

Joseph Melvin LaCombe  
TA Jumping Joey's Journey  
39 Parallel Lane  
Tionesta, Pa 16353  
Docket # A-2025-3057654

DATE OF DEPOSIT

OCT 14 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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

Joseph Melvin LaCombe TA Jumping Joey's Journey does not have a relationship with any other motor carrier companies. Joseph Melvin LaCombe used to have Big Joe's Service but that is no longer in service.

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.

The only other transportation experience that I (Joseph Melvin LaCombe) has had would have been with Muccio Transportation (school bus company, USDOT 1634332), which would have been for 2 winters.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicants 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

- A. In the bus there is a blue plastic folder. Once they are on the bus and sign the waiver, it goes into that folder until I return home and place it in my locked filing cabinet.
- B. I only use my cell phone as my main source to communicate with customers. Some contact me via email, Facebook messenger, or text/call me.

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.

- A. The age limit to be hired as a driver is at least 21 years.
- B. The drivers license check will be done every year once they are hired.
- C. A criminal history check will be completed every 2 years. If any major crimes have been flagged, the driver will have one chance to explain themselves but will likely be let go depending on my final decision.
- D. A test drive will take place once the hiring position has begun. The driver will be taken on a course that has sharp/tight turns, backing up, parallel parking, and figuring out the appropriate spot to park. The driver will have 2 chances to complete the course. Every 3 years, each driver will have to redo this course as a refresher.

7. Describe your vehicle safety program. Please include the following in your explanation: a. Your periodic vehicle maintenance plan b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Before each run, there is a pre-trip list that needs to be gone through. After each trip, a post trip form needs to be completed. I personally will inspect the vehicle once a week by checking all the fluids, lights, tires, and for any cracks or damaged hoses/wires. Every 6 months, the vehicle will go into a certified PA inspection garage to be fully looked over and inspected.( ASs of now, I haven't decided which specific garage I will be using)

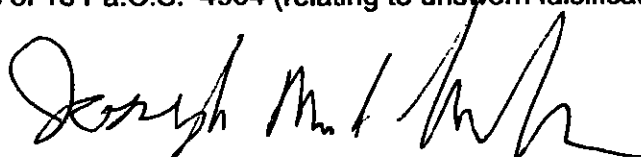
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

I have gone through a broker( Alex Harringer) for insurance. The company that I will be using is Forged Insurance. My broker has made it to where I will pay monthly. Once this application is approved, Alex will be sending you over the correct files for the insurance.

9. Financial Position

I have attached my bank statement via personal and business accounts.

I, Joseph Melvin LaCombe, Herby state that the facts 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).



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[Statement](#) (Must have Adobe Acrobat to view, click [HERE](#) to download)

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For the period ending: September 21, 2025 v

[User's Guide](#)

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Balance as of August 21, 2025: \$1.12

Other Credits: 5,228.35

Other Withdrawals: 4,233.80

- Service Charges and Fees: 0.00

+ Interest Paid: 0.00

Ending Balance as of September 21, 2025: \$995.67

[Click here to reconcile this account.](#)

*This is my personal bank account.*

Interest Summary from 8/21/2025 through 9/21/2025

Days in Period: 32

Interest Earned: 0.00

Average Balance: 552.72

Annual Percentage Yield Earned: 0.00%

Interest Paid This Year: 0.00

Interest Withheld This Year: 0.00

Deposits and other Credits (14)

Total: \$5,228.35

Rows Per Page: [10](#) | [20](#) | [50](#) | [100](#) | [All](#)

Post Date	Description	Amount
08/21	NORTHWEST-730 MAIN ST CLARION PA	100.00
08/22	INTERNET 001666095409 (21405135)	2.00
08/22	DEPOSIT	372.07
08/25	ATM DEPOSIT - CASH	250.00
09/02	NORTHWEST-97 W MAIN ST CLARION PA	85.00
09/02	ATM DEPOSIT - CASH	900.00
09/04	NORTHWEST-730 MAIN ST CLARION PA	800.00

09/05	DEPOSIT	681.21
09/12	DEPOSIT	662.94
09/16	ARBITERPAY TRUST ARBITERPAY	105.00

1 2

**Checks and other Withdrawals (83)**

**Total: \$4,233.80**

Rows Per Page: [10](#) | [20](#) | [50](#) | [100](#) | [All](#)

Check #	Post Date	Description	Amount
	08/21	Acorns Transfer	20.00
	08/21	LEEPER MAR-32836 RT 66 LEEPER PA	60.00
	08/21	ATM TRANS FEE	3.00
	08/21	SHEETZ 0058 CLARION PA	17.78
	08/21	Surcharge	2.00
	08/22	COUNTRY FAIR #36 SHIPPENVILLE PA	11.97
	08/25	PNM*OneMain Financi Santa Clara CA	162.57
	08/25	SQ *LEEPER-SQUARE PURCHASE LEEPER PA	7.26
	08/25	Frills Cor TIONESTA PA	19.52
	08/25	WASHINGTON HOUSE FRYBURG PA	12.68

1 2 3 4 5 6 7 8 9

**Overdraft Charges/Refunds Summary**

	This Cycle	YTD
Total returned item fees:	0.00	74.00
Total overdraft fees:	0.00	111.00
Total fees charged:	0.00	0.00

Refund of returned item fees:	0.00	0.00
Refund of overdraft item fees:	0.00	0.00
Total fees refunded:	0.00	0.00



**CHECKING ACCOUNT STATEMENT**

100 Liberty Street  
 P.O. Box 128  
 Warren, PA 16365

0

ACCOUNT NUMBER	STATEMENT PERIOD
109758403	9/1/2025 Through 9/30/2025



JOSEPH M LACOMBE  
 DBA JUMPING JOEYS JOURNEY  
 PO BOX 171  
 FRYBURG PA 16326

PREVIOUS BALANCE	TOTAL CHECKS AND OTHER DEBITS	TOTAL DEPOSITS AND OTHER CREDITS	SERVICE CHARGE	INTEREST EARNED	BALANCE THIS STATEMENT
1.23	642.08	2,308.08	0.00	0.00	1,667.23

DATE	DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	BALANCE	CHECKS THIS PERIOD IN CHECK NUMBER SEQUENCE <small>Due of Order, A - Converted to ACH</small>	
					CHECK NO	AMOUNT
09/02/25	YELPINC* 855-380-93 855-380-9357 CA	23.21		-21.98		
09/03/25	OD PAID ITEM FEE INSUFFICIENT FUNDS	37.00		-58.98		
09/17/25	INTERNET 001666045370 (21878961)		60.00	1.02		
09/22/25	DEPOSIT		750.00	751.02		
09/22/25	INTERNET 001666045370 (21972440)	200.00		551.02		
09/23/25	VENMO*LaCombe Joey Visa Direct NY		848.08	1,399.10		
09/24/25	NORTHWEST-7029 US RT 322 CRANBERRY PA	300.00		1,099.10		
09/29/25	INTERNET 001666045370 (22091104)		650.00	1,749.10		
09/29/25	COUNTRY FAIR #36 SHIPPENVILLE PA	67.29		1,681.81		
09/29/25	DOWNTOWN CARWASH - CLARION PA	3.98		1,677.83		
09/29/25	DOLLAR GEN-DG 183182337 ROUTE FRYBURG PA	10.60		1,667.23		

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Equip. Operator overtim	9:30	31.50	299.25	14,411.25	Social Security Employee	-78.45	-3,079.37
Travel Time	6:00	21.00	126.00	504.00	Medicare Employee	-18.35	-720.18
Maintenance			0.00	31.50	PA - Withholding	-38.84	-1,524.76
Daily Vacation Rate			0.00	900.00	PA - Unemployment Employer	-0.89	-34.77
Holiday			0.00	840.00		-283.18	-11,366.79
Hourly Sick			0.00	336.00	Net Pay	882.07	34,300.46
	55:30		1,265.25	49,667.25			

<b>Deductions From Gross</b>				<b>Current YTD Amount</b>	<b>Sick</b>	<b>Accrued</b>	<b>Used</b>	<b>Available</b>
Simple IRA Emp.				-100.00	-4,000.00	0:00	0:00	0:00
<b>Taxes</b>				<b>Current YTD Amount</b>	<b>Vacation</b>	<b>Accrued</b>	<b>Used</b>	<b>Available</b>
Local Tax				-12.65	-496.71	0:00		0:00
Occupational Privilege				-1.00	-41.00		5:00	
Medicare Employee Addl Tax				0.00				

