

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)

Pride Transportation Service 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)

N/A

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- 6427568

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 13987023
(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).

Terris Bailey Sole member 724-415-8309 cell

6. Mailing Address

908 Chestnut St Street Address

Hiller PA 15444 City, State and Zip Code Fayette County

724-320-7511 Telephone Number

pride transport @ pride transportation.org 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.)

same 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?

[check] 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).

We want to add counties to our paratransit authority. We currently service Allegheny, Westmoreland, Fayette and Washington. We transport people in wheelchair and stretcher vans to and from point A to B and back.

Please add the following counties to our authority: Somerset, Greene, Cambria, Indiana, Armstrong, Butler, Beaver, Lawrence, Clearfield, Jefferson, Clarion, Venango, Mercer, Cameron, Elk, Forest, McKean, Warren, Crawford, Erie

We want to be able to do round trips to all these counties

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.

Terri Jean Bailey
(Print Name)

Terri Jean Bailey (Signature) 5-11-26 (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).

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.

Pride Transportation Service LLC
Legal Name of Applicant

Trade Name, if any

908 Chestnut St Hiller PA 15444
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.

Terrri Bailey - Sole member Cell 724-415-8309
908 Chestnut St Hiller, PA 15444
724-320-7511

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

Owner has no affiliation with another 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.

I drive a school van for allergy children. I have been driving the school van for 11 years and 8 months. I've also driven wheelchair vans for a student in a wheelchair.

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.

Family Based Business out of home. Split level home with a finished basement for the office and an attached 2 car garage. Monthly Maintenance with a certified mechanic. Daily Checks via oil check, washer fluid and light checks. Computer printer and filing cabinet paper work. cellular Phone and rapid radio. Receive customer request via company email. Dispatched via Route Genie Software System. Secured Filing Cabinet. Office Computers. Rapid Radio. Cellular Devices.

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.

Currently have 8 employees

Pride transportation Service LLC will be using epatch.pa.gov for Criminal background checks. Background checks will be completed upon hire and then henceforth completed every 2 years on or before employees anniversary hire date. Potential applicants that have within the past 10 years; Driving under the influence, felony of theft, felony of fraud, felony of any controlled substance abuse charge, Motor vehicle Felony, Burglary or robbery will not be eligible for hire. Any New applicant with any Sexual offence charge, Crime of violence And or act of terror will not be eligible for hire. Also all employees are required to have and to keep up to date Child Abuse clearance act 33 and FBI Fingerprint clearance act 73. Drivers Records Check will be conducted upon hire and checked yearly upon or before Anniversary hire date. All employees will have a file with their most recent criminal background check and drivers check along with a copy of their license located in a locked file within the company office. If A potential Employee were to fail a drug test before hiring they will not be eligible for hire. If a current employee fails a drug test they have the right to contest the result and request a confirmation test. If both tests are positive the current employee will be terminated. If the confirmation test was negative the employee will be set on ride along probation for a 6 month period with random drug testing. Drug test upon hiring and random drug testing. No DUI History within the past 10 years. 2 week ride along with owner and operator. 25 year or older. Pass physical. Pass driver license check. Pass back round check. Pass drug test. Files Kept in a secure cabinet.

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>
2023	Chrysler	Voyager	5	2C4RCG6PR582635	99256
2019	Dodge	Caravan	4	2C4RDGEG1KR660535	98391
2016	Dodge	Caravan	5	2CHRDGBG6GR140276	57166
2014	Ford	Ecolline	4	1FTSS3EL9EDA12283	21078

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

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).

Daily maintainece check I.E Fluid, Lights both inerior and exterior. Daily call in after chekcs are done. Monthly maintince checks with a certified mechanic.

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

Currently Insured through Riverton Ins. To meet PUC Standards. Broker is Wendy at Rittenhouse Insurance Agency. (724) 438-1700. Workers Comp through State Department of labor. Agent Kimberly Albino. (570) 614-0334

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 x NO

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.

