

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)

SecuRIDE Transportation 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?** ___ Yes **Previous Authority?** ___ NO

If YES, at PUC No. A- 2026-3059834

4. **Are you a business entity registered with the PA Dept. of State?** ___ Yes

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 0015007562

(See checklist and indicate type of business entity registered)

9. **Does the applicant have a USDOT Number?**

Applicant previously obtained USDOT Number 4512138 under the mistaken belief that it was required for the proposed operation. Upon learning that the authority was not required, Applicant filed Form MSC-150 to deactivate the USDOT registration.

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).
-

See attached sheet.

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.

10. **Describe the service area proposed by this application.**

SecuRIDE Transportation is a non-emergency, non-medical, non-exclusive transportation service operating on advance reservation basis.

Applicant currently holds PUC authority to transport passengers from points in the counties of Allegheny, Clarion, Venango, and Westmoreland, to points in Pennsylvania and return.


Applicant seeks authority to transport persons in paratransit service from points in the counties of Mercer, Lawrence, Butler, Jefferson, Armstrong, Washington, Fayette, Beaver, Indiana, Somerset, Clearfield, Blair, Cambria, Centre, Elk, Huntingdon, Crawford, Erie, Warren, Bedford, to points in Pennsylvania and return.

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.

____ John P. Burke - Managing Member _____
(Print Name)

 _____ 06/08/2026 _____
(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.

SecuRIDE Transportation LLC

Legal Name of Applicant			
N/A			
Trade Name, if any			
139 Burke Rd	Emlenton	PA	16373
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.

John P Burke, Managing Member, SecuRIDE Transportation LLC,
139 Burke Rd, Emlenton, PA 16373,
814-730-8834

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

None

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 have over three years and 9 months of direct experience operating non-emergency passenger transportation services. I am responsible for coordination of passenger pickups and drop-offs, vehicle maintenance oversight and regulatory compliance. I possess extensive knowledge of Pennsylvania transportation, mental health and safety regulations. My professional background includes 24 years with the Pennsylvania State Police (retired Corporal), service as a Motor Carrier Safety Assistance Program Inspector, Chief of Police at the University of Pittsburgh-Titusville and Supervisor of Police and Security at UPMC Northwest Hospital.

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.

See attached sheet.

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.

See attached sheet.

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>
2018	Ford	Taurus	5	1FAHP2MK2JF135145	140,243
2017	Ford	Explorer	5	1FM5K8AROHGA36880	128,282
2014	Ford	Explorer	5	1FM5K8AR3EGC61211	101,980

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit 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 request for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

The principle place of business is located at 139 Burke Road, Emlenton, Pennsylvania, which is listed on this application and serves as the administrative headquarters for SecuRIDE Transportation LLC. This location contains dedicated office space for dispatching, recordkeeping and business administration. The location has a garage and administrative office. The administrative office has a computer, printer, scanner and filing cabinets. All transportation records, maintenance records are kept in hard copy and stored digitally. All billing and financial records are maintained on a software accounting program. The garage is used to do routine maintenance, secure, and store vehicles when not in use. All business communication for customer requests are received via telephone and electronic communication. Dispatching of drivers are conducted through mobile phones. GPS tracking systems are used to allow for real-time location monitoring and efficient dispatching.

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.**

The business was launched with the two business owners with main office in Venango County and now intends to operate using satellite locations. The requested expansion will allow SecuRIDE Transportation LLC to provide consistent transportation services to hospitals, behavioral health facilities, and healthcare providers throughout Western and

Central Pennsylvania while reducing service gaps in rural communities. Vehicles will be staged throughout multiple counties such as Clearfield, Greensburg, and Meadville. Staging areas will depend upon the counties granted under this application. Vehicles will be strategically positioned to maintain response capability within approximately one hour of approved service counties. The initial staffing level of 4 to 8 drivers is sufficient to provide reliable coverage throughout the requested territory while maintaining appropriate response times.

As demand increased, additional drivers, and vehicles will be added to ensure continuous and efficient service coverage.

The applicant has adopted written driver qualification and monitoring policies in compliance with 52 Pa. Code 29.503, 29.504, and 29.505.

Drivers will possess relevant experience such as law enforcement, EMS, correctional, or comparable professional transportation or safety-related experience.

