

April 5, 2026

Secretary PA Public Utility Commission  
400 North Street  
Harrisburg, PA 17120

Amendment to Original Application

**Docket: A-2026-3061159**

**DATE OF DEPOSIT**

**APR - 8 2026**

PA Public Utility Commission  
Secretary's Bureau

Please find attached a taxi application to be filed under docket # A-2026-3061159. This is to be considered an amendment and I am requesting that the \$350.00 fee that is sitting with this docket be switched over to the attached taxi application. I have been corresponding with Tatjana Roth and have attached our correspondence as documentation for the change. I am looking to obtain a PA-PUC number in order to transport, as a common carrier, by motor vehicle, persons upon call or demand, from points in Erie County, to points in Pennsylvania, and return. Please process attached application.

Thank you for your attention to this matter, and I look forward to your response.

Sincerely,



David J. Conroy  
dkkj.conroy@yahoo.com  
(814) 602-7993

## APPLICATION CHECKLIST

### Motor Common Carrier of Persons upon Call or Demand Taxi 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. If you are seeking to provide service within the City and County of Philadelphia, you must apply to the Philadelphia Parking Authority.

- The original Application with original signatures (unless eFiled with the Commission's online eFiling system at [www.puc.pa.gov](http://www.puc.pa.gov) )
- Applicant's Verified Statement.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania;" *transfer - Amendment Docket: A-2026-3061159*
- 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, 2ND 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 Preparing and Filing the Application for Motor Common Carrier of Persons upon Call or Demand (Taxi Service).

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing local transportation on either an exclusive or a nonexclusive basis, where the service is characterized by the fact that passengers normally hire the vehicle and its driver either by telephone call or by hail, or both. **Applicants seeking to provide service between points within the City and County of Philadelphia, must apply to the Philadelphia Parking Authority by calling 215-683-9434 or the website at [www.philapark.org](http://www.philapark.org)**
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).

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

Amendment to original  
Application  
A-2026-3061159

## Application for Motor Common Carrier of Persons upon Call or Demand (Taxi Service)

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE PROVIDING LOCAL TRANSPORTATION ON EITHER EXCLUSIVE OR NONEXCLUSIVE BASIS, AND SERVICE IS CHARACTERIZED BY PASSENGERS HIRING THE VEHICLE AND ITS DRIVER EITHER BY TELEPHONE CALL OR BY HAIL, OR BOTH. **THIS APPLICATION CANNOT BE USED TO APPLY FOR TAXI SERVICE WITHIN THE CITY AND COUNTY OF PHILADELPHIA.**

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

David John Conroy

- 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 Trucking" 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 Trucking" or "J. Doe Trucking" 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).

_____	_____
_____	_____
_____	_____

6. Mailing Address

11511 Tamarack Drive  
Street Address

Watersford PA 16441  
City, State and Zip Code

Eric  
County

814-602-7993  
Telephone Number

d.k.k.j.conroy@yahoo.com  
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 from Mailing Address)

Same as mailing  
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 transport, as a common carrier, by motor vehicle persons upon call or demand from points in Erie County, to points in Pennsylvania, and return.

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*Examples:*

- *To transport people upon call or demand in the city of Reading, Berks County.*
- *To transport people upon call or demand in Spring Township, Centre 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 upon Call and Demand (Taxi 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.

David Conway  
(Print Name)

David Conway 4/6/26  
(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).

Revised 7/17/17

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PA Public Utility Commission  
Secretary's Bureau

## 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.

David John Conroy

Legal Name of Applicant

Trade Name, if any

11511 Tamarack Road

Street Address (principal place of business)

Winterford

City or Municipality

PA

State

110441

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.

N/A.

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.

25 years Pharmaceutical Sales experience

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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.

Home office @ home address

Will have rides text, email, call, Facebook scheduling or Square App.

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.

Unknown - dependent on growth of business  
 - projected 50K in first year gross

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. (Taxicabs may not be used if the vehicle's age is greater than ten model years, or the vehicle mileage is greater than \$350,000.)

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2023	Mitsubishi	Outlander	5	NBXS4S2	39,1655

\*Vehicles with seating capacity of more than eight passengers including the driver cannot be used for taxi 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).
  - c. Your system for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage requirements shall be replaced in a timely fashion.

- 3,000 mile oil changes
- Reports on potential repair issues - each service
- Brake and tire checks on each service call
- Fluids & filters on each service call

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

Obtained Commercial Liability Insurance

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

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.

