

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)

GoDEZI, 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 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?** YES NO

If YES, at PUC No. A- 6419442; A2019-3013495; R2022-3030309

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 6450373

(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).**

Daniel C. Toddes

_____	_____
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

26 E Pennsylvania Ave

Street Address

Mount Union, PA, 17066

Huntingdon (31)

City, State and Zip Code

County

814-201-6673

godeziops@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.)

26 E Pennsylvania Ave

Street Address

Mount Union, PA 17066

Huntingdon (31)

City, State and Zip Code

County

814-201-6673

godeziops@gmail.com

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).

Persons in paratransit service for general transportation needs, non-emergency medical transportation and other transportation needs in standard passenger vehicles and wheelchair accessible vehicles.
Servicing: Huntingdon, Mifflin, Juniata, Centre, Blair, Bedford, Clearfield, Somerset, Franklin, Fulton, Perry, Cumberland, Dauphin, Adams, Montour, Snyder, Union, Northumberland Counties

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.

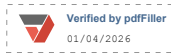
The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Daniel C. Toddes

(Print Name)

Daniel Toddes

(Signature)



12/18/2025

(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.

GoDEZI, LLC			
Legal Name of Applicant			
Trade Name, if any			
26 E Pennsylvania Ave	Mount Union	PA	17066
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.

Daniel C. Toddes, CEO
26 E Pennsylvania Ave Mount Union, PA 17066

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

No other current relationship with any other current carrier.

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.

Owned GoDEZI since transfer of ownership in 2022; Authority transferred prior to that but COVID19 caused significant delays in actual transfer; continued operating as manager of service thereafter. Prior to that & concurrently, serves as an EMS provider for multiple services throughout Pennsylvania where I have provided care and transportation via EMS and paratransit resources. Have served as management in some of these roles. I have coordinated transportation from scheduling to execution of service.

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.

Facilities: administrative headquarters currently in private "home office" in residence until commercial space is deemed necessary. Records are kept in appropriately secured filing cabinet and digital drives & computer cloud-based storage. Computers and mobile devices available. Other administrative roles are considered remote work at this time as most tasks can be completed online with computer applications.

Communications: Dispatch line maintained with VOIP internet application & phone tree/ring down; trip requests can be made online as well as via email, but phone is most used resource. Communications to drivers and staff maintained with cell phone use, various workflow communication applications, including booking/scheduling application.

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.

Hiring as many drivers as needed for operations of various time throughout an operating week. Hiring part time, per diem, full time.

A. Hiring standards are for persons 21+ years of age, free of serious criminal offenses, good driving record; good character.

B. Background checks conducted by PSP PATCH, requires child abuse clearances and FBI background check; we screen and verify additionally.

C. Driver training program consists of safe driving program, check rides, on the job orientation & training on specific tasks.

D. PENNDOT records for past 10 years are obtained; insurance agent also procures information through their operations on our behalf.

E. Drug and alcohol use is zero tolerance while actively on-duty; suspected use is drug-tested & disciplined accordingly.

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>
2005	DODGE	GRAND CARAVAN	6 (1 dr/3 pass/1-2 WC)	WCV-1	229660

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

Currently 1 available for service. Adding second unit to move WC1 into reserve.

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).

Drivers perform daily, pre-trip & post trip inspections. Minor issues are fixed in house; any other issue that arises repaired by qualified mechanic.
Vehicles are serviced at regular service intervals for oil & fluid changes and other periodic maintenance on a preventative maintenance schedule as coordinated by administrative staff.

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

Currently insured by commercial 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.

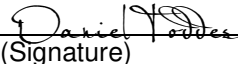
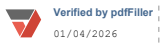
YES NO

On February 18, 2016 I entered a plea of guilty to one (1) count of tampering with records. I was sentenced to one (1) year of probation which ended in 2017. Subsequently, I was sanctioned by the Department of Health, Bureau of EMS, with suspension of certification for one (1) year in 2017-2018. In April of 2018 I was eligible to renew certification and regained certification (as it had briefly lapsed) in June 2018. As part of the stipulation agreement, I served a probationary status for three (3) years that ended in 2021. As part of the agreement, I have to disclose my conviction and agreement to any current or prospective ambulance service or provider of EMS during this time. All of these conditions have since been satisfied and are no longer in effect. Please contact me for any questions

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.

 _____ (Signature) Daniel C. Toddes _____ (Name and Title, printed or typed)	<div style="border: 1px dashed gray; padding: 2px; display: inline-block; margin-bottom: 5px;">  </div> _____ 12/18/2025 _____ (Date)
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Statement of Financial Position (Balance Sheet)
As of (date) 12/18/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$900.00	
Other Current Assets (specify)	\$0	
Total Current Assets		\$900
Tangible Assets		
Motor Vehicle Equipment	\$3,000	
Property (buildings, land, etc.)	\$0	\$0
Office Equipment		\$600
TOTAL ASSETS		\$4,500

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0	
Credit cards/revolving credit	\$0	
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)	\$12,608	
Total Long-Term Liabilities		\$12,608
TOTAL LIABILITIES		\$12,608

Schedule:
2025 Billed Services: \$14,006.46 (approximate)
(January to September)
Insurance: -\$4,600
Software: -\$708
Staff (Part time) -\$5,000
Fuel: -\$1,800
Maintenance Average: -\$500
Estimated profit: \$1,398.46