WDK ENTERPRISES, INC, PO Box 5, Corsica, PA 15829, Phone: 814-764-6223, Fax: 814-764-5508

WDK Enterprises, Inc

20010

Employee

Joseph M. LaCombe, 19298 RT 208, PO Box 171, Fryburg, PA 16

Pay Period: 09/21/2025 - 09/27/2025

Pay Date: 10/02/2025

<b>Earnings and Hours</b>	<b>Hours</b>	<b>Rate</b>	<b>Current YTD Amount</b>	<b>Federal Withholding</b>	-112.00	-5,337.00	
Equip. Operator	40:00	21.00	840.00	31,804.50	Social Security Employee	-68.68	-3,000.92
Equip. Operator overtim	8:30	31.50	267.75	14,112.00	Medicare Employee	-16.06	-701.83
Maintenance			0.00	31.50	PA - Withholding	-34.01	-1,485.92
Daily Vacation Rate			0.00	900.00	PA - Unemployment Employer	-0.77	-33.88
Holiday			0.00	840.00		-243.60	-11,083.61
Travel Time			0.00	378.00	Net Pay	764.15	33,418.39
Hourly Sick			0.00	336.00			
	48:30		1,107.75	48,402.00			

<b>Deductions From Gross</b>				<b>Current YTD Amount</b>	<b>Sick</b>	<b>Accrued</b>	<b>Used</b>	<b>Available</b>
Simple IRA Emp.				-100.00	-3,900.00	0:00	0:00	0:00
					YTD	0:00	16:00	

<b>Taxes</b>				<b>Current YTD Amount</b>	<b>Vacation</b>	<b>Accrued</b>	<b>Used</b>	<b>Available</b>
Local Tax				-11.08	-484.06	0:00		0:00
Occupational Privilege				-1.00	-40.00		5:00	
Medicare Employee Addl Tax				0.00				

WDK ENTERPRISES, INC, PO Box 5, Corsica, PA 15829, Phone: 814-764-6223, Fax: 814-764-5508

WDK Enterprises, Inc

19987

Employee

Joseph M. LaCombe, 19298 RT 208, PO Box 171, Fryburg, PA 16

Pay Period: 09/14/2025 - 09/20/2025

Pay Date: 09/25/2025

<b>Earnings and Hours</b>	<b>Hours</b>	<b>Rate</b>	<b>Current YTD Amount</b>	<b>Federal Withholding</b>	-140.00	-5,225.00	
Equip. Operator	40:00	21.00	840.00	30,964.50	Social Security Employee	-80.39	-2,932.24
Equip. Operator overtim	14:30	31.50	456.75	13,844.25	Medicare Employee	-18.81	-685.77
Maintenance			0.00	31.50	PA - Withholding	-39.81	-1,451.91
Daily Vacation Rate			0.00	900.00	PA - Unemployment Employer	-0.91	-33.11
Holiday			0.00	840.00		-293.89	-10,840.01
Travel Time			0.00	378.00	Net Pay	902.86	32,654.24
Hourly Sick			0.00	336.00			
	54:30		1,296.75	47,294.25			

<b>Deductions From Gross</b>				<b>Current YTD Amount</b>	<b>Sick</b>	<b>Accrued</b>	<b>Used</b>	<b>Available</b>
Simple IRA Emp.				-100.00	-3,800.00	0:00	0:00	0:00
					YTD	0:00	16:00	

<b>Taxes</b>				<b>Current YTD Amount</b>	<b>Vacation</b>	<b>Accrued</b>	<b>Used</b>	<b>Available</b>
Local Tax				-12.97	-472.98	0:00		0:00
Occupational Privilege				-1.00	-39.00		5:00	
Medicare Employee Addl Tax				0.00				

WDK ENTERPRISES, INC, PO Box 5, Corsica, PA 15829, Phone: 814-764-6223, Fax: 814-764-5508



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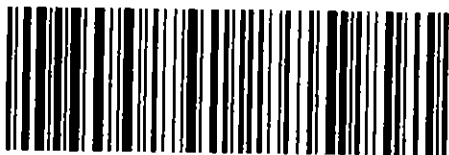
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**FROM:**

Joseph DeConza  
TA Jumping Joey's Journey  
39 Parallel Lane  
Tionesta PA 16353

**TO:**

Matthew L. Homsher Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
Harrisburg, PA 17120

Label 228, March 2016

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