Driver age (29.503): All drivers must be at least 21 years of age. Proof of age and identity is verified through a valid Pennsylvania driver's license and retained in each driver qualification file.

Driver History and Record Retention (20.504): Prior to being authorized to operate, the applicant obtains a current PennDot Driver record for each driver, Driver records are reviewed annually. Copies are retained in each driver's qualification file for the duration of employment and for at least (3) years thereafter.

Criminal History (29.505): All drivers are required to undergo a Pennsylvania State Police Patch criminal background check and Identigo fingerprint-based background check prior to hire. Background checks are repeated every two (2) years. Results are retained in each driver qualification file. The applicant maintains a separate driver qualification file for each driver containing license information, background checks, training records, and compliance documentation.

Drivers will complete a two-week ride along program. Defensive driving training, behavioral health de-escalation training, HIPPA/confidentiality training, passenger assistance techniques training, CPR, AED and first aid training will be provided and be mandatory.

Drivers are subject to pre-employment screening and random testing in compliance with applicable Pennsylvania regulations. Applicant maintains a zero-tolerance policy regarding the use of drugs or alcohol by driver while on duty. Drivers are prohibited from operating a vehicle under the influence of any substance that by impair their ability to safely perform

their duties. Any violation of this policy will result in immediate corrective action, up to and including termination.

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.

Currently the applicant owns and has identified three (3) vehicles that are currently in use for operation. Additional vehicles will be added to the operation based upon approval of requested authority. Plan is to be a multiple satellite company and will state at least 1 vehicle within 1 hour of all counties granted. Additional vehicles will be added to the fleet as needed to maintain timely responses and to ensure consistent service throughout the expanded territory.

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).

See attached sheet.

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

Applicant currently has commercial insurance coverage, and the required Form E has been submitted to the Pennsylvania Public Commission by the insurance carrier. Insurance premiums are being paid through ongoing business operations.

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.

See attached sheet.

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)
John P. Burke, Managing Member

(Name and Title, printed or typed)

06/08/2026

(Date)

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).**

a. Pre-trip and post-trip vehicle inspections will be conducted by drivers and documented. Any vehicle determined to be unsafe or in need of repair will be placed out of service until repairs are completed. Vehicles will undergo annual inspection by a licensed mechanic. Routine maintenance including oil changes and tire rotations performed every 5,000 miles.

b. All vehicles will comply with 67 PA. Code Chapter 175 and will undergo required inspections by certified inspection stations. All maintenance inspections and repairs will be documented and maintained in accordance with the Pennsylvania Public Utility Commission requirements and applicable regulations. Maintenance records, inspection reports, and repair invoices will be maintained for each vehicle and made available upon request. Records will be retained for a minimum of three (3) years.

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.**

The applicant currently maintains active accounts receivable and ongoing revenue streams from existing transportation operations. The applicant believes current flow of business and incoming account receivables will provide the necessary funds for additional startup and operational expenses, including acquiring additional vehicles, insurance premiums, licensing, fuel and employee expenses.

In addition to current operating revenue, the managing members have committed to providing up to \$100,000. in additional capital if necessary to support continued growth and service expansion.

SecuRIDE Transportation LLC

Balance Sheet

As of May 31, 2026

	TOTAL
Assets	
Current Assets	
Bank Accounts	
Operating Account	16,817.94
Savings account	5.00
Total for Bank Accounts	\$16,822.94
Accounts Receivable	
Accounts Receivable (A/R)	19,245.00
Total for Accounts Receivable	\$19,245.00
Other Current Assets	
Prepaid Insurance	3,717.88
Total for Other Current Assets	\$3,717.88
Total for Current Assets	\$39,785.82
Fixed Assets	
Motor Vehicle Equipment	17,636.50
Office Equipment	2,720.97
Total for Fixed Assets	\$20,357.47
Total for Assets	\$60,143.29
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	2,061.32
Total for Accounts Payable	\$2,061.32
Total for Current Liabilities	\$2,061.32
Total for Liabilities	\$2,061.32
Equity	
Capital-John Burke	25,000.00
Capital-Stacy Burke	25,000.00
Retained Earnings	-682.19
Net Income	8,764.16
Total for Equity	\$58,081.97
Total for Liabilities and Equity	\$60,143.29