Terri Bailey
 (Signature)
Terri Bailey
 (Name and Title, printed or typed)

5-11-26
 (Date)

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

ASSETS

Current Assets		
Cash	18792.36	
Other Current Assets (specify)	_____	
Total Current Assets		18792.36
Tangible Assets		
Motor Vehicle Equipment	2135.00	
Property (buildings, land, etc.)	Vehicles	136359.00
Office Equipment		6652.00
TOTAL ASSETS		_____

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	43000.00	
Credit cards/revolving credit	500.00	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		43500.00
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		_____
TOTAL LIABILITIES		_____

amendments thereto, are to be filed with the Commission as executed to become effective on one day's notice.

SCHEDULE OF RATES
(Per Person)

Flat Rates – For all loaded miles from the point of pickup to point of drop-off (one way)

Standard Hours: 7:00 AM to 7:00 PM
Wheelchair Van: \$100.00

Evening Hours: 7:01 PM to 6:59 AM
Wheelchair Van: \$150.00

Holidays: 12:01 AM to 11:59 PM
Wheelchair Van: \$150.00

Mileage rate: \$3.50 per mile, or any fraction thereof, applies in addition to the Flat Rate stated above on all loaded miles.

Evening Mileage Rate: \$4.50 per mile, or any fraction thereof, applies in addition to the Flat Rate stated above on all loaded miles

Waiting Time At Origin: After the first twenty (30) minutes of free time the passenger will be charged at the rate of \$25.00 for every fifteen (30) minute increment, or any fraction thereof.

Waiting Time During Trip: If the driver is requested to wait for a customer at the destination or during a trip, there will be an additional waiting time charge of \$5.00 for every fifteen (15) minute increment, or any fraction thereof.



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
E: RA-CORPS@pa.gov
dos.pa.gov/BusinessCharities

May 11, 2026

Pride Transportation Service, LLC
908 CHESTNUT ST
HILLER, PA 15444-9729

Entity Name: Pride Transportation Service, LLC
Amendment Date: May 11, 2026
Amendment Number: 0015460774
Amendment Type: Annual Report

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

As of 2025, annual reports are required for all domestic filing entities, limited liability general partnerships, and registered foreign associations. With the first year now complete, this requirement will continue on an annual basis. To ensure that you receive notice about future reporting deadlines and procedures, keep all information on file with the Bureau up-to-date, particularly the registered office address.



0015460774



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
ANNUAL REPORT
 Fee: \$7

Pennsylvania Department of State

-FILED-

Amendment #: 0015460774
 Date Filed: 5/11/2026

B1057-1432 05/11/2026 12:53 PM Received by Pennsylvania Department of State

In compliance with the requirements of [15 Pa.C.S. § 146](#) (relating to annual report), the undersigned domestic or foreign association hereby states that:

Record Information

File number 0013987023
 Business name Pride Transportation Service, LLC
 Jurisdiction of formation PENNSYLVANIA
 Filing type Domestic Limited Liability Company
 Filing subtype Limited Liability Company

Current Registered Office or Commercial Registered Office Provider

Address 908 CHESTNUT ST
 HILLER, PA 15444-9729
 FAYETTE

Principal Office

Address 908 CHESTNUT ST
 HILLER, PA 15444-9729

Governor(s)

The name of at least one governor to this association.

Name of individual or entity

Roy Castor
 Chadd Maund
 Terri J Bailey

Principal Officer(s)

The names and titles of the persons who are its principal officers, if any, as determined by its governors

Name of individual or organization	Position	Other Position
<input checked="" type="checkbox"/> Terri J Bailey	President	

Electronic Signature

IN TESTIMONY WHEREOF, the association has caused this Annual Report to be signed by a duly-authorized representative

President

Terri J Bailey

05/11/2026

Signer's Capacity

Sign Here

Date



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PO Box 8722 | Harrisburg, PA 17105-8722
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dos.pa.gov/BusinessCharities

Receipt Date: 05/11/2026
Receipt No.: 2773667

Receipt Detail

Receipt Item	Description	Check/Ref#	Amount
Annual Report	Pride Transportation Service, LLC - 13987023	15460774	-\$7.00
Payment - Web Credit Card		8edc1850-f1ac-4e	\$7.00

Balance: **\$0.00**