

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)

Safe Point (NEMT) 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?** NO

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 13865233

(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).**

Briston T Riddick

6. **Mailing Address**

2837 Brandon Rd

Street Address

Bethlehem, PA 18017

Northampton

City, State and Zip Code

County

484-725-2026

bristonriddick@yahoo.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)

n/a

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 elderly people to and from doctor appointments and transport people with mobility challenges in Lehigh County and Northampton 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.

Briston T Riddick
(Print Name)


(Signature)

1/7/26
(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.

Briston T Riddick

Legal Name of Applicant

Trade Name, if any

2837 Brandon Rd	Bethlehem	PA	18017
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.

Briston T Riddick, Sole Member 2837 Brandon Rd, Bethlehem, PA 18017 #484-725-2026

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

Sole member/ 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. **Providing transportation to adolescent clients. Transporting to activities in the community, and also transport to home visits or Court proceedings across state lines. Briston also worked in an adult mental facility, and transporting patients to and from work.**

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 will be working from my home residence, and have a 3 car garage for my business vehicle. I have a home office space that I can store all my files and records required by the PUC, and normal business records. The office is secured and has locking files.

I will be using a company called Bambi for my dispatching schedule, payment services, and administration tools. I also will be opening a phone line for direct contact and to provide support coordination to transport referred clients.

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 will meet the age standard, as I will only be hiring drivers that are at a minimum 21 years of age. All candidates will be required to either have the EMSVO certification, or complete the course and receive the certification prior to operating a vehicle. When operating the vehicle, the driver will have the EMSVO certification card on themselves, preferably in a wallet. A copy of the certification will be kept at the office for our records, so we can make sure the driver updates the certification form every 4 years. This will also keep the company in compliance with the state.

To stay in compliance with the state code, the company will order a 3 year driving record for all new hires, and review the information prior to operating any vehicles. To keep records updated and compliant with the state, the business will order an updated 1 year report in January of each year, and keep all records in an employee file.

Per section 29.505, the business will obtain and review a criminal history record from the Pennsylvania State Police and every other state where the driver resided for the last 12 months. Once hired, a calendar event will be created as a reminder to pull an updated report on the 23rd month employment, and then every 2 years following.

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
2014	Dodge	Caravan	7	2c7wdgbgxer161733	77,000

*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).

I have been working with the Small Business Development Center at Lehigh University, and they have researched the codes for the State of Pennsylvania. They assisted with finding the required information for the safety procedures required by the State, and listed them for my application. The general standards for the vehicle will be the same as the original application, and the work and inspection will be done by an approved local PA State inspection mechanic shop located by my residence. That business is Stefko Service Center Inc.

As far as the daily inspections, the employee/driver will perform an inspection prior to starting the daily routes. A walk around inspection of the lights, reflectors, mirrors, tires, wipers, and then an interior inspection of the horn, seat belts, and break check.

The weekly, monthly, and quarterly inspections of the exhaust, battery, steering, fluid levels, belts, hoses, and fuel lines will be done by myself. I will look under the hood and undercarriage for any leaks or fluid stains, and if any unusual sounds or leaks are observed, the mechanic shop will be notified and appointment will be scheduled.

The driver safety issues will be addressed with weekly staff meetings with myself and my drivers. We will discuss daily inspections, driving conditions, and general safety of the passengers.

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

I have obtained insurance quotes and have made a final decision to use - Research Underwriters Commercial Auto Insurance. Down payment will be \$7000 for initial payment

8. 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

9. 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.

Bryan H. Rella
(Signature)

1/7/26
(Date)

BRISTON T. RIDDICK
(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date)
1/7/2026 (Must be
less than 6 months old)

ASSETS

Current Assets
Cash

18,000

Other Current Assets (specify)
Total Current Assets

18,000

Tangible Assets

Motor Vehicle Equipment

18,000

Property (buildings, land, etc.)

Office Equipment

36,000

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

18,000

Credit cards/revolving credit

18,000

Other Liabilities (Attach schedule)

Total Current Liabilities

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

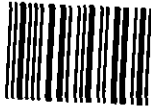

TOTAL LIABILITIES

18,000

FROM:

Briston T. Riddick
2837 BRANDON ROAD
BETHLEHEM, Pa 18017

Retail



U.S. POSTAGE PAID
FCM LG ENV
BETHLEHEM, PA 18020
JAN 08, 2026

17120

\$3.00

RDC 99

S2324A500602-03



TO:

Secretary Pa Public Utility Com
400 NORTH STREET 2ND FLOOR
HARRISBURG, Pa 17120

