

FEB 21 2026

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

PA Public Utility Commission
Secretary's Bureau

**Application for Motor Common Carrier of Persons
upon Call or Demand (Taxi Service)**

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE PROVIDING LOCAL TRANSPORTATION ON EITHER EXCLUSIVE OR NONEXCLUSIVE BASIS, AND SERVICE IS CHARACTERIZED BY PASSENGERS HIRING THE VEHICLE AND ITS DRIVER EITHER BY TELEPHONE CALL OR BY HAIL, OR BOTH. **THIS APPLICATION CANNOT BE USED TO APPLY FOR TAXI SERVICE WITHIN THE CITY AND COUNTY OF PHILADELPHIA.**

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

DYLAN TZEN 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 Trucking" 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 Trucking" or "J. Doe Trucking" 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 15224181 (anc)
NUMERO

(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).**

NORMA ZUNA 100% OWNER

_____	_____
_____	_____
_____	_____

6. **Mailing Address**

P O BOX 575

Street Address	
LAHASKA, PA 18931	BUCKS COUNTY
City, State and Zip Code	County
609-947-5973	dylantzentransportation@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 from Mailing Address)

5860 PEDDLERS VILLAGE, SUITE 4C

Street Address	
LAHASKA, PA 18931	BUCKS COUNTY
City, State and Zip Code	County
609-947-5973	dylantzentransportation@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).
-

Transportation will be provided in Bucks County

Examples:

- *To transport people upon call or demand in the city of Reading, Berks County.*
- *To transport people upon call or demand in Spring Township, Centre 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.

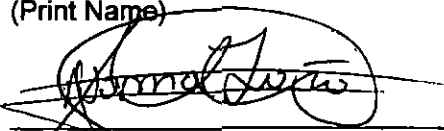
Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

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 upon Call and Demand (Taxi 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.

NORMA ZUÑA
(Print Name)

(Signature) *u* 02/18/2026
(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).

Revised 7/17/17

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.

DYLAN TZEN TRANSPORTATION LLC

Legal Name of Applicant

Trade Name, if any

5860 Peddlers Village, Suite 4C, PO BOX 575 LAHASKA, PA 18931

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.

NORMA ZUNA -LLC MEMBER
ADDRESS SAME AS ABOVE
PH: 917-450-2070

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

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.

The applicant has over 20 years of extensive experience in the transportation industry, including the direct operation and management of passenger transportation services. Throughout this time, the applicant has gained comprehensive knowledge in dispatching, route planning, customer service, vehicle maintenance coordination, and regulatory compliance.

The applicant has successfully managed daily transportation operations, including scheduling drivers, maintaining continuous communication with clients and drivers, ensuring timely pickups and drop-offs, and overseeing fleet safety standards. They are experienced in maintaining proper business records, managing commercial insurance requirements, and complying with all applicable state and local transportation regulations.

Over the course of their career, the applicant has developed a strong understanding of risk management, safety procedures, and customer satisfaction standards necessary to operate a reliable and professional transportation service.

With two decades of hands-on industry experience, the applicant is fully qualified to operate a transportation service responsibly, safely, and in full compliance with all applicable laws and regulations.

App MCC Persons Taxi Service
rev 12/6/21

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.

Business facilities include an office in the home of the owner in a separated area of the home consisting of a desk, computer, and cell phone. Business records will be maintained using software on the office computer using quickbooks and Microsoft office products. The home office location is 5860 Peddlers Village, Suite 4c, Lahaska, PA 18931. Communication to and from customers will be via cell phone.

The vehicle will be stored on the premises listed above in the parking lot. Vehicle will be dispatched from that parking lot at customers request for transportation.

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.

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. (Taxicabs may not be used if the vehicle's age is greater than ten model years, or the vehicle mileage is greater than \$350,000.)

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2023	TOYOYA	RAV4	5	2T3E6RFV7PW041341	128,000

*Vehicles with seating capacity of more than eight passengers including the driver cannot be used for taxi 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).
 - Your system for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage requirements shall be replaced in a timely fashion.

Vehicle will be inspected by a qualified mechanic every 3000 miles or one month whichever is sooner. During the inspection by the qualified mechanic a multi point inspection will be completed.

At the beginning of each day driver will inspect the car for any obvious issues before commencing transportation for the day. In addition if any issues arise during transportation driver will stop transportation if they feel vehicle is unsafe and will not begin transporting passengers until the vehicle is checked by a qualified mechanic.

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

Owner has commercial insurance quotes with reputable insurance company and is awaiting PUC approval before starting policy. Insurance premiums will be paid with company revenues or loan from company owner if revenues are not sufficient.

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.

(Signature)

(Name and Title, printed or typed)

(Date)

Norma Zura
NORMA ZURA Owner

02/18/2026

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$1,000	
Other Current Assets (specify)	_____	
Total Current Assets		<u>\$1,000</u>
Tangible Assets		
Motor Vehicle Equipment	\$45,500	
Property (buildings, land, etc.)	_____	\$45,000
Office Equipment	_____	\$1500
	TOTAL ASSETS	<u>\$46,500</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$46,500	
Credit cards/revolving credit	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		<u>\$46,500</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		
	TOTAL LIABILITIES	<u>\$46,500</u>



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
CERTIFICATE OF ORGANIZATION -
LIMITED LIABILITY COMPANY
 Fee: \$125

Pennsylvania Department of State
-FILED-
 File #: 0015224181
 Date Filed: 2/18/2026

B1012-2847 02/18/2026 1:38 PM Received by Pennsylvania Department of State

DSCB:15-8821 (rev. 2/2017)

In compliance with the requirements of 15 Pa.C.S. § 8821 relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

Limited Liability Company Type					
Filing type	Domestic Limited Liability Company				
Limited liability company subtype	Limited Liability Company				
Limited Liability Company Name					
Entity name	DYLAN TZEN TRANSPORTATION LLC				
Effective Date					
The filing shall be effective when filed with the Department of State					
Registered Office					
The name of the commercial registered office provider and the county of venue is					
Buckley Small Business Solutions, LLC Commercial Registered Office Provider					
Venue and Publication County	BUCKS				
Organizers					
<table border="1"> <thead> <tr> <th>Name of individual or organization</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>NORMA ZUNA</td> <td>NORMA ZUNA 168 PEDDLERS VLG UNIT 575 LAHASKA, PA 18931-2024</td> </tr> </tbody> </table>		Name of individual or organization	Address	NORMA ZUNA	NORMA ZUNA 168 PEDDLERS VLG UNIT 575 LAHASKA, PA 18931-2024
Name of individual or organization	Address				
NORMA ZUNA	NORMA ZUNA 168 PEDDLERS VLG UNIT 575 LAHASKA, PA 18931-2024				
Additional provisions, if any					
Additional provisions					
<input type="checkbox"/> I qualify for a veteran/reservist-owned small business fee exemption (see help)					
Electronic Signature					
IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.					
NORMA ZUMA	02/18/2026				
NORMA ZUMA	Date				

DATE OF DEPOSIT

FEB 21 2026

PA Public Utility Commission
 Secretary's Bureau

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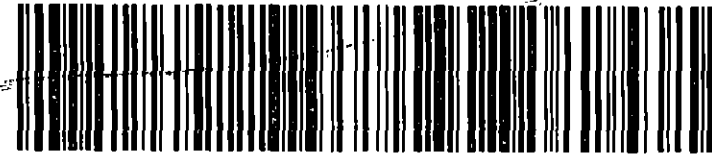
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