



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

October 29, 2025

A-6328357
A-2025-3058076

RUDY SHARP
5 FARM VIEW DRIVE
ALLENSVILLE PA 17002

RE: Application of Rudy Sharp

To Whom It May Concern:

On October 22, 2025, the application of Rudy Sharp, at A-2025-3058076, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

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

ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website, OR you may submit your filing by mail. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

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

I, Rudy J Sharp, 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).

Rudy J Sharp

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

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are **not** accepted.

Sincerely,

Matthew L. Homsher

Matthew L. Homsher
Secretary

Enclosure

Docket No. A-2025-3058076
Rudy Sharp

Request for Information

- 1.) You applied to provide Call or Demand (Taxi) service. Do you intend to install a TAXI dome light on your vehicle and install a taxi meter to calculate fares. If not, then you should amend your authority to that of Paratransit. If so, then you will need to file a response to this data request stating that you wish to change your authority from Call or Demand to Paratransit. You will also need to complete a Paratransit application, which can be found on our website at:

https://www.puc.pa.gov/documents/utility-files/432/App_MC_Persons_Paratransit_Service120621.pdf

- 2.) You failed to adequately answer question #4 of the Verified Statement.

- a. Please more thoroughly describe the physical location to be utilized, including any office machines that will be utilized. *cell PHone / Desk Basement / Laptop-Printer*
- b. Please include a description of the facility used to house vehicles. *Driveway AT MY HOME*
- c. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. *using FMCSA Vehicle File / Repair Receipts*
- d. Please explain how you will receive customer requests for transportation. *cell PHone*

- 3.) You failed to adequately answer all aspects of question #5 of the Verified Statement of Applicant. You may wish to operate as an owner operator, but the Commission needs to know that you have compliant policies/plans for the hiring/employment of drivers, should ever you choose to expand once you have gained a Certificate of Public Convenience, or not. **Please review Title 52 Pa Code §29.501-509 Driver Regulations to see what is required of motor carriers.**

- a. Please explain your hiring standards for drivers; **(Title 52 Pa Code §29.503 – Age Restrictions)**

i. Are there any age restrictions? *NO*

- b. Your system for conducting criminal background checks; **(Title 52 Pa Code §29.505 – Criminal History)**

- i. How will background checks be conducted? *PSP Pre-employment screening Program*
- ii. How often will you conduct criminal background checks? *ANNUAL*
- iii. What type of things in their criminal background check would disqualify them from employment? *Felony*
- iv. How will you maintain records (record retention) of the criminal background checks performed? *yes / in locked Files*

- c. Your driver training program; *ROAD-TEST / Ride Along 2 wks*

- d. Your system for conducting driver license/history checks; (Title 52 Pa Code *DL-503*
§29.504 – Driver History)
- i. How will driver license/history checks be performed? *DL-503*
 - ii. How often will you conduct driver license/history checks? *yearly*
 - iii. How will you maintain records (record retention) of such checks? *Drivers File*
- e. Your policies regarding alcohol and drug use by your drivers. *0 tolerance*
- 4.) Other than oil changes every 6,000 miles, what other periodic vehicle maintenance will be performed on your vehicle(s). Please provide a comprehensive list of periodic maintenance to be performed along with the schedule with which it will be performed. *Daily walk-A-run pre-fi*
- 5.) Will you conduct any pre/post trip inspections of your vehicle(s). *yes Daily*
- 6.) A vehicle used in Call or Demand service may pass a state inspection but not comply with the Commission regulations regarding age/or mileage, so stating that a vehicle will be replaced when it does not pass state inspection is not sufficient. Please provide an acceptable system for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage requirements are replaced in a timely fashion. (Please note, if you file a Paratransit application this answer is not required, as this question only deals with vehicles used in Call or Demand service)



title 52 pa code 29.501-509



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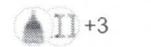
Pennsylvania Code (.gov)

https://www.pacodeandbulletin.gov › Display › pacode

52 Pa. Code § 29.501. Applicability.

This subchapter applies to **drivers of vehicles having a designed seating capacity of 15 passengers or less**, including the driver, which are used by common ...

AI Overview



Title 52 Pa. Code 29.501-509 are Pennsylvania regulations for **motor carrier driver regulations**, specifically for vehicles with 15 or fewer seats. The sections cover driver requirements, including having a current driver's license (§ 29.502), meeting age restrictions (§ 29.503), having a clean driving history (§ 29.504), passing a criminal background check (§ 29.505), and not operating under the influence of alcohol or controlled substances (§§ 29.506, 29.507). Violations can result in civil penalties (§ 29.509).

Key requirements for drivers

- **Driver's License (§ 29.502):** Must possess a valid driver's license for the class of vehicle being operated.
- **Age Restrictions (§ 29.503):** Must be at least 21 years old to drive for call or demand, limousine, or group and party services.
- **Driver History (§ 29.504):**
 - Carriers must obtain a driving history report from the Department of Transportation.

PA PUC

===== TRANSACTION RECORD =====

PA PUC
400 NORTH STREET
HARRISBURG, PA 17120
USA

TYPE: Purchase

ACCT: Visa \$ 350.00 USD

CARDHOLDER NAME : RICHARD DOYLE

CARD NUMBER : #####3510

DATE/TIME : 01 Oct 25 13:01:53

REFERENCE # : 001 848908 T

AUTHOR. # : 211010

TRANS. REF. : 288834

Approved - Thank You 100

*# 2888786
Oct 2, 2025 10:02 AM*

Please retain this copy for your records.

Cardholder will pay above amount to
card issuer pursuant to cardholder
agreement.

=====

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)

Rudy SHARP

- 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

If YES, at PUC No. A- _____

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

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

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

(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).

6. **Mailing Address**

5 Farm View Drive
Street Address

Allensville PA 17002 Mifflin
City, State and Zip Code County

717-250-8584 Rudysharp13@gmail.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.)

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. _____

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

To TRANSPORT people upon call in Mifflin / Huntingdon / Centre
County

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.

Rudy J SHARP

(Print Name)

Rudy J Sharp

(Signature)

Nov 4, 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).

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
Street Address (principal place of business)

Allensville
City or Municipality

PA
State

17002
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.
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 STARTED 1976 clean
DRIVING RECORD

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.

Office in Home Basement / Laptop - printer / cell phone
 voice mail on cell phone AND text message.

Storage of Vehicle Driveway of my Home
 records using FMCSA Vehicle File AND Repair Receipts / Bills
 cell phone messages / TEXT AND E-mails

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; 21 yrs AND older
- b. Your system for conducting criminal background checks; PSP Pre-employment screening Program
- c. Your driver training program; ROAD-TEST / with me riding along 2wks
- d. Your system for conducting driver license checks; DL-503
- e. Your policies regarding alcohol and drug use by your drivers. ~~Ø~~

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2015	Honda	Odyssey	7	5FNRL5H48FB058612	193,000 mi's

*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).

oil change 6,000 miles / Annual State Insp.
 Daily walk around lights / Tires / Glass and Body
 pre/post Insp. Daily

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

Policy # 863473122 Active 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 X 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)

Nov 4, 2025
 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) Nov 3 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.)

\$ 135,600

\$ 147,000-

Office Equipment

TOTAL ASSETS

149,500-

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

Credit cards/revolving credit

Other Liabilities (Attach schedule)

Total Current Liabilities

0

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

0

TOTAL LIABILITIES
