

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)

FEACHEY'S TRANSPORT SERVICES, LLC., SOLE-MEMBER

- 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)

NOT 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- N/A

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 20110187
(See checklist and indicate type of business entity registered)

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5. If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).

SOLE-MEMBER, LLC.
GAIL E. FEENEY
PRESIDENT/CEO

6. Mailing Address

64 DUCHESS STREET
Street Address

REDSVILLE, PA 17084
City, State and Zip Code

MIFFLIN
County

717.667.6202
Telephone Number

INFO@FEENEYSTRANSPORT.COM
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.)

* SAME AS MAILING ADDRESS
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)

CURRENTLY NO ATTORNEY RETAINED
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. 4515827

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

THE SERVICED AREA PROPOSED BY THIS APPLICATION IS IN CENTRAL PENNSYLVANIA. OUR BUSINESS ENTITY (PEACHES TRANSPORT SERVICES, LLC.) PLANS TO TRANSPORT PEOPLE / PASSENGERS (SPECIFICALLY OF THE LOCAL AMISH AND/OR PLAIN PEOPLE COMMUNITIES) BETWEEN NUMEROUS POINTS (SPECIFICALLY FROM THEIR HOMES TO THEIR PLACES OF EMPLOYMENT WITHIN THE BOUNDARIES OF MIFFLIN, JUNIATA, SNYDER, HUNTINGDON AND CENTRE 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.

GALEN E. PEACHEY

(Print Name)

Galen E. Peachey

(Signature)

03 MAR 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.

PEACHEY'S TRANSPORT SERVICES, LLC.
Legal Name of Applicant

Trade Name, if any
64 DUCHESS STREET, REEDSVILLE (BROWN TWP.) PA 17084
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.

*GALEN E. PEACHEY, PRESIDENT/CEO
64 DUCHESS STREET
REEDSVILLE, PA 17084
PH. 717.667.6202*

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

NO AFFILIATION WITH ANY OTHER CARRIER(S)

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.

15 YEARS OPERATING 15 PASSENGER VANS AND HAULING WORKERS FROM HOME TO WORK AND FROM WORK TO HOME.

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.

LARGE METAL BUILDING WITH REPAIR BAYS AND AMPLE/SUFFICIENT STORAGE. STATE-OF-THE-ART SECURITY SURVEILLANCE AND OFFICE EQUIPMENT CONSISTENT WITH OPERATING A BUSINESS ON A DAILY BASIS, INCLUDING RECORD KEEPING, RECORD RETENTION, REGULATORY COMPLIANCE WHERE APPLICABLE. COMMUNICATION, APPOINTMENTS AND REQUESTS MADE USUAL CALLS, TEXTS, EMAILS AND IN-PERSON INTERACTIONS.

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: **WE INTEND TO (INITIALLY) HIRE 6 DRIVERS AS THAT COINCIDES WITH PRELIMINARY CONTRACTS WE ALREADY HAVE MADE VERBAL AGREEMENTS,**

- 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.

(OR WITH ALLIANT)

IN TERMS OF DRUG & ALCOHOL POLICIES, WE WILL FOLLOW US DOT STANDARDS WITH INITIAL + RANDOM TESTING WE SHALL EMPLOY ONLY DRIVERS OVER THE AGE OF 21, NEGATING THE NEED TO UNDERSTAND OR COMPLY WITH 52 PA CODE § 29.503 (PART B). PER 52 PA CODE § 29.504 DRIVERS WILL BE PROHIBITED TO OPERATE A MOTOR VEHICLE UNTIL A 3-YEAR DRIVER HISTORY RECORD IS OBTAINED FROM EACH STATE IN WHICH AN OPERATORS LICENSE WAS HELD, WITH RENEWALS OCCURRING EVERY 12 MONTHS THEMSELVES. ALL RECORDS SHALL BE RETAINED FOR AT LEAST 2 YEARS. LIMOUSINES WILL NOT BE OWNED OR OPERATED NEGATING THE NEED FOR RESPONSE OR COMPLIANCE FOR SECTION (b). WE WILL EMPLOY AN ONLINE, THIRD PARTY TO EXECUTE ALL CHECKS IN REGARDS TO HISTORY, BACKGROUND AND DRIVER LICENSES, INCLUDING THE STATE POLICE, FOR CRIMINAL BACKGROUND CHECKS PER 52 CODE SS 29.505. CRIMINAL BACKGROUND CHECKS TO BE RETAINED FOR AT LEAST 3 YEARS, DRIVERS WILL BE DISQUALIFIED FOR ANY OF THE REASONS OUTLINED IN 29.505. ALL DRIVERS WILL BE ISSUED THE SAFETY FITNESS REVIEW AND ACKNOWLEDGE UNDERSTANDING RECEIPT VIA SIGNATURE, AND ONLINE EDT CLASSES.

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
2016	FORD	TRANSIT	15 PPL	1FBZK2ZM76KA2744	289000
2013	CHEVY	EXPRESS	15 PPL	1GAZG1F67D184553	287781
2019	CHEVY	EXPRESS	15 PPL	1GAZGFP9K1359272	190172
2016	CHEVY	EXPRESS	15 PPL	1GAZG6FF461253812	92676
2008	CHEVY	EXPRESS	15 PPL	1GAK639KX811D6376	266620
2005	CHEVY	EXPRESS	15 PPL	1GAK639U651227578	176000

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

* ALL TITLED & OWNED & REGISTERED TO PEACHEYS TRANSPORT SERVICES, LLC

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).

VEHICLE PREVENTATIVE MAINTENANCE TO BE PERFORMED (IN ADDITION TO SEMI-ANNUAL PA STATE-REQUIRED SAFETY INSPECTIONS) EVERY 5K MILES OR PER-FACTORY RECOMMENDED SERVICE INTERVALS (WHICHEVER COMES FIRST). WILL UTILIZE PRO-DEMAND AND/OR ALL-DATA IN THE EVENT OF MISSING OR INCOMPLETE DATA. SAFETY FITNESS REVIEW TO BE USED AS SAFETY PROBLEM - WILL BE ISSUED AND ASKED TO ACKNOWLEDGE AND CONFIRM RECEIPT VIA SIGNATURE, WILL ALSO USE ONLINE ELDT COURSES. PRE + POST TRIP INSPECTIONS TO BE PERFORMED.

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

ALREADY APPLIED AND RECEIVED INSURANCE. FIRST YEAR PAID AHEAD.
 KISH AGELY (PROGRESSIVE COMMERCIAL) LIABILITY - \$1,000,000
 PO BOX 579
 REEDSVILLE, PA 17084
 POLICY # 06347315
 \$9,000.00 1 YEAR

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)

(Date)

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
 As of (date) 2/3/26
 (Must be less than 6 months old)

ASSETS

Current Assets			
Cash			
Other Current Assets (specify) - <u>BANK ACCT</u>		<u>29279.83</u>	
Total Current Assets			
Tangible Assets			
Motor Vehicle Equipment		<u>50000.00</u>	
Property (buildings, land, etc.)			
Office Equipment			
	TOTAL ASSETS		<u><u>79279.83</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		<u>8000</u>	
Credit cards/revolving credit			
Other Liabilities (Attach schedule) <u>EQUITY DEFICIT</u>		<u>720.17</u>	
Total Current Liabilities			
Long Term Liabilities (Due after one year of date)			
Mortgage			
Long term commercial loan		<u>80000.-</u>	
Other Liabilities (Attach Schedule)			
Total Long-Term Liabilities			
	TOTAL LIABILITIES		<u><u>79279.83</u></u>



CHECKING ACCOUNT – XXXX0187 ▾

Transactions

■ Scheduled
 ⌚ Pending
 ● Posted

Date ▾	Description ↕	Amount ↕	Balance
Feb 06, 2026	INTUIT 23890510 TAX 260206 CCD 19872452	-948.21	29,279.83
Feb 06, 2026	INTUIT 83866429 PAYROLL 260206 CCD 19872452	-552.51	30,228.04
Feb 06, 2026	INTUIT 83866429 PAYROLL 260206 CCD 19872452	-174.72	30,780.55
Feb 06, 2026	INTUIT 83866429 PAYROLL 260206 CCD 19872452	-183.49	30,955.27
Feb 06, 2026	INTUIT 83866429 PAYROLL 260206 CCD 19872452	-561.30	31,138.76
Feb 06, 2026	INTUIT 83866429 PAYROLL 260206 CCD 19872452	-174.28	31,700.06
Feb 06, 2026	INTUIT 83866429 PAYROLL 260206 CCD 19872452	-655.32	31,874.34
Feb 06, 2026	INTUIT 83866429 PAYROLL 260206 CCD 19872452	-440.06	32,529.66
Feb 06, 2026	INTUIT 83866429 PAYROLL 260206 CCD 19872452	-607.50	32,969.72
Feb 06, 2026	INTUIT 83866429 PAYROLL 260206 CCD 19872452	-433.89	33,577.22
Feb 06, 2026	INTUIT 83866429 PAYROLL 260206 CCD 19872452	-262.58	34,011.11
Feb 05, 2026	CHECK NUMBER 103	-12,995.08	34,273.69
Feb 05, 2026	CHECK NUMBER 102	-11,040.00	47,268.77
Feb 05, 2026	CHECK NUMBER 106	-5,039.93	58,308.77
Feb 05, 2026	CHECK NUMBER 105	-1,900.00	63,348.70
Feb 05, 2026	CHECK NUMBER 104	-1,398.86	65,248.70
Feb 04, 2026	CHECK NUMBER 100	-2,400.00	66,647.56
Feb 04, 2026	CHECK NUMBER 93	-268.10	69,047.56
Feb 04, 2026	CHECK NUMBER 98	-134.82	69,315.66
Jan 30, 2026	CHECK NUMBER 99	-11,248.58	69,450.48
Jan 30, 2026	CHECK NUMBER 94	-185.50	80,699.06
Jan 29, 2026	DEPOSIT LOAN CENTER	80,000.00	80,884.56
Jan 29, 2026	WITHDRAWAL MILROY OFFICE	-11,248.58	884.56
Jan 29, 2026	DEPOSIT MILROY OFFICE	11,248.58	12,133.14

			Balance
●	Jan 29, 2026	DEPOSIT MILROY OFFICE	200.00 884.56
●	Jan 29, 2026	DEPOSIT MILROY OFFICE	284.00 684.56
●	Jan 28, 2026	CHECK NUMBER 95	-114.38 400.56
●	Jan 28, 2026	CHECK NUMBER 91	-92.54 514.94
●	Jan 26, 2026	CHECK NUMBER 92	-114.38 607.48
●	Jan 26, 2026	CHECK NUMBER 97	-24.50 721.86
●	Jan 26, 2026	CHECK NUMBER 96	-24.50 746.36
●	Jan 26, 2026	MAIN STREET CHKS CHECK CHGS 260123 PPD 035714580	-124.14 770.86
●	Jan 23, 2026	INTUIT INC ACCTVERIFY 260122 CCD	0.05 895.00
●	Jan 23, 2026	INTUIT INC ACCTVERIFY 260122 CCD	0.08 894.95
●	Jan 22, 2026	INTUIT INC ACCTVERIFY 260122 CCD	-0.13 894.87
●	Jan 22, 2026	DEPOSIT MILROY OFFICE	395.00 895.00
●	Jan 20, 2026	OPENING DEPOSIT	500.00 500.00

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