

A-2025-3056163

Application for Motor Common Carrier of Persons Group and Party Service in Vehicles Seating 11 to 15, Including the Driver

THIS APPLICATION IS TO BE USED FOR CHARTER SERVICE FOR GROUPS, OR ON A NONEXCLUSIVE BASIS FOR TOUR, SIGHTSEEING, OR EXCURSION SERVICE LIMITED TO VEHICLES SEATING 11 TO 15 PEOPLE, INCLUDING THE DRIVER.

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

DATE OF DEPOSIT

Greene Valley Shuttle Service LLC

JUL-22 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

- 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 Transport" 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 Transport" or "J. Doe Transport" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** YES **Previous Authority?**

If YES, at PUC No. A- 6427537

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 7555076
(See checklist and indicate type of business entity registered)

12/6/21

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

NOELLE GREENE 50%
DANIEL GREENE 50%

6. **Mailing Address**

101 GREENE ROAD

Street Address

BULGER, PA 15019

City, State and Zip Code

WASHINGTON

County

724-705-2757

Telephone Number

GREENEVALLEYSHUTTLE@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 than 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)

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. 3909989

10

Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

For the right to begin to transport, as a common carrier, by motor vehicle, persons in group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Allegheny and Washington counties

Examples:

- To transport people from points in Lancaster County to points in PA, and return.
- To transport people between points in Allegheny, Washington, and Beaver Counties.

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 Group and Party Service in Vehicles Seating 11 to 15, Including the Driver; 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.

DATE OF DEPOSIT

JUL 22 2025

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

NOELLE GREENE

(Print Name)

Noelle Greene

07/18/2025

(Signature)

(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).

BUSINESS PLAN/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.

GREENE VALLEY SHUTTLE SERVICE LLC.

Legal Name of Applicant

Trade Name, if any

101 GREENE ROAD, BULGER, PA 15019

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.

Noelle Greene, Owner
101 Greene Road, Bulger, PA 15019
724-705-2757
greenevalleyshuttle@gmail.com

DATE OF DEPOSIT

JUL 22 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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

NA

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.

Noelle Greene has earned a B.S. in management and marketing. Has over 15 years of experience with customer service, filing, cash handling, scheduling, and managing employees. Successfully completed the DOT Drug and Alcohol Supervisor training. Lastly, she has a clean driving record, and a high standard for safety of her passengers and others on the road.

Daniel Greene has over 10 years in the Local 66 Operators Union, which has given him the experience of safely driving large vehicles (Cranes, Slick Line trucks, etc.) with his CDL. Since he has driven professionally for his career, the application of safety is number one. Daniel also has experience of managing crew members, money handling, driver logs, among many other aspects of the job.

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.

Greene Valley Shuttle Service's office and garage are located at 101 Greene Road, Bulger, PA 15019.

Maintenance records will be individually filed by vehicle and updated according to the vehicle's maintenance schedule. A computer, printer, scanner, filing cabinets, desk, and telephone are all office supplies that will be utilized for business and record keeping.

The main form of communication with drivers would be via phone.

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:

Our objective is 6 employees. This would allow each vehicle to have a driver, plus Dan and myself. (This includes drivers for our other larger buses, as well, that presently have PUC authority). Our targeted territory size spans 50 miles from home base.

a. Your hiring standards for drivers.

Applicants must complete an application for employment (with employment record included), be over the age of 21, complete and sign a certificate of violations, and complete and pass a driver road test. The potential driver must also have a clean driving record, which will be reviewed prior to hiring, and requested annually thereafter. An up-to-date copy of their Medical Examiner's certificate must also be provided, as well as a Passenger endorsed driver's license. All previous employers of the applicant will be contacted to confirm accurate information was provided by the applicant. All documentation will be held in the driver's individual file.

b. Your system for conducting criminal background checks.

A criminal background check will be run prior to employment to ensure there are no violations against the applicant. An annual background check on employees will also be completed. This information will be held in the driver's individual file.

c. Your driver training program.

A copy of our "Motor Carrier Safety Policy" will be provided to all drivers to be read completely and signed/dated. A copy will be sent to their e-mail that they have provided for communication so that they have both a digital and hard copy. The signed copy will also be held in their individual driver file.

This Safety Policy is in compliance with U.S. Department of Transportation Regulations CFR 49 385.3 and 385.7.

Any changes or mandatory updates to this policy will be sent directly to me so that I can keep our drivers up to date. Adjustments will be reviewed and signed/dated by all drivers, and a new copy will be sent to their e-mail as well. The most recent copy will be filed in the office and readily available.

d. Your system for conducting driver license checks.

A potential employee must complete and sign/date a "Motor Vehicle Driver's Certification of Violators" document listing any traffic violations from the prior 12-month period. Upon reviewing the driver's history report, it will be determined if they are an eligible candidate. An "Annual Review of Driving Record" must be completed for each annual review stating if the driver meets the minimum requirements, or that they are disqualified to drive a motor vehicle (pursuant to 391.15) This information will be held in their individual driver file.

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

Greene Valley Shuttle Service has a ZERO tolerance policy for alcohol or drug use. If a driver is suspected of being under the influence of drugs or alcohol, they will be sent immediately for a urine test.

Our business is enrolled in a DOT Drug and Alcohol Program (That meets the requirements of DOT Regulations 49 CFR Parts 382 and 40). We are also registered in the Clearinghouse per DOT and FMCSA regulations. Noelle Greene has also successfully completed the required supervisor training for 'detecting signs of substance abuse' and 'detecting alcohol misuse in the workplace.' (These were in accordance with 49 CFR Part 40 382.603).

