

Application for Motor Common Carrier of Persons in Limousine Service

This application is required to operate as a common carrier of persons in luxury vehicles seating no more than 10 when providing transportation between points in Pennsylvania. Applicants providing service between points in the city and county of Philadelphia or from any airport, railroad station or hotel located in whole or in part in Philadelphia, must apply to the Philadelphia Parking Authority. Contact PPA at (215) 683-9434 or the website at www.philapark.org

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

Rooted Transportation Services, LLC

Members:

Rooted Management Services, 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 Limo Service" 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 Limo Service" or "J. Doe Limo Service" 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 41-4735923

(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).**

Rooted Management Services LLC

and its members:

Raymond Boyer, Principal

Cody Boyer, Principal

Matthew Borders, Principal

Gabe Perlow, Principal

6. **Mailing Address**

2920 New Beaver Avenue

Street Address

Pittsburgh, PA 15233

Allegheny

City, State and Zip Code

County

412-427-8435

ray@rootedms.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 from Mailing Address. Do not use a PO Box)

Same as mailing address.

Street Address

Same as mailing address

City, State and Zip Code

Same as mailing address

Same as mailing address

Telephone Number

E-mail Address

The address entered here should be 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 **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney (if applicable)**

N/A

Attorney's Name & Telephone Number for this Filing

N/A

N/A

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?**

X 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).

To transport people between points in the counties of Allegheny, Butler, Westmoreland, Washington and Beaver, and return.

Examples:

- *To transport people from points in Berks County to points in PA, and return.*
- *To transport people between points in the counties of Chester, Delaware, and Montgomery.*

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 limousine 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.

Raymond Boyer

Principal

(Print Name)

(Position)

(Signature)



05/21/2026

(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).

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.

Raymond Boyer

Legal Name of Applicant

Rooted Transportation Services LLC

Trade Name, if any

2920 New Beaver Avenue, Pittsburgh, PA 15233

Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

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.

Raymond Boyer, Principal
2920 New Beaver Avenue., Pittsburgh, PA 15233
412-427-8435

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

No Affiliation

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.

This company hired a professional driver with over two years of limousine experience transporting customers in Allegheny, Westmoreland, Washington and Beaver counties.

The Company Principals run its own product transportation vehicles for its other Company Business not affiliated with Rooted Transportation Services, LLC. The same routes as transportation routes.

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.

The facility at 2920 New Beaver Avenue is approximately 160,000 sf with garage facilities, which include ample office space, parking and garage for vehicles. This office has full-time staffing, computing, phone services and internet, copy machines and computers to run the limousine business. The dispatchers will be located at the facility.

Records will be maintained using current software applications that meet and comply with the standards of the PUC. Vehicle safety inspection and maintenance records will be kept with the dealer where the vehicles are purchased, as well as electronically and in files at the Company's facility. This includes normal business records as well, including accounting records maintained by the Company Controller.

Customers will be able to phone, text or email their need for transportation directly to the office. Most customer acquisitions will be either through social media or word of mouth. Dispatches and continuous contact with the drivers will be done by a dispatcher / office administrator using cell phones for both texting and voice communications, and GPS or similar 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:
 - 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.

Initially the service will only require one to two drivers as we are a startup operation with a minimal clientele. The territory will primarily be in the southwest Pennsylvania area.

- a. Drivers will be interviewed and hired based on prior experience and aptitude for the work, and assessment to meet the Standard Operating Procedure (attached), and Mission, Vision and Values of the Company

b. Drivers will require a criminal background check using the Pennsylvania State Police and alcohol and drug testing prior to making an offer. Drivers will be subject to random alcohol and drug screening.

c. Drivers will be trained to understand the features of the vehicles by an experienced operator with a documented standard operating procedures. The SOP focuses on safety, federal regulations, and vehicle-specific operations to meet Pennsylvania safety requirements. Key training elements include DOT compliance seminars, drug/alcohol testing protocols, emergency procedures, and customer service expectations. Outside training and DOT compliance help will be offered as appropriate.

d. We will utilize the PennDot online Individual Driver Record service.

e. Drivers will not be allowed to have any DUI offenses and must periodically pass alcohol and drug testing to remain employed, and are subject to random alcohol and drug testing.

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. (Vehicles in limousine service may not be used if the vehicle mileage is greater than 350,000.)

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2026	Cadillac	Escalade	7	1GYS9RKL3TR206160	7236

*Vehicles with seating capacity of more than ten passengers cannot be used for limousine 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 mileage requirement shall be replaced in a timely fashion.
- a. Vehicles will follow recommended manufacturers' maintenance schedule
 - b. The vehicle will be State inspected annually at a certified inspection station
 - c. A new and comparable vehicle will be purchased prior to vehicles reaching the mileage required replacement, and will be monitored by the Company's office manager.

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

Current insurance carrier for the company will provide the proper insurance. The premium for the additional coverage will be added to existing premium for payment.

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.

Attached is Rooted Management Services, LLC balance sheet and a 2 year pro forma income statement, Rooted Management Services, LLC is providing the working capital to operate, Greg Westhead, a Rooted Management Services, LLC employee will manage the operations, Ray Boyer, a principal personally guaranteed the loan for the vehicle.

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)  _____
(Date) 05/21/2026

Raymond Boyer, Principal

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
 As of (date) 4/30/2024
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	<u>200,000</u>	
Other Current Assets (specify)	<u>650,000</u>	
Total Current Assets		<u>850,000</u>
Tangible Assets		
Motor Vehicle Equipment	<u>240,000</u>	
Property (buildings, land, etc.)	<u>0</u>	
Office Equipment		<u>4,000</u>
	TOTAL ASSETS	<u>1,100,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>160,000 0</u>	
Credit cards/revolving credit	<u>20,000</u>	
Other Liabilities (Attach schedule)	<u>0</u>	
Total Current Liabilities		<u>20,000</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>0</u>	
Long term commercial loan	<u>160,000</u>	
Other Liabilities (Attach Schedule)	<u>0</u>	
Total Long-Term Liabilities		<u>160,000</u>
	TOTAL LIABILITIES	<u>180,000</u>