

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

Peggy Myrtill _____ **RECEIVED**

MAR 20 2026

6. Mailing Address

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

815 Seymour St
Street Address
Lancaster, PA 17603 Lancaster
City, State and Zip Code County
203-428-5958 SureSteptransit@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.)

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)

N/A
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).

Following Counties
 Cumberland Adams
 Lancaster Lebanon
 Dauphin Berks
 York

Examples:

- To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.
- To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.

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.

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.

Peggy Myrtill
 (Print Name)

Peggy Myrtill
 (Signature)

3/19/26
 (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).

Statement of Financial Position (Balance Sheet)

As of (date) _____

(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	<u>5,000.00</u>	
Other Current Assets (specify)	<u> </u>	
Total Current Assets		<u> </u>
Tangible Assets		
Motor Vehicle Equipment	<u>Vehicles 25,000</u>	
Property (buildings, land, etc.)	<u> </u>	
Office Equipment	<u> </u>	
	TOTAL ASSETS	<u>25,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>4,000</u>	
Credit cards/revolving credit	<u>0</u>	
Other Liabilities (Attach schedule)	<u>4,000</u>	
Total Current Liabilities		<u>5,000</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>-</u>	
Long term commercial loan	<u>-</u>	
Other Liabilities (Attach Schedule)	<u>-</u>	
Total Long-Term Liabilities		<u>5,000</u>
	TOTAL LIABILITIES	<u>20,000</u>
		25,000