN 13 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Secretary PA Public Utility Commission
400 North St, second floor
Harrisburg, PA 17120

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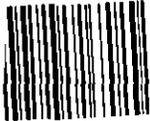
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SECRETARY BUREAU

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P14F July 2022

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