

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)

ILICO 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 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 YES

If YES, at PUC No. A- 8918943

4. **Are you a business entity registered with the PA Dept. of State?** NO 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)

(PLEASE FIND CERTIFICATE OF ORGANIZATION
DOMESTIC LIMITED LIABILITY COMPANY IN
ADDITIONAL DOCUMENTS)

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

Marvin Pedross

6. Mailing Address

2124 FRANKLIN AVE
Street Address
HARRISBURG, PA 17109
City, State and Zip Code County
717.526.9415 PAIDEXPRESSLLC@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.

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

SAME AS 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**.

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. 2881782

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

PROPOSED SERVICE AREA IN WHICH SERVICES
WILL ORIGINATE XEE POINTS IN YORK, LANCASTER,
LEBANON AND LUMBERTON TO POINTS
WITHIN PENNSYLVANIA, AND RETURN.

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.

Marvin Redcross

(Print Name)



(Signature)

09/17/2025

(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).

I, MARVIN REDCROSS, HEREBY STATE THAT THE FACTS ABOVE SET FORTH 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)

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.

Marvin Redcross

Legal Name of Applicant

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 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.

MARVIN REDCROSS, OWNER

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

T/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

14 YEARS EXPERIENCE AS EXPEDITER (OTR)

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.

PHYSICAL LOCATION - 2124 FRANKLIN AVE, FACILITY WITH
 SECLUDED PARKING.

OFFICE MACHINES - COMPUTERS, COPY/PRINT MACHINE,
 BUSINESS PHONE.

DIGITAL AND HARD COPY RECORD KEEPING
 CUSTOMER REQUESTS FOR TRANSPORTATION WILL BE SCHEDULED
 THROUGH WEBSITE AND/OR BUSINESS PHONE.
 CUSTOMER MUST CALL TO SCHEDULE 24HS IN ADVANCE.

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.

*PLEASE FIND ADDITIONAL
 INFORMATION IN ATTACHED
 DOCUMENTS *

A. PERSON 21 AND OLDER WITH VALID PA DRIVER LICENSE.
 NO CDL REQUIRED. CLEAN DRIVING RECORD, CHECKED
 VEHICLE, CLEAN BACKGROUND CHECK, CLEAN DRUG TEST

B. CRIMINAL BACKGROUND CHECK SYSTEMS:

• CURRENT FROM APPLICANT
 • THIRD-PARTY SEARCH OF COUNTY, STATE AND
 FEDERAL DATABASES ALONG WITH REVIEW OF SEX OFFENDER
 PUBLIC WEBSITE. REPEAT CHECK EVERY 2 YRS (2025, 2027, 2029
 ETC)

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2016	FORD	E-450	11	1E7E84FL6D03978	269,894

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

A. ONLY PRE-TRIP INSPECTIONS + MAINTENANCE CHECKS TO INCLUDE

- OIL LEVEL / FLUID LEVELS
- TIRE PRESSURE
- A/C / HEATING SYSTEM
- INTERIOR (CLEAN UP, SEATBELTS, HORN, AIR BAGS, ETC)
- LISTEN FOR NOISES DURING START-UP AND WHILE DRIVING.

* PLEASE FIND ADDITIONAL INFORMATION IN THE ATTACHED DOCUMENTS *

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

I HAVE INSURANCE WITH AFCO DIRECT POLICY # 73AP8125019

STEP 8
CONSULTATION WITH INSURANCE PROVIDERS QUOTES FROM SEVERAL REPUTABLE INSURANCE COMPANIES TO COMPARE BEST COVERAGE OPTIONS.

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.

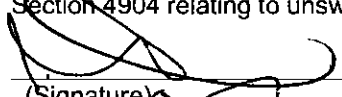
YES NO

PRIOR LEGAL ISSUE INVOLVING DRUG CHARGES IN 1993. HOWEVER, I AM CURRENTLY IN THE PROCESS OF SEEKING A PARDON TO RESOLVE THIS MATTER TO CLEAR MY RECORD. * HEARING OF LAST RISE IS OCT 8TH, 2025

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)
 MARIO J. ZARRO (OWNER)
 (Name and Title, printed or typed)

09/17/2025
 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) SEPT 17th 2025
(Must be less than 6 months old)

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

***OUT OF SERVICE BACK-UP PLAN:**

1. ROADSIDE ASSISTANCE & TOWING

- LA & L REPAIR & TOWING (LOCAL BUSINESS)
- PALMER'S ROADSIDE ASSISTANCE (LOCAL BUSINESS)
- AAA ROADSIDE ASSISTANCE (MEMBERSHIP)

2. PART & REPLACEMENT

- TOTAL MOBILITY SERVICES (LOCAL BUSINESS)

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

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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

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Account Statement

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

For Account: XXXXXX

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	\$291.96
05/02/25	Withdrawal: IRS TYPE: USATAXPYMT ID: 3387702000 CO: IRS	-\$200.00	\$91.96
05/05/25	Deposit Transfer through Home Banking From REDCROSS,MARV W	\$700.00	\$791.96
05/05/25	Deposit Transfer through Home Banking From REDCROSS,MARV W	\$10,000.00	\$10,791.96
05/05/25	Deposit Transfer through Home Banking From REDCROSS,MARV W	\$10,000.00	\$20,791.96

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

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:
MARY REDCROSS
Name
Address
City State Zip Code

Return document by email to: pedro@treasury.state.pa.us

Certificate of Organization
Domestic Limited Liability Company
TAX ID: 160408JF0336

Read all instructions prior to completing. This form may be submitted online at www.pasos.com

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>HOB.</u>	<u>PA</u>	<u>17109</u>	<u>DAUPHIN</u>

(b) Name of Commercial Registered Office Provider _____ County _____
c/o: _____

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 REDCROSS</u>	<u>2124 FRANKLIN AVE HOB PA 17109</u>

ENT: 81-2303060

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PA DEPT. OF STATE

MAR 30 2016

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SECRETARY'S BUREAU

EXPIRY:FEB 28,2026

VALID:03/26/25

PLATE: BA91052
TITLE: 75794014305 RH
VIN: 1FDEE4FL1GDC31973
YR/MAKE: 2016 FORD

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

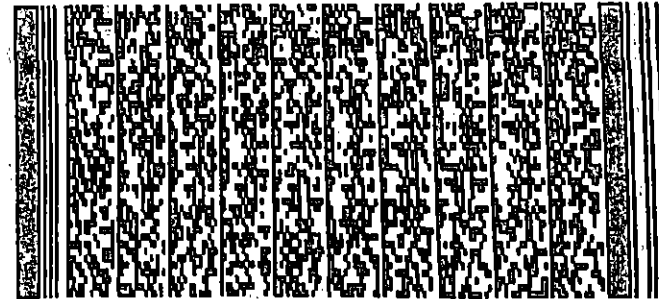
TYPE: BUS
WID: 250858286 000153-001

SEATS: 011

EMISSIONS INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT

COUNTY:DAUPHIN

RHINO EXPRESS,LLC
2124 FRANKLIN AVE
HARRISBURG PA 17109
COMMONWEALTH OF PENNSYLVANIA
REGISTRATION CREDENTIAL



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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
- **Palmers 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.

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