

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

DATE OF DEPOSIT

MAR - 5 2026

PA Public Utility Commission  
Secretary's Bureau

## Application for Motor Common Carrier of Persons in Experimental Service

THIS APPLICATION IS TO BE USED WHEN PROVIDING A NEW, INNOVATIVE, OR EXPERIMENTAL TYPE OF TRANSPORTATION WHICH IS NOT CHARACTERIZED IN THE SCHEME OF CLASSIFICATION IN ACCORDANCE WITH 52 PA. CODE §29.13.

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

WILLIAM ANGER

- 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 Transportation" 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 Transportation" or "J. Doe Transportation" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** X **NO** **Previous Authority?** X **NO**

If YES, at PUC No. A- \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?** X **NO**

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number \_\_\_\_\_  
(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).

_____	_____
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

1211 RESACA PLACE Apt. 3  
Street Address

PITTSBURGH, PA 15212                      ALLEGHENY  
City, State and Zip Code                      County

940-867-8080                      BILLYANGER@HOTMAIL.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)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's 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, as well as the reason that the proposed service does not fall under other service types, such as taxi, limousine, paratransit, etc.  
(Use the space below or attach additional sheet if space provided is not sufficient).

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THE SERVICE AREA WOULD BE THE PITTSBURGH NORTH SHORE.  
THE BUSINESS WOULD BE PROVIDING TRANSPORTATION TO AND FROM  
PNC AND Acrisure STADIUM EVENTS. THE VEHICLES WOULD  
BE STREETLEGAL, TAGGED AND INSURED GOLF CARTS.

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*Example:*

- *To transport people who do not wish to drive under the influence, in their own vehicles, between points in the city of Reading, Berks 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 Experimental 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.

WILLIAM ANGER  
(Print Name)

William Anger FEBRUARY 24, 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).

**BUSINESS PLAN / 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.

WILLIAM ANGER

Legal Name of Applicant

Street Address (principal place of business)	Trade Name, if any	City or Municipality	State	Zip Code
1211 RESACA PLACE	APT. 3	PITTSBURGH	PA	15212

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.

WILLIAM ANGER IS THE OWNER PROVIDING ALL INFORMATION AND THE PERSON FILING THE APPLICATION.

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

WILLIAM ANGER WOULD BE THE OWNER, MANAGER AND OPERATOR OF THE BUSINESS. HE HAS NO OTHER AFFILIATIONS.

3. 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.

THE COMPANY HAS SECURED A GARAGE ON RESACA PLACE TO HOUSE VEHICLES, THE BUILDING IS ENCLOSED. THE COMMUNICATIONS WITH WORKERS IS DONE THROUGH TEXT AND CALLS. ALL VEHICLES WILL BE MAINTAINED IN COMPLIANCE WITH PENNSYLVANIA REQUIREMENTS. THE GARAGE HOUSES TOOLS AND EQUIPMENT TO ENSURE PROPER UPKEEP ON ALL VEHICLES. BUSINESS RECORDS ARE UPDATED DAILY, ALONG WITH ALL MAINTENANCE ISSUES. CUSTOMERS REQUEST COME IN PERSON AS SERVICES ARE HAILED. DISPATCHING VEHICLES WOULD COME THROUGH A CLOSED TWO-WAY COMMUNICATION SYSTEM, WHICH ALLOWS FOR CONSTANT INTERACTION.

4. 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:
- Your hiring standards for drivers;
  - Your system for conducting criminal background checks;
  - Your driver training program;
  - Your system for conducting driver license checks;
  - Your policies regarding alcohol and drug use by your drivers.

THE NUMBER OF DRIVERS WOULD BE SMALL, ONLY TWO OR THREE. THIS IS TO BE A SMALL CONVENIENCE OPERATION.

ALL DRIVERS WILL BE OVER 35, AND ACTIVELY EMPLOYED WITH OTHER JOBS. THIS IS TO BE ONLY A PART-TIME BUSINESS INTENDED TO SERVICE SPECIAL EVENTS ONLY.

ALL DRIVERS WILL UNDERGO A STANDARDIZED BACKGROUND CHECK TO ENSURE PUBLIC SAFETY.

DRIVERS WILL TRAIN APPROPRIATELY WITH THE OWNER / OPERATOR, WHO DID THIS BUSINESS IN ANOTHER STATE FOR 8 YEARS.

DLICENSE CHECKS WILL BE RUN THROUGH THE INSURANCE COMPANY. ALCOHOL AND DRUGS WILL NOT BE TOLERATED, AND TESTING WILL BE DONE RANDOMLY.

5. 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
25'	BOTERO	RANGER 6	6	EV-8E0678785	0
				D	
23'	STAR	CAPELLA	6	52RG31225P6017503	6,500
23'	STAR	CAPELLA	6	52RG31220P6017505	10,100

6. 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).

VEHICLES ARE REVIEWED DAILY - TIRE PRESSURE, SEAT BELTS, HORN, ETC.

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

THE OWNER, WILLIAM ANGER, RAN THIS BUSINESS IN TEXAS PRIOR TO MOVING BACK HOME TO PA. THE INSURANCE CARRIER HAS PROVIDED ASSURANCE THAT THE BUSINESS WILL BE ELIGIBLE FOR FULL COVERAGE.

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.

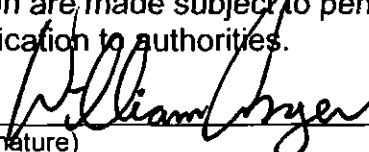
\_\_\_\_ YES      X NO

Page 7 of 9

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.

  
\_\_\_\_\_  
(Signature)

2-25-2026  
(Date)

WILLIAM ANGER OWNER, OPERATOR  
(Name and Title, printed or typed)

**Statement of Financial Position (Balance Sheet)**  
 As of (date) FEB. 25, 2026

ASSETS

Current Assets		
Cash	14,300	
Other Current Assets (specify)		
Total Current Assets		14,300
Tangible Assets		
Motor Vehicle Equipment	22,000	
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		36,300

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<del>14,300</del> 5,000	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	16,000	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		
TOTAL LIABILITIES		21,000

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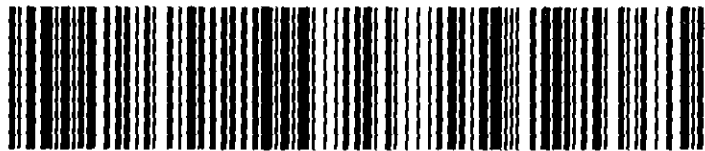
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FROM:

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APT. 3  
PITTSBURGH, PA 15212

RECEIVED

MAR - 9 2026

TO:

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

SECRETARY PA PUBLIC UTILITY  
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400 NORTH STREET  
2ND FLOOR  
HARRISBURG, PA 17120

Label 228, March 2016

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