

Compai Transportation, LLC
591 Branch Court
Hazleton, PA 18201
Tel: 646-752-7801
Email: thecompaitransportation@yahoo.com

August 25, 2025

Pennsylvania Public Utility Commission
Secretary's Bureau
400 North Street, 2nd Floor
Harrisburg, PA 17120

Re: Petition for Reconsideration / Appeal
Docket No. A-2025-3056527

To Whom It May Concern:

On behalf of Compai Transportation, LLC, please find enclosed our Petition for Reconsideration along with supporting Exhibits A through D, submitted in accordance with the Commission's requirements.

We respectfully request that the Commission review this petition and supporting documentation. All exhibits, including financial statements, proof of vehicle ownership, proof of insurance, and proof of income, have been provided for your consideration.

Should you require any additional information or documentation, please do not hesitate to contact us at the telephone number or email listed above.

Thank you for your time and attention to this matter.

Sincerely,

Authorized Representative
Compai Transportation, LLC



PUC Appeal Package

Compai Transportation, LLC

Docket No. A-2025-3056527

Date: August 25, 2025

591 Branch Court, Hazleton PA 18201

Tel: 646-752-7801

Email: thecompaitransportation@yahoo.com

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Petition for Reconsideration

Before the Pennsylvania Public Utility Commission

Docket No. A-2025-3056527

PETITION FOR RECONSIDERATION FROM STAFF ACTION



My name is Pablo Gonzalez Cabrera, and I am the owner of Compai Transportation, LLC, and the Applicant in this proceeding.

On August 21, 2025, the Commission issued a determination denying the application for Paratransit authority at Docket No. A-2025-3056527 on the grounds of failure to establish financial fitness.

Applicant respectfully requests reconsideration of this determination, pursuant to 52 Pa. Code §§5.44 and 5.572, as Applicant has since taken corrective measures to establish financial fitness, including:

- Opening a business bank account with sufficient funds.
- Preparing a revised Balance Sheet (attached as Exhibit A) reflecting only business assets and liabilities.
- Acquisition of a compliant paratransit vehicle titled under the company's name (Exhibit B).
- Securing commercial insurance coverage for operations (Exhibit C).
- Transfer of owner's capital into the company to ensure adequate working capital.

Applicant believes these corrective measures address the Commission's concerns and demonstrate the company's ability to provide safe, efficient, and continuous service, consistent with the standards of 52 Pa. Code §41.14.

Reconsideration is in the public interest, as Applicant is ready to commence operations and provide reliable paratransit service to the community.

WHEREFORE, Applicant respectfully requests that the Pennsylvania Public Utility Commission grant this Petition for Reconsideration and accept the attached revised documentation in support of Applicant's financial fitness.

Respectfully submitted,

591 Branch Court, Hazleton PA 18201

646-752-7801

thecompaitransportation@yahoo.com

VERIFICATION



I, Pablo Gonzalez Cabrera, hereby state that the facts set forth in the foregoing Petition 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 made herein are subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities).



Pablo Gonzalez Cabrera
Date: August 25, 2025

Exhibit A – Balance Sheet

Compai Transportation, LLC

As of August 25, 2025

ASSETS

Cash in Business Bank Account: \$5,100

Prepaid Insurance: \$1,543

Total Current Assets: \$6,643

Vehicle (2013 Ford E350): \$12,000

Office Equipment & Supplies: \$500

Total Fixed Assets: \$12,500

TOTAL ASSETS: \$19,143

LIABILITIES

Vehicle Loan: \$0

Accounts Payable: \$0

TOTAL LIABILITIES: \$0

OWNER'S EQUITY

Owner's Investment: \$13,000

Retained Earnings: \$6,143

TOTAL EQUITY: \$19,143

TOTAL LIABILITIES + EQUITY: \$19,143

Exhibit B – Vehicle Ownership/Financing

Certificate of Title:

PENNSYLVANIA ITEMIZED INVOICE SHOWING THE MINIMUM MOTOR VEHICLE INSURANCE COVERAGE COSTS

The laws of the Commonwealth of Pennsylvania, as enacted by the General Assembly, only require that you purchase liability and first-party medical benefit coverages. Any additional coverages or coverages in excess of the limits required by law are provided only at your request as enhancements to basic coverages.

This is an itemized invoice showing the cost of the minimum coverages mandated by Pennsylvania law. This is only for informational purposes and will not affect the coverage options you have actually chosen.

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	\$ 15,000/30,000/5,000	\$ 810
MEDICAL BENEFITS	\$ 5,000	\$ 130
UNINSURED MOTORISTS (rejectable)	\$ 15,000/30,000	\$ 28
UNDERINSURED MOTORISTS (rejectable)	\$ 15,000/30,000	\$ 28
Estimated total premium if uninsured and underinsured motorists are <u>ACCEPTED</u>		\$ 996
Estimated total premium if uninsured and underinsured motorists are <u>REJECTED</u>		\$ 940

NAMED INSURED: COMPAI TRANSPORTATION LLC

POLICY NUMBER: 02APM060719-01

Exhibit C – Insurance Coverage

Insurance Policy Documents:

NEW

RENEWAL NUMBER

CROSS REFERENCE NUMBER

02 APM 060719 - 01

BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY OMAHA, NEBRASKA BUSINESS AUTO COVERAGE DECLARATIONS

The Declarations include a second part designated "Part 2".

