Instructions for Preparing and Filing the Application for Motor Common Carrier of Persons in Airport Transfer Service.

You must be at least 18 years of age to file an application.

GENERAL INFORMATION

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of persons, when providing transportation that originates or terminates at an airport between points in Pennsylvania.

2. The application consists of: General Information on pages 1 – 2; Detailed Instructions on pages 3 – 5; Application on pages 6 – 10; Verified Statement of Applicant on pages 11 – 16. Verified Statement of Support on pages 17 – 18. ***NOTE: IT IS NOT NECESSARY TO FILE THE VERIFIED STATEMENT OF APPLICANT AND VERIFIED STATEMENTS OF SUPPORT WITH THE APPLICATION. THEY WILL BE REQUESTED FOLLOWING ADVERTISEMENT OF THE APPLICATION IN THE*** **PENNSYLVANIA BULLETIN.**

3. The signed original application must be filed with the Secretary, Pennsylvania Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.

4. A non-refundable filing fee of **$350.00** is required at the time of filing. Applications without the required fee will be returned. The filing fee must be paid **by certified check, money order made payable to the Commonwealth of Pennsylvania, or a check drawn from your attorney's account.** Please attach the filing fee to the application.

5. It is not required that an applicant be represented by an attorney to file an application. However, an attorney must represent corporate entities at hearings.

6. Corporate entities (i.e., Corporations, LPs, LLCs, and LLPs) and fictitious trade names must be registered with the Pennsylvania Department of State. Companies incorporated in other states must register with Pennsylvania as a foreign business corporation. Call the Pennsylvania Department of State at 717-787-1057 for the necessary forms or visit the website at www.dos.state.pa.us/corps

7. When your application is approved, you will be notified that before you begin to provide 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 and must have the exact name and address, which you have provided at lines 1, 2, 3 or 4 of the application. If your insurance company subscribes to NOR (National Online Registries, Inc. at www.mcinfo.org), you can request the insurance company to file

the required insurance forms electronically through NOR. The electronically filed insurance forms will reach the Commission more quickly than mailed forms. The Minimum Limits of Insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle must meet the requirements of the Motor Vehicle Financial Responsibility Law		
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.
	(c)	First party coverage of the driver of certificated vehicles.
16 to 28 passengers:		$1,000,000 to cover liability for bodily injury, death or property damage incurred in an accident.
29 passengers or more:		$5,000,000 to cover liability for bodily injury, death or property damage incurred in an accident.

8. It is the responsibility of the applicant or certificate holder to keep the Commission notified of changes to current address. Change of address forms can be obtained from the Commission's website at www.puc.state.pa.us under Online Forms.

NOTE: INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE FOR FILING AND WILL BE DELAYED FOR PROCESSING UNTIL THE REQUIRED INFORMATION IS SENT TO THE SECRETARY OF THE COMMISSION. IF YOU REQUIRE ASSISTANCE OR HAVE QUESTIONS CALL 717-772-7777.

WARNING – APPLICATIONS ARE PUBLIC RECORDS AND CAN BE ACCESSED ON THE INTERNET. DO NOT PLACE SOCIAL SECURITY NUMBER, CREDIT CARD NUMBERS, BANK ACCOUNT NUMBERS, OR OTHER CONFIDENTIAL INFORMATION ON THE APPLICATIONS OR VERIFIED STATEMENT FORMS.

DETAILED INSTRUCTIONS FOR THE APPLICATION

1. LEGAL NAME OF APPLICANT –

A. 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***.

B. 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.

C. 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 – This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered fictitious if the identity of the applicant cannot be readily determined. **Your insurance filing will have to include your Trade Name.**

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. PHYSICAL ADDRESS – The address which should be entered here is that of the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. ***Post office box numbers may not be used here.***

4. MAILING ADDRESS – This is the address to which the Commission will send all correspondence. If these lines are left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

5. ATTORNEY – Complete this only if an attorney is filing on your behalf.

6. DOES APPLICANT CURRENTLY HOLD OR HAS EVER HELD PUC AUTHORITY? – If the answer is yes, please enter the PUC A No.

7. DOES APPLICANT CURRENTLY HOLD INTERSTATE OPERATING AUTHORITY? – If the answer is yes, please enter your federal authority number at which you currently hold authority.

8. CHECK ONE THAT APPLIES TO THIS APPLICATION – It is important to remember the following:

A. ***INDIVIDUAL*** should only be checked if you are filing and ***have not*** formed a corporate entity.

B. If you are an individual who is the sole shareholder of a corporation or the sole member of a limited liability company, you should check the proper box – **do *not check INDIVIDUAL***.

