

Application for Motor Common Carrier of Persons in Scheduled Route Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION IN WHICH THE VEHICLES DELIVERING THE SERVICE OPERATE ACCORDING TO SCHEDULES ALONG DESIGNATED ROUTES.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

CARLOS TRANSPORTATION LLC Per TC on 11/3/2025 ydd/sec

- 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 Transportation Services" 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 Transportation Services" or "J. Doe Transportation Services" are **not** considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** ___NO **Previous Authority?** NO

If YES, at PUC No. A- _____

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

If NO, you must register (see checklist on how to register).

If YES, provide your PA Corporation Bureau Entity ID Number 0014946727

(See checklist and indicate type of business entity registered.)

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

Carlos Y. Higino

6. **Mailing Address**

342 E 1ST ST

Street Address

HAZLETON PA 19201

City, State and Zip Code

LUZERN

County

570-535-8831

Telephone Number

fernandopuerie@gmail.com ydd/sec

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

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 US DOT Number?**

No

Yes, at No. _____

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

RIDESHARING TO WAREHOUSES
CARRIERS OF PERSONS TO WAREHOUSES

Example:

To transport, as a common carrier, by motor vehicle, persons on schedule, beginning on State Route 88 at the point where said route begins in the Township of Union, Washington County, at the point adjacent to the border with the Township of Carroll, Washington County, thence via said route to the City of Pittsburgh, Allegheny County, and return over the same route, with the right to render shuttle service and through service.

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 Scheduled Route 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.

Carlos Y. HERNANDEZ ACOSTA
(Print Name)

Carlos Y. Hernandez Acosta 10/30/25
(Signature) (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).

BUSINESS PLAN/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.

Carlos y. Hiram Acosta.
Legal Name of Applicant

CARLOS TRANSPORTATION LLC
Trade Name, if any

347 E 1ST ST. HAZLETON PA 18201
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.

CARLOS Y. HIRAM ACOSTA / UNIVERSAL TAX SERVICES
FERNANDO PUNE
123 N WYOMING ST.
HAZLETON PA 18201
570-454-8099

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

CARLOS Y. HIRAM ACOSTA.

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.

I USED TO BE A TAXI IN MY COUNTRY.
I MANAGE DEALING WITH PEOPLE.

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.

I HAVE A SEPARATE OFFICE IN MY HOUSE THAT I KEEP ALL THE RECORDS. ALSO I HAVE A COMPUTER AND A COMPLETE OFFICE TO OPERATE MY CUSTOMERS DOCUMENTS AND ASSIGNMENTS.

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.

Will be only one driver.

- For now will operated by myself.
- I have a notary office to process all my documents.
- I train a month before operations.
- I employ a office to run background driver's license.
- All my policy is written in my company policy manual.

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
2006	Ford	E350	15	1F6553L46DA9423	107,000

*Vehicles with seating capacity of less than seven passengers cannot be used for scheduled route service.

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).

A. WE CONDUCT A SAFETY PLAN MAINTENANCE EVERY MONTH TO ENSURE EVERYTHING IS MOVING PROPERLY.
 B. MAKING SURE THAT VEHICLE IS PROPERLY INSPECTED AND SAFE MANNER. TO TRANSPORT PASSENGER.

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

I WILL BE TAKING NECESSARY STEPS TO MAINTAIN INSURANCE LIABILITY ACTIVE IN CASE ANY CLAIM. MY INSURANCE OFFICE IS IN CHARGE OF KEEPING UPDATE IN ANY CHANGE IN MY INSURANCE POLICY

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.

Carlos Yonel Hiciamo Acosta
 (Signature)

10/31/25
 (Date)

Carlos Yonel Hiciamo Acosta
 (Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) 10/3/22

(Must be less than 6 months old)

ASSETS

Current Assets

Cash

3500

Other Current Assets (specify)

Total Current Assets

Tangible Assets

Motor Vehicle Equipment

11,000

Property (buildings, land, etc.)

Office Equipment

TOTAL ASSETS

14,500

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

0-

Credit cards/revolving credit

800

Other Liabilities (Attach schedule)

Total Current Liabilities

Long Term Liabilities (Due after one year of date)

Mortgage

0-

Long term commercial loan

0-

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

TOTAL LIABILITIES

800



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

October 30, 2025

CARLOS TRANSPORTATION LLC
342 E 1ST ST
HAZLETON, PA 18201-5326

Entity Name: CARLOS TRANSPORTATION LLC
Entity File Date: October 17, 2025
Entity Number: 0014946727
Filing Type: Domestic Limited Liability Company

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for business taxes with the Department of Revenue and the Department of Labor and Industry. You may also visit www.Business.pa.gov to find resources for businesses through all stages of development.

Beginning in 2025, annual reports are required for all domestic filing entities, limited liability general partnerships and registered foreign associations. More information will be forthcoming from the Bureau. However, to ensure that you receive notice of how and when to make annual reports, keep all information on file with the Bureau up-to-date, particularly registered office address.



0014946727



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
**CERTIFICATE OF ORGANIZATION -
 LIMITED LIABILITY COMPANY**
 Fee: \$125

Pennsylvania Department of State

-FILED-

File #: 0014946727
 Date Filed: 10/17/2025

DSCB:15-8821 (rev. 2/2017)

In compliance with the requirements of [15 Pa.C.S. § 8821](#) relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

Limited Liability Company Type

Filing type Domestic Limited Liability Company
 Limited liability company subtype Limited Liability Company

Limited Liability Company Name

Entity name CARLOS TRANSPORTATION LLC

Effective Date

The filing shall be effective when filed with the Department of State

Registered Office

The address of this limited liability company's proposed registered office in this Commonwealth is
 342 E 1ST ST
 HAZLETON, PA 18201-5326
 LUZERNE

Organizers

Name of individual or organization	Address
CARLOS Y HICIANO ACOSTA	342 E 1ST ST HAZLETON, PA 18201-5326

Additional provisions, if any

Additional provisions

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.

CARLOS Y HICIANO ACOSTA

10/17/2025

CARLOS Y HICIANO ACOSTA

Date

B0948-9467 10/17/2025 12:24 PM Received by Pennsylvania Department of State