ITEM ONE NAMED INSURED & ADDRESS COMPAI TRANSPORTATION LLC 591 BRANCH CT HAZLETON, PA 18201

Producer V.A.N. Insurance Agency LLC

FORM OF NAMED INSURED'S BUSINESS: LLC

NAMED INSURED'S BUSINESS: PRIVATE & PUBLIC SCHOOLS

POLICY PERIOD: Policy covers FROM 07/28/2025 11:33 AM TO 07/28/2026 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Table with 4 columns: COVERAGES, COVERED AUTOS, LIMIT OF INSURANCE, PREMIUM. Rows include LIABILITY, PERSONAL INJURY PROTECTION, ADDED P.I.P., PROPERTY PROTECTION INSURANCE, AUTO MEDICAL PAYMENTS, UNINSURED MOTORISTS, UNDERINSURED MOTORISTS, PHYSICAL DAMAGE INSURANCE, and FORMS AND ENDORSEMENTS.

ENTER SYMBOL 10 DESCRIPTION HERE:

POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSUREE

ITEM THREE - SCHEDULE OF COVERED AUTOS AS ATTACHED

* THIS POLICY DOES NOT COVER COLLISION DAMAGE TO VEHICLES RENTED TO THE INSURED

Countersigned At By AUTHORIZED SIGNATURE In Witness whereof, we have caused this policy to be executed and attested.

Handwritten signature of Secretary

Secretary

Handwritten signature of President

President



Transfer

Zelle®

Pay bills

Deposit checks

Notifications

You're all caught up.

Accounts ⋮

Personal

Business

Linked

Cash & Savings

\$5,100.00

Checking 5411

\$5,100.00 >

View all accounts

Link accounts

Open account

Recent Activity

Checking 6971 ∨

TRUIST ONLINE TRANS...

● Pending - 08/24/2025

-\$5,000.00 >

Insurance ID Card:

COMMONWEALTH OF PENNSYLVANIA
CERTIFICATE OF TITLE FOR A VEHICLE

980 FUEL: GAS

252173427022273-001

1FB333BL3DDA67853 2013 FORD 88877345302 C0

VEHICLE IDENTIFICATION NUMBER YEAR MAKE OF VEHICLE TITLE NUMBER

SW 0 PA 8/05/25 172520 0

BODY TYPE DUP SEAT CAP PRIOR TITLE STATE ODOM. PROCD. DATE ODOM. MILES ODOM. STATUS

8/04/25 8/05/25

DATE PA TITLED DATE OF ISSUE UNLADEN WEIGHT GVWR GCWR TITLE BRANDS

ODOMETER STATUS

0 = ACTUAL MILEAGE

1 = MILEAGE EXCEEDS THE MECHANICAL LIMITS

2 = NOT THE ACTUAL MILEAGE

3 = NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED

4 = EXEMPT FROM ODOMETER DISCLOSURE

TITLE BRANDS

A = ANTIQUE VEHICLE

C = CLASSIC VEHICLE

D = COLLECTIBLE VEHICLE

F = OUT OF COUNTRY

G = ORIGINALLY IMPORTED FOR NON-U.S. DISTRIBUTION

H = AGRICULTURAL VEHICLE

L = LOGGING VEHICLE

P = IS/WAS A POLICE VEHICLE

R = RECONSTRUCTED

S = STREET RAG

T = RECOVERED THEFT VEHICLE

V = VEHICLE CONTAINS REISSUED VIN

W = FLOOD VEHICLE

X = IS/WAS A TAXI

REGISTERED OWNER(S)
COMPAI TRANSPORTATION LLC
591 BRANCH CT
HAZLETON PA 18201

FIRST LIEN FAVOR OF: _____ SECOND LIEN FAVOR OF: _____

FIRST LIEN RELEASED: _____ DATE: _____ BY: _____ AUTHORIZED REPRESENTATIVE: _____
MAILING ADDRESS: **COMPAI TRANSPORTATION LLC**
591 BRANCH CT
HAZLETON PA 18201

SECOND LIEN RELEASED: _____ DATE: _____ BY: _____ AUTHORIZED REPRESENTATIVE: _____

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee.

pennsylvania
DEPARTMENT OF TRANSPORTATION

MICHAEL B. CARROLL
Secretary of Transportation

I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle.

D. APPLICATION FOR TITLE AND LIEN INFORMATION

SUBSCRIBED AND SWORN TO BEFORE ME: _____ MP _____ DAY _____ YEAR _____

SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF A NOTARY

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the encumbrances and other legal claims set forth herein.

SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

SIGNATURE OF CO-APPLICANT/TITLE OR AUTHORIZED SIGNER

IF NO LIEN, CHECK IS THIS AN ELY? IF YES, FIN REQUIRED? YES NO

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER _____

1ST LIENHOLDER NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

IF NO 2ND LIEN, CHECK IS THIS AN ELY? IF YES, FIN REQUIRED? YES NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER _____

2ND LIENHOLDER NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

PDF Card (separate file): IdCard_COMPAI TRANSPORTATION.pdf

Exhibit D – Proof of Income

Truist Bank Business Account Record:



Transfer

Zelle®

Pay bills

Deposit checks



Notifications

You're all caught up.

Accounts



Personal

Business

Linked

Cash & Savings

\$5,100.00

Checking 5411

\$5,100.00 >

View all accounts

Link accounts

Open account

Recent Activity

Checking 6971



TRUIST ONLINE TRANS...

• Pending - 08/24/2025

-\$5,000.00 >