

Application for Broker of Persons

THIS APPLICATION IS TO BE USED FOR A LICENSE TO OPERATE AS A BROKER WHO WILL ARRANGE FOR THE TRANSPORTATION OF PERSONS BETWEEN POINTS IN PENNSYLVANIA.

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

Rhino Express, 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 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?** _____ **Previous Authority?**

If YES, at PUC No. A- 8918943

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

81-2303060

(see checklist and indicate type of business entity registered)

5. **Mailing Address**

2124 Franklin Ave.
Street Address

Harrisburg, PA 17109 Dauphin
City, State and Zip Code County

(717) 526-9945 Rhinoexpress11ca@yahoo.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.

6. **Physical Address (If different than mailing address. Do not use a post office box.)**

Same as listed above
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**.

7. **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.

8. **Does applicant hold interstate operating authority?**

No Yes, at No. 2881782

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).

Note: Before you can provide service as a Pennsylvania licensed broker of persons, you must submit evidence of financial responsibility to the Public Utility Commission. Your evidence will be in the form of a Surety Bond in the amount of \$10,000.00.

I, Marvin Redcross, hereby state that the facts set above 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)

RECEIVED

JUG 25 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.

RECEIVED

A-8918943

PUC Application Docket No.

AUG 25 2025

Marvin Redcross

Legal Name of Applicant

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Trade Name, if any

2124 Franklin Ave
Street Address (principal place of business)

Harrisburg
City or Municipality

PA
State

17109
Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

Same as provided above

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

N/A

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.

9 years experience as courier service
1 year experience as expediter (OTR)

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized. 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. Finally, please state your intended business hours.

Physical location is one with secluded parking, office area located inside facility obtaining computers, copy/print machine, business phone. Digital and hard copy records to be held in office. Requests to be scheduled via website or call. Hours:

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving.

Single employee. Duties to include service coordination, managing resources, customer support, oversight of guideline compliance, record keeping, etc. One employee is sufficient because trips are small scale. Staff to be added following application acceptance.

6. Licensed brokers are required to maintain a surety bond with a value of no less than \$10,000. While it is not necessary to obtain a surety bond at this time, please give the names of bonding companies you have contacted in preparation for obtaining a surety bond.

MELWAIR BATES

7. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
 - Your intended customer complaint resolution procedure.

Customer service to focus on treating all riders respectfully and ensuring safe, reliable, accessible transportation

- Through posted notices, rider materials
- Document, investigate, use fair communication and corrective action.

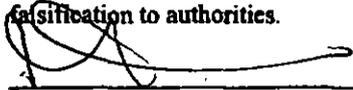
8. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES NO

9. **Financial Data.** In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore, you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains 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)

MARIA PEDROSS, CEO (OWNER)

(Name and Title, printed or typed)

8/20/2025

(Date)

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AUG 25 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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

<u>ASSETS</u>		
Current Assets		
Cash	\$ 20,791.96	(Please find attached bank statement) \$20,791.96
Other Current Assets (specify)	<u>0</u>	
Total Current Assets		
Tangible Assets		
Motor Vehicle Equipment	\$ 8,000.00	\$20,791.96 \$ 8,000.00 \$28,791.96
Property (buildings, land, etc.)	<u>0</u>	
Office Equipment		
TOTAL ASSETS		
<u>LIABILITIES</u>		
Current Liabilities (Due within one year of date)		
Loans	<u>0</u>	<u>0</u>
Credit cards/revolving credit	<u>0</u>	
Other Liabilities (Attach schedule)	<u>0</u>	
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>0</u>	<u>0</u>
Long term commercial loan	<u>0</u>	
Other Liabilities (Attach Schedule)	<u>0</u>	
Total Long-Term Liabilities		
TOTAL LIABILITIES		

* Out of service back-up plan:

1. Roadside Assistance + Towing
 - C+C Repair + Towing (local business)
 - Palmer's Roadside Assistance (local business)
 - AAA Roadside Assistance (membership)
2. Rent a replacement
 - Total Mobility Services (local business)

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

List of Attachments/Documents:

1. **Verified Statement of Applicant; Question #5 continuation and Verified Statement of Applicant; Question #7 continuation.**
2. **Members 1st Federal Credit Union Bank Statement**
3. **Insurance Identification Card**
4. **Certificate of Organization Domestic Limited Liability Company (Proof of Ownership)**
5. **Vehicle Registration**
6. **Estimated Maintenance Costs**
7. **Estimated Possible Fines**
8. **Vehicle Out of Service Backup Plan**

Verified Statement of Applicant;
Question #5 cont'd

c. AAA Training

d. Driver license checks conducted
yearly, (PennDOT)

e. Pre-drug screening will take
place during hiring process

Verified Statement of Applicant;
Question #7 cont'd

a. cont'd

- keep records of all maintenance
activity, repairs, etc.

b. keep inspection log, maintenance
log, and certification of compliance



MEMBERS 1st
FEDERAL CREDIT UNION

Account Statement

**RHINO EXPRESS LLC
MARVIN W REDCROSS
MARVIN REDCROSS
2124 FRANKLIN AVE
HARRISBURG, PA 17109**

For Account: X000000X885

Reporting Period: 5/1/2025 to 5/5/2025

0000 BUSINESS SAVINGS

Balance

\$35.62

0007 BUSINESS CHECKING

Post Date	Transaction Description	Amount	New Balance
05/01/25	Deposit Transfer through Home Banking From REDCROSS,MARV W	\$200.00	\$291.98
05/02/25	Withdrawal: IRS TYPE: USATAXPYMT ID: 3387702000 CO: IRS NAME: MARVIN W REDCROSS	-\$200.00	\$91.98
05/05/25	Deposit Transfer through Home Banking From REDCROSS,MARV W	\$700.00	\$791.98
05/05/25	Deposit Transfer through Home Banking From REDCROSS,MARV W	\$10,000.00	\$10,791.98
05/05/25	Deposit Transfer through Home Banking From REDCROSS,MARV W	\$10,000.00	\$20,791.98

Entity#: 6385786
Date Filed: 03/30/2016
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: <u>MARY PODECROS</u> Name Address City State Zip Code	Certificate of Organization Domestic Limited Liability Company  TML 100028/F0036
<input checked="" type="checkbox"/> Return document by email to: <u>PODECROS@PADEP.COM</u>	

Read all instructions prior to completing. This form may be submitted via _____

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):
PHIND EXPRESS, LLC.

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (Complete (a) or (b) - not both)

(a) Number and Street	City	State	Zip	County
<u>2124 FRANKLIN AVE</u>	<u>HERR</u>	<u>PA</u>	<u>17109</u>	<u>DAUPHIN</u>
(b) Name of Commercial Registered Office Provider	County			
etc:				

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name	Address
<u>MARY PODECROS</u>	<u>2124 FRANKLIN AVE HERR PA 17109</u>

ENT 181-2303060

PA DEPT. OF STATE
MAR 30 2016

Estimated Annual Maintenance Costs (General Use)

Item	Estimated Annual Cost
Oil changes (3x/year)	\$180-\$300
Brake pads/rotors (once every 1-2 years)	\$300-\$800
Tires (set of 6, every 3-5 years)	\$900-\$1,500 (amortized: \$300-\$500/year)
Transmission service (every 30k-60k mi)	\$150-\$300
Coolant, belts, hoses, etc.	\$100-\$250
General repairs / wear and tear	\$300-\$700
Inspection & misc. fees	\$100-\$200

Total Estimated Annual Cost Range:

\$1,200 - \$3,000/year

Common Violations & Associated Fines (Commercial 2016 Ford Transit)

Violation	Potential Fine (USD)	Notes
Failure to register as a commercial vehicle	\$100-\$1,000+	Varies by state
No commercial auto insurance	\$500-\$5,000	Can also result in license/registration suspension
Emissions/smog non-compliance	\$100-\$1,000+	Especially in states like California
Failure to display required company markings	\$300-\$1,000	E.g. USDOT number, company name on vehicle sides

In case of vehicle breakdown:

Roadside Assistance and Towing Services

Local towing and roadside assistance companies in the Harrisburg area can provide immediate support for vehicle breakdowns:

- **C&C Repair and Towing, LLC** offers 24/7 roadside assistance, including semi-truck repairs, which could be beneficial for larger paratransit vehicles. candctow.com
- **Palmer's Roadside Assistance, LLC** provides towing and roadside services, including fuel delivery and battery jump-starts, which may be useful for smaller paratransit vehicles.

Rent a Replacement Vehicle (for urgent needs)

Total Mobility Services offers wheelchair van rentals and emergency services. They are located at 7917 Derry St., Harrisburg, and can be reached at (717) 558-4301. They provide 24/7 emergency service at (888) 802-4494.

Total Mobility Services in Harrisburg, PA, offers wheelchair van rentals with the following rates and details:

Wheelchair Van Rental Rates

- **1-2 Day Rental:** \$145 per day
- **3-6 Day Rental:** \$130 per day
- **7+ Day Rental:** \$120 per day
- **Monthly Rental:** \$100 per day

All rentals include 100 free miles per day; additional miles are charged at \$0.25 per mile.

By: Rhino Express, LLC
Address: 2124 Franklin Ave
Harrisburg, PA 17109
717-526-9945

RULES & REGULATIONS

1. **Advance reservations** are required and must be made twenty-four (24) hours before service is to be rendered. Any reservation made less than twenty-four (24) hours to travel time will be charged an additional fee.
2. **Hourly rates** commence at the time the vehicle arrives at the first pick-up point of the client and shall conclude at the last drop-off point of the client.
3. **Additional expenses** necessitated by or incurred at the request of the passengers, including but not limited to highway tolls, bridge tolls, entrance fees, and parking, shall be added to the charge of the trip. Expenses for driver's lodging and meals while on trips out of town which are in excess of ten (10) hours will be added to the basic charge.

Holidays:

- New Year's Eve and New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and Black Friday (Day after Thanksgiving)
- Christmas Eve and Christmas Day

5. Promotional Fares/Discounts:

Upon presentation of an advertised coupon or other special promotional offer, carrier will offer rates at a specified discount from the published tariff rates on the dates authorized by the coupon or offer. Advertised coupons or other special offers will be filed with the PA Public Utility Commission prior to publication or broadcast in one or more of the following: local newspapers, radio and television advertising, flyers, postcards, or other printed media, and the Internet.

6. Deposits:

All reservations require a deposit of not more than 20% of the quoted charter price.

a. Deposits are subject to forfeiture of not more than 50% of the deposit if the charter is cancelled by the customer more than 15 but less than 30 days prior to the date the transportation was to depart.

b. Deposits are subject to forfeiture of not more than the total amount of the deposit if the cancellation occurs within 15 days prior to the date the transportation was to depart.

SCHEDULE OF RATES

Reservations:

Any reservation made less than twenty-four (24) hours before travel time will be charged an additional \$10.00 fee.

Mileage Rates:

For each mile beyond the initial 10 miles on all loaded miles from the point of pick-up to the point of drop-off: \$3.00 per mile or fraction thereof.

Regular Service Hours: 7:00 AM to 3:00 PM

- Flat Rates:
 - \$30.00 One Way
 - Additional stops between the scheduled round trip: \$15 per stop.
 - Wheelchair: additional \$10.00
- Weekend Rates: (Saturday ONLY)
 - \$60.00 One Way

Weekend Hours:

Saturday 12:00pm-6:00pm

Holiday Mileage Rates:

Apply an additional \$10.00 to the flat rates stated above.

***Excludes Gurney Transportation**

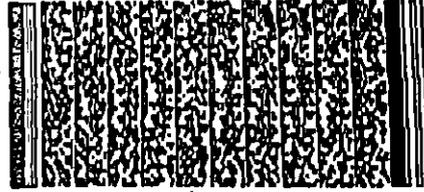
EXPIRY FEB 28, 2026 VALID 03/26/25
PLATE: DA91052
TITLE: 7579AQ14305 RH
VIN: 3FDE4FL1GDC31973
YR/MAKE: 2016 FORD

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

TYPE: BUS SEATS: 011
WID: 250858286 000153 001

EMISSIONS INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT COUNTY: DAUPHIN

RHINO EXPRESS, LLC
2124 FRANKLIN AVE
HARRISBURG PA 17109
ECONOMICALLY
PENNsylvania



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AUG 25 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU