

Application for Transportation Network Service License

THIS APPLICATION IS TO BE USED WHEN PROVIDING TRANSPORTATION FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA USING A DIGITAL NETWORK TO FACILITATE PREARRANGED RIDES.

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

David J Conway

- 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)

Carriage Concierge Transportation Services ^(anc)

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. **Applicant is:**

- Sole Proprietor
- Partnership
- Limited Partnership (Provide list of partners and copy of Certificate of Limited Partnership)
- Limited Liability Partnership (Provide list of partners and copy of Statement of Registration)
- Limited Liability Company (Provide list of members and copy of Certificate of Organization)
- Corporation (Provide list of shareholders, distribution of shares, officers, and copy of Articles of Incorporation)
- Foreign Association not formed in PA (Provide copy of Foreign Registration Statement)

4. **Registration with the Department of State** - The applicant certifies that the TNC is registered with the Pennsylvania Department of State to do business in the Commonwealth. Please provide a copy of the TNC applicant's registration with this application.

See attached

DATE OF DEPOSIT

5. **Please check Applicant's PUC status:**

- Does not now, nor never has had PUC Authority
 Does not now, but has previously held PUC Authority at A- _____
 Holds current PUC Authority at A- _____

6. **Dual Motor Carrier** - Please indicate whether the Applicant is a call demand carrier.

- The Applicant WILL BE operating as a Dual Motor Carrier.
 The Applicant WILL NOT BE operating as a Dual Motor Carrier

7. **Mailing Address**

1511 Tamarack Road
Street Address
Waterford PA 16441 Erie
City, State and Zip Code County
814-602-7993 dkkj.conroy@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.

8. **Physical Address** (If different than mailing address. Do not use a post office box.)

Same
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**

9. **Website**

https://www.facebook.com/CarnageConcierge
Website Address

The applicant certifies that it will establish and maintain a website that complies with Chapter 26.

10. **Registered Agent**

Agent's Name

Street Address

City, State and Zip Code

County

Telephone Number

E-mail Address

11. **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.

12. **Affiliated Interests** – List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

None

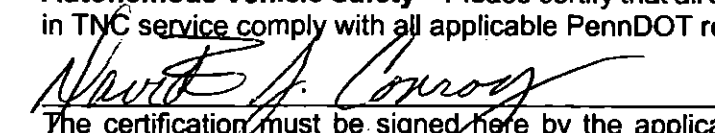
13. **General Description of Nature and Scope of Business** - Provide a general description of the nature and scope of the proposed TNC service to be offered, including the company's business model, the use of independent drivers or employee drivers, the use of driver-owned vehicles or company-owned vehicles, the names and roles of any affiliates involved in providing the service, and other relevant features of the proposed TNC service.

To transport persons in accordance with 66 Pa C.S. Chapter 26 in the City of Erie and Counties of Mercer and Summit. Currently, we are operating with one driver (owner). As business grows, the plan is to bring on independent drivers who

14. **Driver Standards** – Please explain: *See attached*
- a. Your standards for drivers;
 - b. Your system for ensuring compliance with criminal background and license check requirements;
 - c. Your driver training program;
 - d. Your policy regarding alcohol and drug use by your drivers;
 - e. How your policy or your written policy will ensure that drivers have the necessary insurance coverage;
 - f. How your policy or your written policy will ensure your drivers will continuously comply with all requirements under Chapter 26, including providing service to people with disabilities;
 - g. How your policy or your written policy will ensure your drivers will be informed of nondiscrimination policies.

15. **Vehicle Safety Program** – Please explain: *See attached*
- a. How your policy or your written policy will ensure that vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) and Chapter 26.
 - b. Plans for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage standards shall be replaced in a timely fashion.
 - c. How your policy or your written policy will ensure vehicles engaged in TNC service display their respective TNC placard in accordance with Chapter 26.

16. **Autonomous Vehicle Safety** – Please certify that all autonomous vehicles and their operation in TNC service comply with all applicable PennDOT regulations.



The certification must be signed here by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation)

17. **Customer Service Standards** – Please describe your customer service standards. Within your description, please explain:

- a. Your plan to inform customers of how to file complaints with the PUC;
- b. Your intended customer complaint resolution procedure.

18. **Insurance** – Describe steps you have taken to obtain liability insurance coverage for your business. Upon tentative approval of the application, you will be required to have an acceptable Form E certificate of insurance filed by the insurance carrier. Note: An acceptable Form E certificate may be filed at the time of filing the application.

See attached

19. **Financial Data** – You must submit documentation as evidence of your current financial position.

See attached

20. **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 License for failure to comply with Commission requirements. **TNC applicant certifies that it will comply with all of the requirements under Chapter 26.** (Act 164 of 2016)

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported annual gross Pennsylvania intrastate receipts derived from all fares charged to customers for the provision of TNC service. Applicant 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.

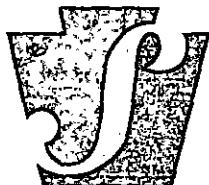
David J. Conroy
(Print Name)
David J. Conroy 2/21/26
(Signature) (Date)

The verification of the application must be completed by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation).

DATE OF DEPOSIT

FEB 21 2026

PA Public Utility Commission
Secretary's Bureau



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

November 5, 2025

Registered Agents Inc
502 W 7TH STREET
SUITE 100
ERIE, PA 16502

Entity Name: Carriage Concierge Transportation Services LLC
Entity File Date: November 5, 2025
Entity Number: 0014971560
Filing Type: Domestic Limited Liability Company

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for business taxes with the Department of Revenue and the Department of Labor and Industry. You may also visit www.Business.pa.gov to find resources for businesses through all stages of development.

Beginning in 2025, annual reports are required for all domestic filing entities, limited liability general partnerships and registered foreign associations. More information will be forthcoming from the Bureau. However, to ensure that you receive notice of how and when to make annual reports, keep all information on file with the Bureau up-to-date, particularly registered office address.

Driver Standards

All drivers providing services will:

Be 25 years of age or older

Possess a valid U.S. Driver's License

Maintain valid vehicle registration and inspection

Successfully complete required criminal background and driving record checks

Comply with all insurance requirements under Pennsylvania law

Successfully complete a driver's training program

Carriage Concierge Transportation Services LLC will have a zero tolerance policy for drug and alcohol usage.

All independent drivers will be required to participate in a Driver Training Program. We will utilize an online platform for drivers to complete required education. Examples are Drive Safe Online, which offers a certificate of completion that we can track and keep on file.

All independent drivers will be educated and required to provide documented proof of insurance. This will be communicated via written policy and collected prior to driving clients.

All policies will be in writing to include providing services on a nondiscriminatory basis in compliance with state and federal laws. This will include persons with disabilities. Independent drivers will be required to read policy in its entirety and sign acknowledgement at time of contract and annually thereafter.

Vehicle Safety Program

All vehicles will be serviced with an oil change at 3,000 miles. At this time, brakes, tires, fluids, and filters will be checked to make sure they are at acceptable levels. Documented service calls will be requested at time of service and kept on file.

Customer Service Standards

Customer service is extremely important to us. All drivers will be required to participate in either an online or in person customer service program. A rider's pamphlet will be available in all company utilized vehicles outlining the process to report a complaint. The customer complaint process will be to contact the Business Manager at specified number. The incident will be reviewed and the customer will receive follow up with resolution to their complaint.

Insurance

Vehicle insurance card is attached

[Back to Account Summary](#)

Account Overview

Account

Clearly Better... *0883

Available Balance: **\$11,000.00**

Paperless Settings: ^

Statements: [Enrolled](#)

[Transactions](#) [Account Details](#) [Account Services](#)

Account Type:	Clearly Better Business Checking	Routing Number:	036 076 150
Account Nickname:	Clearly Better Business Checking	Last Statement Balance:	\$11,000.00
Account Number:	*0883 Show	Last Statement Date:	01/31/2026

Company

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WATERFORD, PA 16441
UNITED STATES US

SHIP DATE: 21FEB26
ACTWGT: 0.25 LB
CAD: 6570002/RQSA2710

Part # 1502974239741055 EXP 11/26

TO SECRETARY PA PUBLIC UTILITY COMM.

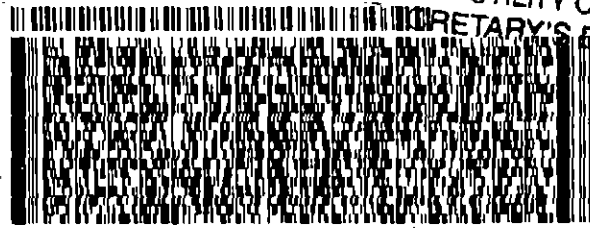
400 NORTH STREET
2ND FLOOR
HARRISBURG PA 17120

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REF PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



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** 2DAY **

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