C. Two or more individuals (i.e. husband and wife) filing jointly should check ***PARTNERSHIP***.

9. *IF APPLICANT IS A CORPORATION (PROFIT OR NONPROFIT), LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, OR LIMITED LIABILITY COMPANY THE ENTITY IDENTIFICATION NUMBER ISSUED BY THE CORPORATION BUREAU OF THE PENNSYLVANIA DEPARTMENT OF STATE MUST BE ENTERED ON THE LINE NEXT TO THE ENTITY TYPE.*

10. ATTACHMENT CHECKLIST – Please review carefully to ensure that all necessary documents are included with the application.

Individual:	[ ]	Certified Check, money order, or check from attorney
Partnership:	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of names and addresses of ALL Partners
Limited Partnership:	[ ]	Corporation Bureau Entity Number as entered above in #9
	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of names and addresses of ALL Partners
Limited Liability Partnership:	[ ]	Corporation Bureau Entity Number as entered above in #9
	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of names and addresses of ALL Partners
Limited Liability Company:	[ ]	Corporation Bureau Entity Number as entered above in #9
	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of names and addresses of ALL Members and Title of each Member (even if only one member)
Corporation – For Profit:	[ ]	Corporation Bureau Entity Number as entered above in #9
	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares
Corporation – Non-Profit:	[ ]	Corporation Bureau Entity Number as entered above in #9
	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of ALL Corporate Officers, Titles and those on Board of Directors

11. DESCRIBE THE SERVICE PROPOSED FOR THIS APPLICATION – Please give the name of the entity proposing to contract your services and enter a detailed description of the area in which service will be provided using county and municipal information. Examples are as follows:

- *To transport people in motor vehicles in Airport Transfer Service from points in Lehigh County to the Lehigh Valley International Airport.*

- *To transport people in motor vehicles in Airport Transfer Service from points in the counties of Luzerne and Lackawanna to the Wilkes-Barre/Scranton International Airport.*

12. Certification and Verification - 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 any officer (if a corporation).

Please complete all pertinent parts of the application.
If you need help, you may call 717-787-1227.

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

Application for Motor Common Carrier of Persons
Airport Transfer Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE PROVIDED ON A NONEXCLUSIVE BASIS ORIGINATING OR TERMINATING AT AN AIRPORT.

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

_____

2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

_____

Fictitious name and Registration number (if applicable)

_____

3. **Physical Address** (do not use PO Box)

_____
Street Address

_____
City, State and Zip Code

_____ _____
Telephone Number County

4. **Mailing Address** (if different from Physical Address)

_____
Street Address

_____
City, State and Zip Code

5. **Attorney** (if applicable)

_____
Attorney's Name & Telephone Number for this Filing

_____
Attorney's Address

6. **Does applicant currently hold or has ever held PA PUC authority?**

____ No ____ Yes, at PUC No. A- _____

7. **Does applicant hold interstate federal operating authority?**

____ No ____ Yes, at No. _____

8. **Are you one of the following? If yes, check below.**

[ ] Individual

[ ] Partnership

9. **Are you a business entity registered with the PA Department of State?**

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

[ ] Limited Partnership _____
Corporation Bureau Entity ID Number

[ ] Limited Liability Partnership _____
Corporation Bureau Entity ID Number

[ ] Limited Liability Company _____
Corporation Bureau Entity ID Number

[ ] Corporation – For Profit _____
Corporation Bureau Entity ID Number

[ ] Corporation – Nonprofit _____
Corporation Bureau Entity ID Number

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit)	-	File for Articles of Incorporation
Foreign Corporations	-	File for a Certificate of Authority

PA Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies		File for an Application of Registration
Fictitious Name Registration	-	File **only if** Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

Individual:	[ ]	Certified Check, money order, or check from attorney
Partnership:	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of names and addresses of ALL Partners
Limited Partnership:	[ ]	Corporation Bureau Entity Number as entered above in #9
	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of names and addresses of ALL Partners
Limited Liability Partnership:	[ ]	Corporation Bureau Entity Number as entered above in #9
	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of names and addresses of ALL Partners
Limited Liability Company:	[ ]	Corporation Bureau Entity Number as entered above in #9
	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of names and addresses of ALL Members and Title of each Member (even if only one member)
Corporation – For Profit:	[ ]	Corporation Bureau Entity Number as entered above in #9
	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares
Corporation – Non-Profit:	[ ]	Corporation Bureau Entity Number as entered above in #9
	[ ]	Certified Check, money order, or check from attorney
	[ ]	List of ALL Corporate Officers,Titles and those on Board of Directors

11. **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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12. **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 Passengers; 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 statements made in this application 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.

_____
(Print Name)

_____
(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 any officer (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.

_____

PUC Application Docket Number

_____

Legal Name of Applicant

_____

Trade Name, if any

_____

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.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

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

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. 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. Finally, please state your intended business hours.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6)**.

