

**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.

Stephanie Smagler	Legal Name of Applicant		
Smag Transporation LLC	Trade Name, if any		
26 Independence Rd	East Stroudsburg	PA	18301
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.

Stephaniw Smagler    Owner  
 26 Independence RD APT 9  
 East Stroudsburg, PA 18301

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

I am the owner of the company

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.
  1. Correctionalofficer 1989 --2015
  - 2.Transportion director at Rykers Prison 2004 - 2008 ( took prisoners to and from doctor appointments,court appointments
  - 3.Received commercial driver license as an employee at Ryker Prison

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.

1. FACILITIES: At this time I have one vehicle and we park it at my residence. Plan on relocating to a new location at some point

2. COMMUNICATION NETWORK: We will communicate by using company cell phones.

3. OBTAIN CLIENTELE: By social media, Delta airlines, email and website

4. DISPATCHER: will communicate with driver and client by cell phone

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.

I intend to operate with a total of 2 drivers, including myself and one additional driver. This number is appropriate for the size of the territory I will be serving, which is compact and manageable with a small team. With two drivers, I can ensure consistent coverage, maintain flexibility in scheduling, and personally oversee service quality and training.

#### A. Hiring Standards for Drivers

I will hire only drivers who are established and personally known to me, with a proven track record of reliability, professionalism, and safe driving. This ensures I maintain high standards and trust in the individuals representing my business.

#### B. Criminal Background Checks

If I hire new drivers outside of my known network, I will use an online database called Sterling Background Checks to conduct thorough criminal history screenings. This helps ensure all drivers meet safety and legal standards before joining the team.

#### C. Driver Training Program

My driver training program will be hands-on and personalized. New drivers will shadow me as the owner and operator, allowing them to learn directly from experience. I will train them on:

- Vehicle operation and safety

- Route navigation
- Emergency procedures
- Customer service expectations

**D. Driver License Checks**

For all new drivers, I will pull driver license records directly from the DMV to verify validity, check for infractions, and ensure compliance with legal requirements.

**E. Alcohol and Drug Use Policy**

I enforce a zero-tolerance policy for alcohol and drug use by employees and drivers. Any violation will result in immediate disciplinary action, up to and including termination. Safety and professionalism are non-negotiable standards in my business.

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.

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b><u>SEATING CAPACITY*</u></b>	<b>VEHICLE ID #</b>	<b>MILEAGE</b>
2024	MERCEDES	SPIRNTER	15	W1Z4NGH2RT184933	12467

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).

My vehicle safety program is designed to ensure all vehicles are safe, reliable, and fully compliant with Pennsylvania regulations.

a. Periodic Vehicle Maintenance Plan I will perform routine maintenance every 3,000 to 5,000 miles, including oil changes, brake inspections, tire rotations, and fluid checks. In addition, I will conduct monthly safety inspections to check lights, wipers, tires, and emergency equipment. All maintenance will be logged and tracked to ensure consistency and accountability.

b. Compliance with Pennsylvania Vehicle Equipment Standards (67 Pa. Code, Chapter 175) To ensure continuous compliance with Pennsylvania's vehicle equipment standards:

- I will review Chapter 175 regulations regularly to stay updated on any changes.
- All vehicles will undergo annual state inspections at certified inspection stations.
- I will maintain a checklist based on Chapter 175 to verify that all required equipment (lights, mirrors, brakes, tires, etc.) is functioning properly.
- Any issues identified will be addressed immediately to prevent violations or safety risks.

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

To determine if I can obtain insurance and pay the required premiums:

- I have contacted multiple insurance providers to request quotes for commercial auto coverage.
- I have reviewed coverage options, premium costs, and payment plans to ensure affordability.
- I have verified that I meet the minimum insurance requirements for operating in Pennsylvania.
- I have budgeted for insurance premiums as part of my monthly operating expenses

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. § 4904 relating to unsworn falsification to authorities.

*Stephanie Smagler*

10/30/2025

\_\_\_\_\_  
(Signature)

Stephanie Smagler

\_\_\_\_\_  
(Name and Title, printed or typed)

\_\_\_\_\_  
(Date)

**Statement of Financial Position (Balance Sheet)**

As of (date) 10/30/2025

**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$75,000	
Other Current Assets (specify)		
Total Current Assets	\$150,00 CRYPTO/ STOCKS	
Tangible Assets		
Motor Vehicle Equipment	INFINLTY SUV MERCEDES	
Property (buildings, land, etc.)	BENS SPRINTER	
Office Equipment		
	TOTAL ASSETS	\$225,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		0
	TOTAL LIABILITIES	

## Application for Motor Common Carrier of Persons Group and Party Service in Vehicles Seating 11 to 15, Including the Driver

THIS APPLICATION IS TO BE USED FOR CHARTER SERVICE FOR GROUPS, OR ON A NONEXCLUSIVE BASIS FOR TOUR, SIGHTSEEING, OR EXCURSION SERVICE LIMITED TO VEHICLES SEATING 11 TO 15 PEOPLE, INCLUDING THE DRIVER.

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

SMAG TRANSPORTATION LLC

- 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 Transport" 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 Transport" or "J. Doe Transport" 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?** \_\_\_\_\_

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

If YES, provide your PA Corporation Bureau Entity ID Number 14629103  
(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).**

STEPHANIE SUSANNE SMAGLER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

26 INDEPENDENCE RD APT 9

Street Address

EAST STROUDSBURG PA 18301

City, State and Zip Code

(917) 362-1185

Telephone Number

Monroe County

County

SMAGTRANSPORTATION@GMAIL.COM

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 PO Box.)

26 INDEPENDENCE RD APT 9

Street Address

EAST STROUDSBURG PA 18301

City, State and Zip Code

(917) 362-1185

Telephone Number

Monroe County

County

SMAGTRANSPORTATION@GMAIL.COM

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. 4449239

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

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TRANSPORTING PEOPLE IN A VAN

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*Examples:*

- To transport people from points in Lancaster County to points in PA, and return.
- To transport people between points in Allegheny, Washington, and Beaver Counties.

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 Group and Party Service in Vehicles Seating 11 to 15, Including the Driver; 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. § 4904 relating to unsworn falsification to authorities.

STEPHANIE SUSANNE SMAGLER

(Print Name)



10/02/2025

(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).