

Application for Motor Common Carrier of Persons in Scheduled Route Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION IN WHICH THE VEHICLES DELIVERING THE SERVICE OPERATE ACCORDING TO SCHEDULES ALONG DESIGNATED ROUTES.

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

Miangels Hands 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 Transportation Services" 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 Services" or "J. Doe Transportation Services" 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

(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).

Sahnobiah Berry

6. Mailing Address

1012 North George St
Street Address
York, PA 17404 York
City, State and Zip Code County
717 542 9665 bsahnobiah2@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 than mailing address. Do not use a post office box.)

429 W. Market St
Street Address
York, PA 17401 York
City, State and Zip Code County
717 542 9665 bsahnobiah2@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 US DOT Number?

X 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).

Service is to transport AS a common carrier by motor vehicle, persons on schedule, beginning on interstate 83 from York county going South right before Maryland state line (York county) returning same route I 83 heading north on interstate 83 traveling towards and into Dauphin county. Also traveling to Lancaster county via Route 30 East + West.

Example:

To transport, as a common carrier, by motor vehicle, persons on schedule, beginning on State Route 88 at the point where said route begins in the Township of Union, Washington County, at the point adjacent to the border with the Township of Carroll, Washington County, thence via said route to the City of Pittsburgh, Allegheny County, and return over the same route, with the right to render shuttle service and through service.

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 Scheduled Route 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.

Sannobiah Berry
(Print Name)

Sannobiah Berry
(Signature) 3.6.2026
(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).

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.

Miangels Hands LLC
Legal Name of Applicant

Trade Name, If any
1012 North George St York PA 17404
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.

Sahnobiah Berry, owner, 429 W. Market Street, York PA 17401, 717-542-9665

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

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.

I have assisted with NEMT with patients in ~~pas~~ the past and currently still do. I plan on enrolling in Community Transportation Association of America.

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.

Small single office space located @ 429 W. Market St York, PA 17401, maintenance of vehicle will be recorded by Dodge Stetler, communication for driver (as an owner operator) will be cellular service. The physical location has a laptop + cell phone. location also has a 5 car garage where present vehicle is stored. All records will be stored in a locked filing cabinet. all data information will be stored on a private laptop with secured private internet. in regards to communication for transportation requests, those requests will be communicated via email/phone. All requests will be pre planned + pre approved prior to transport. at the time of application request their is only 1 driver, once company expands CB (citizens band radios) will be installed in vehicles.

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:

- 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.

1. looking for drivers with valid state drivers license
 - +3 years experience (driving)
 - must be at least 21 years old
 - US citizen + be legally authorized to work in U.S.
 - pass drug + alcohol screening
 - pass criminal background check

E. Zero Tolerance policy
 drivers are strictly prohibited from
 - Using illegal drugs
 - Consuming Alcohol while on duty
 - reporting to work under the influence of Alcohol or drugs
 - Possessing Alcohol or illegal drugs in a Company vehicle

3. Identity by Idemia
 - Community Transportation Association of America
 1. Samba Safety for Drivers license checks

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
2013	Dodge	Caravan	4	2C4RD6CG1D2717502	32,255

*Vehicles with seating capacity of less than seven passengers cannot be used for scheduled route 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).

a) Daily inspections, pre-trip and Post Trip inspections. Scheduled Inspections, Monthly safety checks, Manufacturer-recommended maintenance, Annual state inspections. Preventive Maintenance Program will be documented & recorded. Wheelchair Equipment Safety, Proper wheelchair securement procedures. Cleanliness & Infection Control. Accident & Injury Report. Safety Equipment Requirements. Driver Responsibility: Documentation.

b) PA STATE Inspection Compliance, Daily Driver Vehicle Inspection, Preventive Maintenance Program, Equipment Compliance Monitoring, Immediate Potty, Driver Training.

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums. Our company has taken several steps to ensure that we are able to obtain & maintain the insurance coverage required for NEMT operations. Consulted with Insurance Providers, Reviewed Coverage, Obtained Quotes, & Planned for Premium Cost.

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

2016 I pled guilty to Simple Assault which I paid a fine.

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.

Sahnobiah Berry
(Signature)

3.6.2026
(Date)

Sahnobiah Berry
(Name and Title, printed or typed)

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

ASSETS

Current Assets			
Cash		_____	
Other Current Assets (specify)		_____	
Total Current Assets			_____
Tangible Assets			
Motor Vehicle Equipment	\$13,000	_____	
Property (buildings, land, etc.)	400,000	_____	\$1,600
Office Equipment			\$1,600
	TOTAL ASSETS		\$419,600 414,600

LIABILITIES

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