1. 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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2014	FORD	E350	14	1FDEE3FL8EDA75826	148,625
2014	FORD	E350	14	1FDEEFL5EDA91756	114,430

We also own larger capacity passenger buses which we have been granted

PUC Authority (11/2024) and completed the required PUC Safety Audit (04/2025)

2. Describe your vehicle safety program. Please include the following in your explanation:

-All drivers must read and sign off on the company's safety manual. They are also updated of any changes or additions to the safety program in place.

- a. Your periodic vehicle maintenance plan

- i. Vehicles must have a pre- and post-trip inspection to ensure that all lights, brakes, etc. are in working order. Drivers

must note, and bring to our attention, any issues that need to be addressed.

- b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).
 - i. All vehicles will complete the required inspections. All vehicles will be equipped with the required safety gear. Braking systems, lights, doors, windows, emergency exits, tires/wheels, and any other applicable part will be regularly inspected and in full operating condition. An emergency door and window inspection are completed, and documented, every 90 days. Each vehicle file will have a maintenance schedule to keep track of routine upkeep. All work and maintenance will be documented in the appropriate vehicle file.

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

Greene Valley Shuttle Service already has a policy in place with Philadelphia Insurance Co. that covers our vehicles with the required coverage amounts. (Policy: PHPK2705811-000)

- 4. 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

- 5. 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.

DATE OF DEPOSIT

JUL 22 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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. § 4904 relating to unsworn falsification to authorities.



(Signature)

07/18/2025

(Date)

Noelle Greene, Owner

(Name and Title, printed or typed)

DATE OF DEPOSIT

JUL 22 2025

Docket No. A-2025-3056163
GREENE VALLEY SHUTTLE SERVICE LLC

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Request for Information

1 Your description of the proposed service is not acceptable. No mention of Call or Demand can be mentioned in your G&P 11-15 authority. The description of the authority needs to be clear with the Commission's criteria in mind. Please revise your request or verify that the below example is what you now intend.

Example: For the right to begin to transport, as a common carrier, by motor vehicle, persons in group and party service, in vehicles seating 11 to 15 passengers, including the driver, between points in Allegheny and Washington counties.

2 Provide the 2014 Ford (VIN # 1FDEEFL5EDA91756) registration as it was missing from the submission.

3 You are required to provide a dated balance sheet. The submission must be comprised of information which is accurate as of the date provided.

Greene Valley Shuttle Service, LLC. (Pa PUC: A-6427537)

101 Greene Road, Bulger, PA 15019

DATE OF DEPOSIT

Re: A-2025-3056163

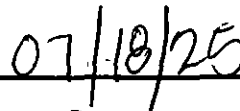
JUL 22 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

I, Noelle Greene, 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).



Noelle Greene



Date

STATEMENT OF FINANCIAL POSITION

AS OF JULY 2025

ASSETS

CURRENT ASSETS:

CASH - \$12,496

ACCTS. RECEIVABLE - \$25,550

TANGIBLE ASSETS:

VEHICLES - \$150,000

TOOLS/EQUIPMENT - \$18,000

OFFICE EQUIPMENT - \$1,000

TOTAL ASSETS: \$207,046

LIABILITIES

CURRENT LIABILITIES:

ACCOUNTS PAYABLE

FUNDBOX ROTATING CREDIT - \$4,482.50

COMM. VEHICLE INSURANCE PREMIUM - \$6,332

WORKERS COMP. INSURANCE POLICY - \$887.47

PAYROLL SERVICE - \$1,250

TOTAL CURRENT LIABILITIES: \$12,951

LONG TERM LIABILITIES:

ANNUAL EMPLOYEE PAYROLL (ESTIMATED) - \$107,900

TOTAL LIABILITIES: \$120,851

PRESS FIRMLY TO SEAL

Retail



17120

U.S. POSTAGE PAID
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BURGETTSTOWN, PA 15021
JUL 22, 2025

\$31.40

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RDC 07



PRIORITY
MAIL
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CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE 724 705-2757
Greene Valley Shuttle Service
101 Greene Rd.
Bulger PA 15019

PAYMENT BY ACCOUNT (if applicable)
 Federal Agency Acct. No. or Postal Service™ Acct. No.

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

PS ZIP Code <u>15021</u>	Scheduled Delivery Date (MM/DD/YY) <u>7-23-25</u>	Postage <u>\$ 31.40</u>	
Date Accepted (MM/DD/YY) <u>7-22-25</u>	Scheduled Delivery Time <u>8:00 PM</u>	Insurance Fee \$	COD Fee \$
Time Accepted <u>130</u> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees <u>31.40</u>	
Weight <u>8</u> lbs. <u>7</u> ozs.	Flat Rate \$	Acceptance Employee Initials <u>DP</u>	

TO: (PLEASE PRINT) PHONE ()
Matthew L. Homsher, Sec
PA Public Utility Commission
Commonwealth Keystone Bldg.
400 North Street
Harrisburg, PA
 ZIP + 4® (U.S. ADDRESSES ONLY)
17120

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature <u>JUL 24 2025</u>

RECEIVED

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

PEEL FROM THIS CORNER

LABEL 11-B, NOVEMBER 2023

PSN 7630-02-000-9998

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU