



**COMMONWEALTH OF PENNSYLVANIA**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

October 29, 2025

Docket No. A-2025-3058159

**SAFE TRAVEL TRANSPORTATION LLC  
133 DENVER RD  
DENVER PA 17517**

**RE: Application of Safe Travel Transportation, LLC, 133 Denver Rd., Denver, Lancaster County, PA 17517. 802-376-3681**

To Whom It May Concern:

On October 28, 2025, the applicant of SAFE TRAVEL TRANSPORTATION LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile: <https://www.puc.state.pa.us/>**

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, \_\_\_\_\_, 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).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

A handwritten signature in black ink that reads 'Matthew L. Homsher'.

Matthew L. Homsher, Secretary

Enclosure

cc: Josh Kwiatkowski

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SAFE TRAVEL TRANSPORTATION LLC  
Data Request

1. What steps have you taken to verify whether your intended brokers are properly certificated to provide brokerage services in Pennsylvania? Please provide a list of the brokers you intend to operate with and evidence of their authority to provide such services in Pennsylvania (Name and Pa PUC certificate number).
2. Please resubmit your response to Question #4 of the verified statements – the provided response overlaps the original text of question #5 of the questionnaire and is unreadable.
3. In response to Question #5: **when asked to provide a plan you are expected to provide a PLAN which is fully responsive to each portion of the question** and to ensure that the plan satisfies the requirements of 52 Pa Code. You may hire a third party to execute the actual check, but you, as the applicant, are expected to establish a policy which complies with the governing laws and regulations. You are also expected to provide this Commission with written evidence of said plan/policies.
  - a. In reference to Question #5
    - i. You are specifically advised to review the requirements of the following chapters of 52 Pa Code **and to submit EVIDENCE of compliant plan for drivers which completely addresses the following:**
      - § 29.503. Driver Age
      - § 29.504. Driver history (record retention)
      - § 29.505. Criminal history (record retention)
    - ii. You have failed to indicate the number of drivers you intend to hire and to explain why this number is sufficient to reasonably service your proposed territory. Your application references multiple chauffeurs.
4. Question #6 contains multiple parts; each of which is essential to determine your fitness to operate. **Answer each portion of the question in its entirety.** *Please review the question again and make sure you have responded to each portion of the question.* Also, please provide the actual vehicle identification number (VIN) and not the company's internal designator.
5. Your response to Question #7 of the verified statements is inadequate. When asked to provide a description of your vehicle safety program you are expected to provide evidence of a comprehensive program. Typically, a safety program will include evidence of maintenance schedules and checklists that demonstrate when things will

be inspected/reviewed and what issues are being checked. Your response addresses none of these issues.

6. What is your projected annual cost for commercial coverage? Please provide evidence of actual insurance quotes seeking coverage for your intended vehicle. Please, **at a minimum**, include the coverage amounts, the vehicle model, policy terms, and annual/monthly premiums.
7. Please review the below criteria and submit a revised compliant Statement of Financial Position and the evidence to support it:
  - a. The statement presented must be **DATED and comprised of information which is less than 6 months old.**
  - b. The submission **MUST** be comprised of information which is **accurate as of the date provided.**
  - c. **The information is to be exact and should not include estimates or approximations when accurate numbers are available.** Property and vehicle valuations may be approximations; however, if the valuation is higher than typical Kelly Blue Book (or similar) valuations, you should provide an explanation as to why (e.g. vehicle with an installed wheelchair lift, etc). Bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).
  - d. **ALL relevant assets and debts** are to be included (**vehicle loan balances/vehicle asset value, lease expenses, etc.**).
  - e. **The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (SAFE TRAVEL TRANSPORTATION LLC), and not the individual member(s).** Any property and accounts listed **MUST** be registered or titled to the corporation. **Bank accounts must be in the name of SAFE TRAVEL TRANSPORTATION LLC. Vehicles must be registered to SAFE TRAVEL TRANSPORTATION LLC. Property must be titled to SAFE TRAVEL TRANSPORTATION LLC. If these items are not in the name of SAFE TRAVEL TRANSPORTATION LLC, should NOT be included on the balance sheet.**

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority.

**Finally, in order to fully assist the Commission in verifying your financial fitness**, please provide supporting documentation for the statement of financial

position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). *Any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, etc.*

**You are strongly encouraged to enlist professional financial assistance if you experience difficulty in completing your statement of financial position. Be advised that failing to provide an acceptable financial statement which is supported by evidence is sufficient grounds for the denial of your application.**