

A-2025-3056697

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

Damon Green  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Mailing Address

2707 W Westmoreland St.  
Street Address

Phila PA. 19129 Philadelphia  
City, State and Zip Code County

267-325-8908 GTS Philly@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.)

SAME  
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)

NA  
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. 2

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AUG 5 2025

PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

**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.

Damon Green  
(Print Name)

Damon Green (Signature)      08/05/2025 (Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

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**AUG 5 2025**

**PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU**

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).

A) Vehicle will be checked before and after each trip of work day.

B) All vehicles will be inspected everyday to be in compliance to (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.

I researched different insurance companies and I have a relationship with several companies that will insure me with great rates and excellent coverages

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

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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)

Damon Green, OWNER

(Name and Title, printed or typed)

(Date)

08/05/2025