

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)

Guan Get, 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" 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?** **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** 0014980960
(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).**

<u>Curtis McCoy</u>	<u>President</u>
<u>Tracey Thomas</u>	<u>Vice President</u>
<u>Markea Kirby</u>	<u>Secretary</u>
<u>Le Aira McCoy</u>	<u>Treasurer</u>

6. **Mailing Address**

P. O. Box 4690
Street Address

Pittsburgh, Pa. 15206 Allegheny
City, State and Zip Code County

412-863-6400 GuanGet1@outlook.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.)

1212 Pirl Street
Street Address

McKeesport, Pa. 15132 Allegheny
City, State and Zip Code County

412-863-6400 GuanGet1@outlook.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)

Brad Sommer 412-471-1266
Attorney's Name & Telephone Number for this Filing

6 Market Square Pittsburgh, Pa. 15222
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 x 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).

The proposed area of service is in the city of Pittsburgh, Pa. A thirty mile radius from the county courthouse downtown. OUR companies aim is to attract potential rideshare drivers- who feel thertened by the enevitable driverless transportation services. Our promiss is to always use people to drive. thereby keeping people working. We are not exclusive transportation company. We are the all include transportation company.

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.

Curtis B. McCoy

(Print Name)

Curtis B. McCoy
(Signature)

03/20/2026
(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).

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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.

Curtis B. McCoy

Legal Name of Applicant

Guan Get, LLC

Trade Name, if any

1212 Pirl Street

McKeesport, Pa. 15132

Street Address (principal place of business)	City or Municipality	State	Zip Code
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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.

Curtis McCoy the company president of Guan Get is a 40 year veteran of the taxicab/and r redeshare industry His plan and vision is to fill the urgent void that exist in this industry. That is the total disregard for people such as people on fix incomes, such as people on welfare, or the elderly. and people who do not have a debit card etc.. We will accept cash and credit alike. We will be concentrating on presurving job and not eliminating jobs with AI and driverless vehicles. Especially at a time when the purchasing power of everyones money has decreased by fifty percent. Our promise is to now and always employ humans.

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

The applicant has no affiliation with any transportation presently. But he has driven in the transportation industry for well over 40 years. Which makes him a expert in this field.

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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.

T

The companies physical address will be a home business. The address is 1212 Pirl Street-Mckeesport, Pa. There will be physical records as well as scanned to the cloud. We will be usin a company by the name of Ring Central for our communications. This company will afford me to control the business from anywhere in the world. All of my dispatchers can work from home also if it is nessasary. Being that all of our potential drivers will be usin their own vehicles, there will be no need for storage. Our home office will have computers and phones. That's it! The ring central network is secure we will be able to receive calls for trips from our ridership by phone. And dispatching the trips to our drivers privately. And the drivers will be able to responed to the dispatcher securely. Once a driver responds to a trip, the passenger will be notified via text. Therefore, no ones private information will be required, such as debit info etc. So no ones info can be hacked.

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:
 - 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.

WE plan to advertise and attract at least 40 drivers to start. Thease potential drivers will be thourghly veted with our formal application process. This will include drug and alcohol screening, as well as criminal background checks. Background checks will be done by an outside company. Of coures our innitial applicat will incloude valid license, owners card, insurance, inspection etc...

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. Once my company has attracted 20-30 drivers. We will be more than able to supply service efficiently.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2009	Ford	Edge	5	2FMDK48C97BA90	150,000
2012	Mitsubishi	Outlander	5	4A4AR3AU8FE132809	160,000

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).

My company will require all drivers have valid state in addition to have a certified mechanic confirm that their vehicle is mechanically sound.

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

I have researched and found that there are numerous rideshare insurance companies out there. Hugo is just one that I've used. But there are many others. I did not like the Hugo setup.

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.

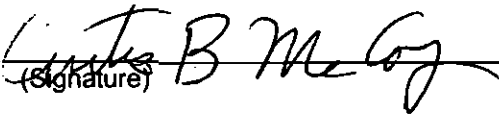
_____ YES _____ NO x

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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)

4/20/2026
(Date)

Curtis B. McCoy President
(Name and Title, printed or typed)

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Statement of Financial Position (Balance Sheet)
As of (date) 04/30/2026

ASSETS

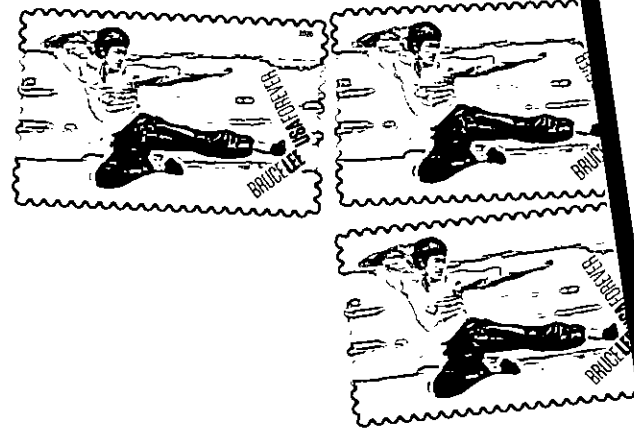
Current Assets		
Cash	\$10,000.00	
Other Current Assets (specify)	\$20,000.00	
Total Current Assets		\$60,000.00
Tangible Assets		
Motor Vehicle Equipment	20,000.00	
Property (buildings, land, etc.)	\$10,000.00	
Office Equipment	\$10,000.00	
	TOTAL ASSETS	_____

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$3,000.00	
Credit cards/revolving credit	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		\$3,000.00
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		\$3,000.00
	TOTAL LIABILITIES	_____
		\$3,000.00

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FUANG ET, LLC
P.O. Box 4690
Pittsburgh, PA. 15206



SECRETARY PA Public Utility Commission
400 North STREET - 2nd Floor
HARRISBURG, PA. 17120