

## APPLICATION CHECKLIST

### Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at [www.puc.pa.gov](http://www.puc.pa.gov) ).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

**ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.**

**If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2<sup>ND</sup> FLOOR, HARRISBURG, PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps) on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

## General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
  - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
  - Transportation of people to correctional facilities for visitation.
  - Transportation of people in wheelchair and stretcher vans.

***\*Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at [www.nicinsurancefilings.com](http://www.nicinsurancefilings.com) . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- |                        |     |  |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).  |
|                        | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
|                        | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).   |

## 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)

ABOVE & BEYOND TRANSPORTATION SERVICES (ABT) LLC

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- 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)

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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-** \_\_\_\_\_

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** 0003578197

(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).**

Emmanuel Lebbie- Owner  
Hannah Lebbie- Parthner

6. **Mailing Address**

413 Mary St.  
Street Address  
Latrobe, PA, 15650 Westmoreland County  
City, State and Zip Code County  
(724) 237-5246 abovenbeyondtransport23@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)

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).

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To provide transportation on a nonexclusive advance reservation in Westmoreland County, specifically in the Latrobe, Greensburg, Jeanette, and Irwin areas.

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*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.

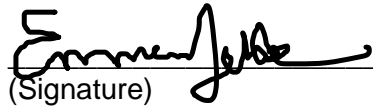
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure 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.

Emmanuel Lebbie  
\_\_\_\_\_  
(Print Name)

  
\_\_\_\_\_  
(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).

# 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.

ABOVE & BEYOND TRANSPORTATION SERVICES (ABT) LLC

Legal Name of Applicant			
None			
Trade Name, if any			
413 Mary st.	Latrobe	PA	15650
<b>Street Address (principal place of business)</b>	<b>City or Municipality</b>	<b>State</b>	<b>Zip Code</b>

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.

Verifier: Emmanuel Lebbie, owner,

413 Mary St. Latrobe pa 15650

412-999-7258

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

None. The applicant has no affiliation with any other carrier

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.

Emmanuel Lebbie is the owner of Above & Beyond Transportation Services (ABT) LLC. He has professional experience working in the social services and community support, which has given him extensive exposure to the transportation needs of vulnerable populations, including individuals experiencing homelessness and those requiring access to essential services. Through his leadership roles and community work, he has developed organizational, management, and client-service skills that support the safe and reliable operation of a transportation service.

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.

Above & Beyond Transportation Services (ABT) LLC operates from its principal place of business located at 413 Mary Street, Latrobe, Pennsylvania. Administrative operations, including scheduling, dispatching, and record keeping, will be conducted from this location using standard office equipment such as a computer, printer, and mobile phone. Vehicles used in the transportation service will be maintained through a routine preventative maintenance plan that includes regular oil changes, tire inspections, brake checks, and manufacturer-recommended servicing to ensure safety and reliability. Maintenance records for each vehicle will be documented and retained in accordance with Pennsylvania Public Utility Commission (PUC) requirements and general business record-keeping practices. Transportation requests will be received by phone and other digital communication methods, and dispatching will be coordinated by the business owner. Drivers will maintain continuous communication through mobile phones to receive assignments, provide updates, and ensure efficient coordination of pickups and drop-offs while maintaining reliable service for passengers.

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:
  - 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.

Above & Beyond Transportation Services (ABT) LLC initially intends to operate with one driver, the owner, with plans to hire additional drivers as service demand grows within the territory. This number is appropriate for the initial stage of the business and allows for careful oversight of operations and service quality. (a) Drivers hired by the company will be required to possess a valid Pennsylvania driver's license, maintain a clean driving record, demonstrate professionalism, reliability, and the ability to provide respectful service to all passengers. (b) The company will conduct criminal background checks on all prospective drivers in accordance with Pennsylvania regulations to ensure passenger safety and public trust. (c) Drivers will participate in a training program that includes passenger safety, defensive driving, customer service, and trauma-informed practices. This training will also incorporate emotional intelligence, emotional regulation, and the ability to read body language in order to appropriately respond to passengers who may be experiencing stress, trauma, or mobility challenges. (d) Driver licenses will be verified prior to employment and periodically reviewed to ensure continued compliance with Pennsylvania driving requirements. (e) Above & Beyond Transportation Services maintains a strict zero-tolerance policy regarding the use of alcohol or drugs while operating company vehicles, and drivers must be fit for duty at all times to ensure the safety of passengers and the public.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

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

I plan to begin operations with one vehicle, a minivan, a Toyota Sienna, with seating capacity for 7 passengers plus the driver. This vehicle size is appropriate for paratransit services because it allows safe and comfortable transportation while maintaining efficient operating costs. Starting with one vehicle will allow the business to provide reliable service to the communities within the service territory. As demand grows, additional vehicles will be added to the fleet to ensure timely and efficient transportation for passengers.

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).

The company will maintain a strong vehicle safety program to ensure the safety and reliability of all passengers. Each vehicle will follow a routine maintenance schedule that includes regular oil changes, tire inspections, brake checks, and general mechanical inspections in accordance with manufacturer recommendations. Vehicles will also undergo Pennsylvania state safety and emissions inspections as required. Drivers will perform a daily pre-trip and post-trip inspection to ensure that lights, brakes, tires, seatbelts, wheelchair securements (if applicable), and other safety equipment are functioning properly before transporting passengers. Maintenance records will be kept for each vehicle to document all inspections, repairs, and servicing. This system will ensure that all vehicles continuously comply with applicable Pennsylvania vehicle equipment standards under 67 Pa. Code Chapter 175 and provide safe and reliable transportation for all passengers.

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

We have taken proactive steps to determine my ability to obtain and afford the required commercial insurance. We contacted a licensed insurance agent and obtained a formal commercial auto insurance quote through Progressive/United Financial Casualty Company for the transportation business.

The quote provided an annual premium of approximately \$6,276, with a discounted paid-in-full option of \$5,210, as well as multiple monthly payment plan options.

This process allowed us to understand both the cost and structure of the required insurance coverage. Based on these quotes, we have evaluated our financial position and confirmed that we can reasonably plan for and manage the required insurance premiums as we launch and grow our services.

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

One member (Hannah Lebbie) of the applicant LLC has prior misdemeanor convictions from 2017 for retail theft and related offenses. These matters were resolved through negotiated guilty pleas, and all court requirements, including probation, were successfully completed. Since that time, the individual has maintained a clean record and has not had any additional criminal charges or convictions. The offenses occurred several years ago, and the individual has demonstrated responsible conduct and rehabilitation since that time. The applicant is committed to operating the transportation business in a professional, safe, and lawful manner and understands the responsibility involved in providing transportation services to the public.

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)  
Emmanuel Lebbie

(Name and Title, printed or typed)

(Date)

