

Application for Motor Contract Carrier of Persons

This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.

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

RHS Safety Consulting 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?** _____

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** YES
If NO, you must register (see checklist on how to register).

If YES, provide your PA Corporation Bureau Entity ID Number

4246792

(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).**

<u>WILLIAM C SCRIP III</u>	<u>104 Watson Lane, Roscoe PA 15477</u>
<u>DANIELLE HUNT</u>	<u>1064 Windance Drive McDonald PA 15057</u>
<u>WENDY ROCK</u>	<u>617 Elm Street, Stockdale PA 15483</u>

6. **Mailing Address**

PO BOX 166
Street Address

<u>STOCKDALE, PA 15483</u>	<u>WASHINGTON</u>
City, State and Zip Code	County
<u>724.330.5399</u>	<u>billscriprhs@yahoo.com</u>
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 from Physical Address. Do not use a PO Box.)

602 FURLONG AVENUE
Street Address

<u>ROSCOE, PA 15477</u>	<u>WASHINGTON</u>
City, State and Zip Code	County
<u>724.330.5399</u>	<u>billscriprhs@yahoo.com</u>
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 X Yes, at No. 2956221

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 in motor vehicles as a contract carrier for PennHighlands - Mon Valley Hospital between points in Washington County due to on site construction.

Examples:

- *To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.*
- *To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.*

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.

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.

WILLIAM C SCRIP III

(Print Name)



(Signature)

01/08/2026

(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.

RHS SAFETY CONSULTING LLC

Legal Name of Applicant

Trade Name, if any

602 FURLONG AVENUE, ROSCOE PA 15477

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.

RHS SAFETY CONSULTING LLC (APPLICANT)
WILLIAM C SCRIP III, OWNER
602 FURLONG AVENUE
ROSCOE, PA 15477
724.986.4136

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

N/A

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.

RHS has been involved in the security and flagging/traffic control business since 2014. RHS has provided traffic control and escorting services to EQT and Range Resources over the years.

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. With 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.

Facility (602 Furlong Ave) - office space with computer/fax/printer.

Records will be maintained by office manager and kept on file at physical office.

Communication - Customer requests will be received via cell phone and/or email.

Vehicles will be dispatched by supervisor. Drivers will have cell phones as communication devices.

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.

2 drivers - 10 hours day - (2) 5 hour shifts, Monday - Friday

a) current and valid license

b) clearances and license checks through PSP.

c) OSHA certified supervisor who explains details of customers needs, rules of the road, etc.

d) PSP - photocopy

e) zero tolerance - no drug/alcohol before/during shift and random testing

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>
2024	FORD	TRANSIT 350	15	1FBAX2C82RKA36629	37,577

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).

- monthly vehicle maintenance program through certified mechanic, daily vehicle checks by drivers before and after shift
- vehicles are leased through Enterprise which will complete monthly vehicle inspections.

Statement of Financial Position (Balance Sheet)
As of (date) 11/30/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	414,252.00	
Other Current Assets (specify)(CD)	30,497.00	
Total Current Assets		444,749.00
Tangible Assets		
Motor Vehicle Equipment	771,803.00	
Property (buildings, land, etc.)	82,634.00	
Office Equipment	177,850.00	1,032,287.00
TOTAL ASSETS		1,477,036.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	144,559.00	
Credit cards/revolving credit	259,387.00	
Other Liabilities (Attach schedule)(payroll & sales tax)	62,923.00	
Total Current Liabilities		466,869.00
Long Term Liabilities (Due after one year of date)		
Mortgage	N/A	
Long term commercial loan	77,399.00	
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		77,399.00
TOTAL LIABILITIES		544,268.00

Schedule of Other Current Liabilities:

Sales Tax Payable	42,293
Payroll Tax Payable	<u>20,630</u>
Total	62,923