

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.

Rudy Sharp
 Legal Name of Applicant

Trade Name, if any
5 Farm View Drive Allensville PA 17002
 Street Address (principal place of business) City or Municipality State 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.

Rudy Sharp

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

owner

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.

Has Been Driving since 1976 Driver License

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.

Home office / local Garage maintenance
 change every 6,000 miles ANNUAL STATE Inspection

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.

owner operator only Driver myself
 will not hire any Drivers only one vehicle

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
2015	Honda	Odyssey	8	5FNRL5H48FB058662	193,000 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.

oil change 6,000 mi's
 ANNUAL STATE Insp.

c IF NO LONGER PASSES STATE Insp. will Replace

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

Rudy SHARP HAS ACTION Policy # 863473122

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.

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.

Rudy J Sharp
 (Signature)
Rudy J Sharp Owner
 (Name and Title, printed or typed)

10-27-25
 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) Oct 27 2025

(Must be less than 6 months old)

ASSETS

Current Assets

Cash

2500-

Other Current Assets (specify)

Total Current Assets

2500-

Tangible Assets

Motor Vehicle Equipment

\$12,000

Property (buildings, land, etc.)

135,000

Office Equipment

147,000-

TOTAL ASSETS

149,500-

LIABILITIES

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