

# SAXTON & STUMP

LAWYERS AND CONSULTANTS

4250 Crums Mill Road • Harrisburg, PA 17112  
P: (717) 941-1202 • F: (717) 441-3810

---

**Direct Dial:** (717) 941-1202  
**Email:** smendelsohn@saxtonstump.com

February 18, 2026  
**VIA E-FILE SYSTEM**

Commonwealth of Pennsylvania  
Pennsylvania Public Utility Commission  
400 North Street  
Harrisburg, PA 17120

**RE: Application of Jack of all Rides LLC**  
**PA Corporation Bureau Entity ID Number 0013710451**  
**468 Hopewell Road, White, PA 15490**

Dear Secretary Homsher,

Please accept this cover letter regarding our client, Jack of all Rides LLC, and the above-referenced Application, which was filed before the Public Utility Commission on February 18, 2026.

I, Seth A. Mendelsohn, 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).

Thank you for your attention to this matter. As always, I am available to you for any further clarification.

Very truly yours,  
SAXTON & STUMP



Seth A. Mendelsohn, Esquire

SAM/jm  
Enclosure - Application

## **APPLICATION CHECKLIST**

### **Motor Common Carrier of Persons in Paratransit Service**

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at [www.puc.pa.gov](http://www.puc.pa.gov) ).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

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

**If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2<sup>ND</sup> FLOOR, HARRISBURG, PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps) on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

## General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:

- Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
- Transportation of people to correctional facilities for visitation.
- Transportation of people in wheelchair and stretcher vans.

***\*Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at [www.nicinsurancefilings.com](http://www.nicinsurancefilings.com) . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- |                        |     |  |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).  |
|                        | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
|                        | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).   |

Secretary PA Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

## 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)

Jack of all Rides LLC (hereinafter "JAR")

- 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)

N/A

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** 0013710451

(See checklist and indicate type of business entity registered)



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, as a common carrier, by motor vehicle, persons in a Paratransit Service, from points in the counties of Allegheny, Fayette, Greene, Somerset, Washington, and Westmoreland, to points in Pennsylvania, and return.

---

*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.

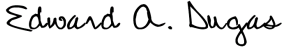
## Verification of Application

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.

Edward A. Dugas

(Print Name)

DocuSigned by:  
  
61E513498970440... 2/18/2026

(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).

# 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.

Jack of all Rides LLC (hereinafter "JAR")

Legal Name of Applicant

N/A

Trade Name, if any

468 Hopewell Road, White, PA 15490

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.

Edward A. Dugas, Sole Member  
468 Hopewell Road  
White, PA 15490  
Phone: 304-962-7399

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

None

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.

Practical experience is as follows: Employed by Senior Life in 2024 as a driver. Operated short buses, transports, and mini vans. Provided transportation for ambulatory and nonambulatory clients. Trained in all industry safety standards with regard to client loading and unloading, to include proper lifting and assisted movement techniques to ensure client safety. Executed proper tie-down/lock down techniques to industry standard to ensure proper patient and medical equipment (I.e. wheelchair) restraint safety. Experience using hydraulic and manual vehicle accessibility lifts and ramps. Experienced with dispatch orders and software/equipment. Maintained a zero accident/incident record throughout employment tenure.

See attached page for additional response to question 3.

**Page 5 - Additional Response to Question 3.**

Operated in an ethical and empathetic manner to ensure client satisfaction with regard to all aspects of a trip, to include timeliness, safety, communication, etc. Performed pre and post vehicle operational safety inspections to ensure risk mitigation. Ability to safely operate vehicles in all weather conditions.

Employed by Westmoreland County Community Action from 2021 to 2023 as a Mental Health Housing Case Manager/Coach. This job required daily travel using agency-owned passenger vans and personally owned vehicles. Common transportation tasks included: Transporting individual clients and their minor children to grocery stores, medical appointments, legal proceedings, etc. This position required discipline, empathy, communication skills, schedule adherence, and planning, to name a few. Maintained a zero incident/accident record throughout employment tenure.

Retired military servicemember with 25 years of experience operating various government-owned vehicles. Operated various types of military vehicles transporting passengers and supplies to various destinations, in multiple states and countries. This includes vehicle operation (with passengers and supplies) in Kuwait and Iraq respectively. Operated vehicles in all weather conditions. While serving in recruiting command, I obtained nearly 14 years of almost-daily experience operating 14 passenger vans and smaller vehicles to transport future soldiers, applicants, and other people for the purpose of military entrance processing. These trips commonly crossed multiple county (and sometimes) state boundary lines. All trips required pre and post vehicle inspections. Gained experience as fleet manager charged with the management of 5 government vehicles attached to the recruiting station/center. This duty required daily tasks to include, log book management, maintenance scheduling/recording, driver assignments, etc. Maintained a zero loss/incident/accident report throughout my entire military career.

Education/Experience/Awards

Bachelors Degree in Human Services (Social Work)

CPR Certification

Combat Lifesaver Certification

Lifeguard Certification (1996)

DOT Physical (obtained in July 2024)

Driver Safety Badge from U.S. Army

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 own a property at 468 Hopewell Road, White, Fayette County, PA 15490, that will serve as the headquarters of JAR. There is on-site parking for company vehicles at this location. Inside the home, there is an office where I have room for general equipment that include filing cabinets, computer, printer, scanner, fax machine, and a desk on which to work. Calls will come to my cell phone or via email/text and will be tracked via computer software. I will also have a hard copy available of my schedule. All rides will be confirmed. All records will be kept via electronically, via a secure network, and via hard copy. Our operations will be gradually initiated, and everything will continuously be tracked. At all times, I will have my cell phone with me and GPS available. Right now, I will be the sole driver employed by JAR.

