

DATE OF DEPOSIT

JUN - 6 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)

S & J 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-** \_\_\_\_\_

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** 39-2220106

(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).**

SIERRA RUCKER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

127 PETER DR \_\_\_\_\_  
Street Address

PITTSBURGH, PA 15235 \_\_\_\_\_ ALLEGHENY \_\_\_\_\_  
City, State and Zip Code County

(412) 377-7405 \_\_\_\_\_ SRUCKER1986@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?**

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).

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To transport, as a common carrier, by motor vehicle, persons in Paratransit service, from points in the counties of Beaver, Alleghany, Lawrence, Butler and Washington, Fayette, Westmoreland to points in Pennsylvania, and return.

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*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.

SIERRA RUCKER

(Print Name)

*Sierra Rucker*

(Signature)

05-13-25

(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).

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# 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.

DATE OF DEPOSIT

S & J TRANSIT LLC

Legal Name of Applicant

JUN - 6 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Trade Name, if any

127 PETER DR

PITTSBURGH

PA

15235

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.

SIERRA RUCKER, OWNER/MANAGER  
BUSINESS ADDRESS: 127 PETER DR PITTSBURGH, PA 15235  
PHONE NUMBER: (412) 377-7405

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

NOT APPLICABLE

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.

Sierra Rucker has been a business owner since 2013, her experiences range from selling goods of various different merchandise to manager positions of transportation companys. Sierra also coordinates pick ups and drop offs for her company and also has over a decade in personal care.

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.

S & J TRANSIT LLC maintains its records at the company's office located at 127 PETER DR PITTSBURGH, PA 15235. 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.

S & J TRANSIT 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. S & J TRANSIT 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.

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

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

### **Answer to question #5**

S & J Transit 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. S & J Transit 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:** S & J Transit 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 S & J Transit LLC policy, understand their responsibilities, and are familiarized with their vehicles.

Areas that must be addressed with the driver include:

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

- Inspect vehicle using Vehicle Inspection Form.
- Incident and accidents reporting
- 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:** S & J Transit 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:** S & J Transit 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. S & J Transit 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.



**Statement of Financial Position (Balance Sheet)**  
**As of (date) 05/13/2025**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$30,000	
Other Current Assets (specify)	\$0.00	
Total Current Assets		<u>\$30,000</u>
Tangible Assets		
Motor Vehicle Equipment	\$42,000	
Property (buildings, land, etc.)	\$0.00	
Office Equipment		<u>\$5,000</u>
	<b>TOTAL ASSETS</b>	<b><u>\$77,000</u></b>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0.00	
Credit cards/revolving credit	\$5,000	
Other Liabilities (Attach schedule)	\$0.00	
Total Current Liabilities		<u>\$5,000</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	\$1,500	
Long term commercial loan	\$0.00	
Other Liabilities (Attach Schedule)	\$0.00	
Total Long-Term Liabilities		<u>\$1,500</u>
	<b>TOTAL LIABILITIES</b>	<b><u>\$6,500</u></b>

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SECRETARY'S BUREAU



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*Pittsburgh, PA 15235*

JUN 10 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

*Secretary PA Public Utility  
Commission*

*400 North St, Second floor*

*Harrisburg, PA 17120*

**VELOPE**

**JRED**

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