6. 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 geographical territory you will be serving. In addition, please explain:
    a. Your hiring standards for drivers;
    b. Your driver training program;
    c. Your system for ensuring that your drivers are properly licensed at all times;
    d. Your policies regarding alcohol and drug use by your drivers;
    e. Your plan to obtain and review criminal history records and driver history reports for drivers.

7. 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 geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

YEAR	MAKE	MODEL	SEATING CAPACITY	VEHICLE ID #

8. 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 Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
    c. Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only).

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

10. Please describe your customer service standards. Within your description, please explain:
    a. Your plan to inform customers of the procedures for filing complaints with the PUC;
    b. Your intended customer complaint resolution procedure.

11. Criminal Record. Have you, any members (if LLC, LP or LLP), shareholders, or officers (corporations) been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

    _____ YES _____ NO

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if the proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains 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) (Date)

_____

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) _____

ASSETS

Current Assets				
Cash		_____		
Accounts Receivable		_____		
Notes Receivable		_____		
Other Current Assets (specify)		_____		
Total Current Assets				_____
Tangible Assets				
Motor Vehicle Equipment		_____		
Less: Accumulated Depreciation				
-		_____	=	_____
Building and Structures		_____		
Less: Accumulated Depreciation	-			
		_____	=	_____
Office Equipment		_____		
Less: Accumulated Depreciation	-			
		_____	=	_____
Land				_____
Investments and Funds (specify)				_____
Intangible Assets				_____
Other Assets (advances and idle equipment – specify)				_____
TOTAL ASSETS				_____

LIABILITIES

Current Liabilities (Due within one year of date)				
Accounts Payable		_____		
Notes Payable		_____		
Equipment Obligations		_____		
Other Liabilities (Attach schedule)		_____		
Total Current Liabilities				_____
Long Term Liabilities (Due after one year of date)				
Accounts Payable		_____		
Notes Payable		_____		
Equipment Obligations		_____		
Other Liabilities (Attach Schedule)		_____		
Total Long Term Liabilities				_____
TOTAL LIABILITIES				_____
NET WORTH (Partnerships and individuals, only)				_____
OWNER'S EQUITY (Corporations only)				
Capital Stock				_____
Additional Paid-in Capital				_____
Retained Earnings		_____		
Less: Treasury Stock	-	_____	=	_____
Total Owner's Equity				_____
TOTAL LIABILITIES & OWNER'S EQUITY				_____

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS	
Operating Revenue	_____
Net Revenue from non-carrier operations	_____
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
Total Revenue and Gains	_____
EXPENSES	
Equipment Maintenance and Garage Expense	_____
Insurance Expense	_____
Employee Salaries	_____
Supervisory Salaries	_____
Officer Salaries	_____
Fuel Expense	_____
Purchased Transportation (Lease Expense)	_____
Materials and Supplies Expense	_____
General Office Expense	_____
Advertising Expense	_____
Telephone Expense	_____
Accounting Expense	_____
Legal Expense	_____
Uncollectible Revenue	_____
Depreciation Expense	_____
Amortization	_____
Operating Taxes and Licenses	_____
Rent Expense	_____
Loss	_____
Total Operating Expenses and Losses	_____
Net Income Before Taxes	_____
Provision for Income Taxes	_____
Net Income (Loss)	_____

INSTRUCTIONS FOR OBTAINING VERIFIED STATEMENTS IN SUPPORT OF THE APPLICATION

The attached form is for documenting witness statements demonstrating the need for the proposed service. This form may be duplicated as needed for use by supporting witnesses.

In accordance with 52 Pa. Code §41.14(a) "An applicant seeking motor common carrier authority has a burden of demonstrating that approval of the application will serve a useful public purpose, responsive to a public demand or need."

Verified witness statements provide a means for demonstrating such a public demand or need.

Please be aware that the verified statements will be reviewed based upon the Commission's decision *Application of Blue Bird Coach Lines, Inc. (A-00088807, F.2, Am-K)* 72 Pa. PUC 262 (1990) which indicates:

(1) the supporting witnesses must give evidence which is probative and relevant to the application proceeding

(2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must correspond with the scope of the operating territory specified in the application, including request for vice versa authority

(3) the number of witnesses which will represent a cross section of the public on the issue of need will vary with the breadth of the intended territory and commodity description

Also see 52 Pa. Code §3.381(c)(1)(3)(A)

The following form may be used to obtain witness statements in support of your application. Failure to demonstrate a public need will result in dismissal of your application. Failure to obtain evidence from a cross section of the public may result in the Commission granting limited authority consistent with the need demonstrated by the applicant.

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

_____

Name of Supporter

_____

Street Address **City or Municipality** **State** **Zip Code**

_____

Name of Applicant

- Describe the type of transportation service needed.

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

- Have you supported similar applications in the past? If so, please supply name and docket number.

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

_____ _____

(Signature) (Date)

_____

(Name, printed or typed)