

AUG 11 2025

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

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**Application for Motor Common Carrier of Persons
upon Call or Demand (Taxi Service)**

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE PROVIDING LOCAL TRANSPORTATION ON EITHER EXCLUSIVE OR NONEXCLUSIVE BASIS, AND SERVICE IS CHARACTERIZED BY PASSENGERS HIRING THE VEHICLE AND ITS DRIVER EITHER BY TELEPHONE CALL OR BY HAIL, OR BOTH. **THIS APPLICATION CANNOT BE USED TO APPLY FOR TAXI SERVICE WITHIN THE CITY AND COUNTY OF PHILADELPHIA.**

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

MEHMET ANIGI

- 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)

N/A

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 Trucking" 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 Trucking" or "J. Doe Trucking" 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 _____
(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).**

N/A

6. **Mailing Address**

220 Lee Dr Apt 40
Street Address

Coraopolis, PA 15108 Allegheny
City, State and Zip Code County

412-583-4352 mehmetanigi1@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 from Mailing Address)**

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?**

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 people upon call or demand in the City of Pittsburgh and Allegheny County, Pennsylvania.

Examples:

- *To transport people upon call or demand in the city of Reading, Berks County.*
- *To transport people upon call or demand in Spring Township, Centre 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 upon Call and Demand (Taxi 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.

Mehmet Anigi
(Print Name)


(Signature)

7/29/2025
(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).

Revised 7/17/17

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.

Mehmet Anigi

Legal Name of Applicant

Trade Name, if any

220 Lee Dr Apt 40

Street Address (principal place of business)

Coraopolis

City or Municipality

PA

State

15108

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.

I, Mehmet Anigi, am the sole applicant and operator of this taxi service.

Title: Owner / Driver

Business Address: 220 Lee Dr Apt 40, Coraopolis, PA 15108

Telephone Number: 412-583-4352

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

I have no affiliation, ownership, or control with any other carrier.

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.

I have 2 years of experience in the transportation industry, specifically in providing passengers. services. During this time, I have gained valuable skills in vehicle operation, customer service, and safety protocols. This experience has prepared me well to operate a reliable and professional taxi service.

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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.

I currently have one vehicle which will be used for the taxi service. The vehicle is equipped with interior and exterior cameras to ensure the safety of both passengers and the driver. I have a dedicated mobile phone specifically for receiving customer calls and dispatching the vehicle. Upon approval, I plan to install a taximeter and a point-of-sale (POS) device in the vehicle to accurately record fares and transactions. All trip records, fare details, and related documentation will be maintained using these devices and stored securely as required by the Pennsylvania Public Utility Commission.

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:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

I currently intend to operate as a sole driver. As the business grows, I plan to hire additional drivers. Driver hiring standards include a valid PA driver's license, a clean driving record, and a criminal background check. Driver training will include safety, customer service, and regulatory compliance. Driver licenses will be checked periodically for validity. Strict zero tolerance policy for alcohol and drug use is enforced.

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. (Taxicabs may not be used if the vehicle's age is greater than ten model years, or the vehicle mileage is greater than \$350,000.)

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2022	Hyundai	Sonata	5	KMHL24JJ9NA039513	80,000 miles

*Vehicles with seating capacity of more than eight passengers including the driver cannot be used for taxi service.

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).
 - Your system for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage requirements shall be replaced in a timely fashion.

I will follow a strict periodic vehicle maintenance plan which includes regular oil changes, tire rotations, brake inspections, and other manufacturer-recommended services every 3,000 to 5,000 miles or as needed to ensure safe operation.

To ensure continuous compliance with Pennsylvania vehicle equipment standards, I will perform regular safety inspections and repairs as necessary, including lighting, brakes, tires, and emissions checks.

Vehicles that exceed the age limit of 10 model years or mileage over 350,000 miles will be replaced promptly to maintain safety and compliance with PUC regulations.

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

I have contacted multiple insurance providers to confirm my eligibility for commercial vehicle insurance. I understand the requirement to maintain valid insurance coverage and am prepared to pay the required premiums once my application is approved.

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.

I have carefully assessed the financial requirements of launching and operating a small-scale taxi business. As of the date of this application, I have sufficient funds to support the start-up and early operating costs, including the vehicle purchase, insurance, licensing, fuel, and maintenance.

My personal savings and current income provide a stable financial foundation. Additionally, I do not carry any significant debt obligations that would hinder the reliability or continuity of my transportation service. I am committed to maintaining a safe and efficient operation with strong financial oversight.

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.

Mehmet Anigi
(Signature)

7/29/2025
(Date)

Mehmet Anigi, Owner/Operator
(Name and Title, printed or typed)

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Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$5,000	
Other Current Assets (specify)	\$9,000	
Total Current Assets		<u>\$14,000</u>
Tangible Assets		
Motor Vehicle Equipment	\$20,000	
Property (buildings, land, etc.)	\$1,000	
Office Equipment		
TOTAL ASSETS	\$35,000	<u>_____</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0	
Credit cards/revolving credit	\$8,000	
Other Liabilities (Attach schedule)	\$0	
Total Current Liabilities		<u>\$8,000</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	\$0	
Long term commercial loan	\$19,000	
Other Liabilities (Attach Schedule)	\$0	
Total Long-Term Liabilities		<u>_____</u>
TOTAL LIABILITIES	\$27,000	<u>_____</u>

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

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

MEHMET ANIGI
220 LEE DR
APT:40
CORAOPOLIS PA 15108

TELEPHONE (412) 583-4352

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

DATE OF DEPOSIT

Name: Anigi, Mehmet
Date of Birth: 12/28/1991
Social Security #: XXX-XX-XXXX
Sex: M
Race: White
Date of Request: 07/27/2025
06:26 AM
Purpose of Request: Employment

Maiden Name and/or Alias (1)
(2)
(3)
(4)
(5)

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*** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL #R33480846 ***

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTOR AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS. THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES. THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.pa.gov/RcStatusSearch>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING: SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE. QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:

DISSEMINATED ON: 07/27/2025
06:26 AM

Lt. Kyle Kutz
Director, Criminal Records and Identification
Division
Pennsylvania State Police

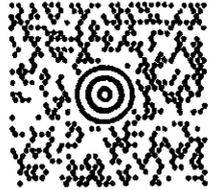
MEHMET ANIGI
(412) 689-2677
APT 4D
PO BOX 40
220 LEE DR
CORAOPOLIS PA 16108

1 LBS 1 OF 1
SHP WT: 1 LBS
DATE: 11 AUG 2025

RECEIVED
AUG 12 2025

SHIP SECRETARY
TO: PA PUBLIC UTILITY COMMISSION
FL 2
400 NORTH ST

HARRISBURG PA 17120-0202

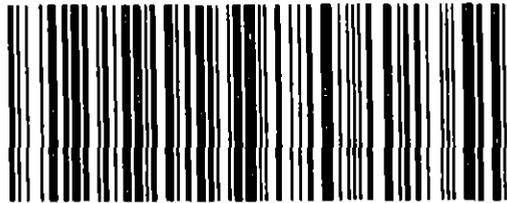


PA 172 9-24



UPS GROUND

TRACKING #: 1Z 4VB Y33 03 8863 2561



BILLING: P/P



CMPC

717-705-1952

REF #2: J

To: PUC SECRETARY BUREAU



SEE NOTICE
CENTERS &
REGISTRATION

Agency: PUC

Floor