*Navee Corroy*  
(Signature)

\_\_\_\_\_  
(Name and Title, printed or typed)

4/6/26  
(Date)

DATE OF DEPOSIT

**Statement of Financial Position (Balance Sheet)**  
 As of (date) April 8, 2026  
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$ 11,000	(See attached)
Other Current Assets (specify)		\$ 11,000
Total Current Assets		<u>11,000</u>
Tangible Assets		
Motor Vehicle Equipment	<del>0</del>	
Property (buildings, land, etc.)	<del>0</del>	
Office Equipment	<del>0</del>	
TOTAL ASSETS		<u>\$ 11,000</u>

LIABILITIES

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

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PA Public Utility Commission  
 Secretary's Bureau

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# Account Overview

## Account


Clearly Better... 0083 

Available Balance:  \$11,000.00

### ▼ Paperless Settings: ^

Statements: [Enrolled](#)

[Transactions](#)   [Account Details](#)   [Account Services](#)

 Filter

Export  

November 20, 2025

**From Checking 6311005607**  
Online Transfer

**+\$10,000.00**  
\$11,000.00

November 18, 2025

**Dda Deposit**  
Deposit

**+\$1,000.00**  
\$1,000.00

Show More

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Secretary's Bureau

## Disclosures

[Online Terms and Conditions](#)

[Member FDIC](#)

[Electronic Notice Disclosure and Consent](#)

[Equal Housing Lender](#)

[Account Documents](#)

[Security, Privacy and Legal](#)

Zelle and the Zelle related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

<sup>1</sup>Based on Gusto customer count as of Oct. 2025.

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**NOT FDIC INSURED • NOT BANK GUARANTEED • MAY LOSE VALUE • NOT A DEPOSIT • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY**

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**PENNSYLVANIA VEHICLE REGISTRATION**

**PLEASE SIGN YOUR CREDENTIAL** - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is used.

**PENNSYLVANIA'S LITTERING LAWS** - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision.

Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, you may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

**PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP**

**DATE OF DEPOSIT**

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**PA Public Utility Commission  
Secretary's Bureau**

Detach Here

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

**EXPIRY:** Jan 31, 2027    **VALID:** Feb 26, 2026

**PLATE:** NBX545Z  
**TITLE:** 86109562102 CD  
**VIN:** JA4Y5VA94PZ026951  
**YR/MAKE:** 2023 / MITSUBISHI  
**TYPE:** SW  
**WID:** 26057 3410 047304 001

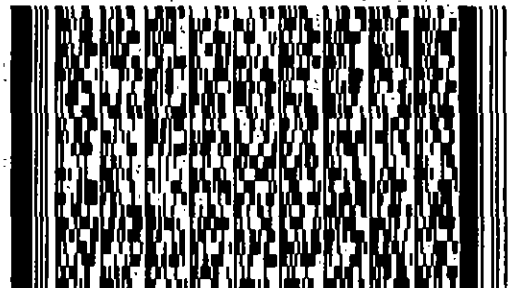
EMISSION INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT COUNTY : ERIE

**KIMBERLY JOANNE CONROY  
DAVID JOHN CONROY  
11511 TAMARACK RD  
WATERFORD PA 16441-3861**

Detach Here

*Kimberly Joanne Conroy*  
*David John Conroy*  
**SIGNATURE**

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.





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**Fw: your TNC application at A-2026-3061159 David J Conroy**

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David Conroy <carriageconciierge@yahoo.com>

Tue, Mar 24, 2026 at 12:44  
PM

Reply-To: David Conroy <carriageconciierge@yahoo.com>

To: "livras415@gmail.com" <livras415@gmail.com>

Yahoo Mail: Search, Organize, Conquer

----- Forwarded Message -----

**From:** "Roth, Tatjana" <laroth@pa.gov>

**To:** "David Conroy" <carriageconciierge@yahoo.com>

**Sent:** Tue, Mar 24, 2026 at 12:07 PM

**Subject:** RE: [External] Re: your TNC application at A-2026-3061159 David J Conroy

At this point, I feel that the best route to go will be to file a taxi application under docket A-2026-3061159. It would be named "amendment to original application".

Look at your car registration and enter on line 1 of our application the name or names that appear on that registration. Check with your insurance company if your policy and therewith the Form E that we need on file from them will match the name/names of line 1 of our application. Again, this all needs to match exactly. If your trade name does not cause any issues with insurance and registration, use it and add it to line 2 of the application.

We will use the \$350 payment for your TNC application and apply it to that new taxi application you will be sending. Be sure you send it under docket A-2026-3061159 because that is where that payment sits. Otherwise, you will be charged again.

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