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.

See attached page for response to question 5.

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>

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

I am in the process of searching for a single vehicle in which to begin my operations. Because JAR is starting with one driver, we suggest having a single vehicle is reasonable.

**Page 6 – Response to question 5.**

JAR will have a primary driver being its sole member, Edward A. Dugas. Once demand grows, we will likely need to hire an additional driver; however, such growth will be gradual and taken with great care.

- a. At all times, our plan is to employ the highest standards for hiring drivers. Specifically, all necessary paperwork for Applicant's drivers will be completed prior to hiring. All drivers will complete a driver's application, including front and back photocopies of driver's licenses. All drivers will be 21 years of age or older, and their age will be confirmed via driver's license and an additional form of photo identification. HIPAA Medical Release Authorization Forms must be signed for each driver's background check. We also will follow the criminal background check requirements as set forth in 5(b).
- b. We will obtain and review comprehensive criminal history records for each driver from the Pennsylvania State Police and every other state in which the driver has resided for the last 12 months. In addition, we note that JAR will obtain and review criminal history for each driver from the Pennsylvania State Police every two years from the date of the last criminal history check. Per Pa. Code § 29.505(a)(4), the criminal background checks will be kept for a minimum of three years. We will follow the provisions of Title 52 Pa. Code §29.505(a)(3) and will not hire an individual to operate a vehicle in the service of JAR who was convicted of a felony or a misdemeanor under the laws of the Commonwealth or under the laws of another jurisdiction, to the extent the conviction relates adversely to that person's suitability to provide service safely and legally. This individual would be disqualified from employment as a driver at JAR. JAR also will follow the Commission's Policy Statement, 52 Pa. Code §41.14(6), and will apply it and will not employ any driver convicted of a felony or crime of moral turpitude and remains subject to supervision by a court or correctional institution.
- c. Drivers must complete driver's training prior to employment, including Defensive and Distracted Driving Course, Red Cross First Aid training, OSHA Bloodborne Pathogen training, and CPR training. We also will make sure that they know how to safely operate and secure a wheelchair in the vehicle.
- d. Drivers must sign and return Motor Vehicle Record Release Form DL-503. We will obtain and review drivers histories for each driver for the preceding three years and will obtain new driver histories at least once every 12 months from the date of the last report. Pa. Code § 29.504(a)(3), JAR will maintain a copy of the driver license check for each driver for at least two years.
- e. Drivers must complete a consent form for urinalysis drug testing with random urinalysis conducted as needed. JAR has a zero-tolerance policy on the use of unlawful drugs by its drivers.

- 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).

Each vehicle will be subjected to preventative maintenance checks each day before operation making sure all lights, windshield wipers, tires and windows are properly working.

Mr. Dugas is familiar with motor vehicle inspection rules and regulations and will track the vehicles used in his fleet and will make sure all vehicles are tracked for annual inspections and will keep records to make sure these rules are followed. JAR also plans to be proactive and to make sure we are following all recommended manufacturers' schedules for maintenance.

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

I have spoken with an insurance broker who specializes in securing coverage in the paratransit market and have discussed my business plan. Based upon this conversation and my market analysis research, I am confident that JAR will be able to provide coverage to meet and exceed the state limits.

- 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

- 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.

Edward A. Dugas  
81E513498970440...  
 (Signature)  
 Edward A. Dugas, Sole Member  
 (Name and Title, printed or typed)

2/18/2026  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) February 18, 2026**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	<u>45,048.04</u>	
Other Current Assets (specify)	<u>0</u>	
Total Current Assets		<u>45,048.04</u>
Tangible Assets		
Motor Vehicle Equipment	<u>0</u>	
Property (buildings, land, etc.)	<u>0</u>	<u>0</u>
Office Equipment		<u>1,500.00</u>
TOTAL ASSETS		<u>46,548.04</u>

LIABILITIES

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

**See attached Exhibit A - Bank Statement**

**EXHIBIT A**

Jack of all Rides LLC

Somerset Trust Company Bank Letter



---

151 W. Main Street, P. O. Box 777, Somerset PA 15501  
Phone: (814) 443-9200 Fax: (814) 443-9220  
www.somersettrust.com

February 13, 2026

**Somerset Trust Co.**  
157 Pittsburgh Street  
Scottsdale Pa. 15683

**RE: Jack of All Rides LLC**  
**Business Checking**  
Owner: Edward A. Dugas  
468 Hopewell Rd.  
White Pa. 15490

To Whom it May Concern,

Bank Account Verification, Letter of Account

This letter is to verify that the aforementioned client holds an account at Somerset Trust Co.  
**Account** [REDACTED] with ABA [REDACTED] The balance, at this time is \$45,048.04. The  
account is open and active.

Sincerely,

A handwritten signature in cursive script that reads "Mary Jo Hixson".

**Mary Jo Hixson**

NMLS #615137  
Somerset Trust Company  
Branch Manager, Scottsdale  
Ph. 724-404-5016

