

## 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)

Century Medical Response INC

- 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 3923695  
(see checklist and indicate type of business entity registered)

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DEC 12 2014

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

551 Main St  
 Street Address

Edwardsville, PA 18704  
 City, State and Zip Code

(570) 825-2395 - 1800-601-4881      Luzerne  
 Telephone Number                      County

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.

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

P.O. Box 773  
 Street Address

Wilkes-Barre, PA 18708  
 City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the MAILING ADDRESS is the same as the PHYSICAL ADDRESS.

**7. Attorney** (if applicable)

\_\_\_\_\_  
 Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
 Attorney's 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.

**8. Does applicant hold interstate operating authority?**

\_\_\_\_\_ No                      Yes, at No.           ✓          

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

(Use the space below or attach additional sheet if space provided is not sufficient).

To and From points in PA to points in PA and return  
 For people Handicap to wheelchair or litter for DR APPT, med TX.  
 all medical TRANSPORTS!

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.

9. Describe the service area proposed by this application.

To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in the counties of Lycoming, Union, Snyder, Dauphin, Lebanon, Montour, Northumberland, Sullivan, Columbia, Schuylkill, Berks, Wyoming, Luzerne, Lackawanna, Carbon, Lehigh, Monroe and Northampton to points 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.

10. **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.

X John Ruane  
(Print Name)

X John Ruane  
(Signature)

12-11-14  
(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).

**CENTURY SECURITY SERVICE**  
**CENTURY MEDICAL RESPONSE**

*Wilkes-Barre ~ Allentown ~ Philadelphia ~ Harrisburg ~ Reading ~ Poconos*

P.O. Box 773 • Wilkes-Barre, PA 18703

Phone: 1-800-601-9881

December 11, 2014

Secretary, PA Public Utility Commission

400 North Street 2<sup>nd</sup> FL

Harrisburg, Pa. 17120

To Whom It May Concern:

Mary Ruane President of Century Medical Response owns 51%

John Ruane Vice President of Century Medical Response owns 49%

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DEC 12 2014

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**CENTURY SECURITY SERVICE**

**CENTURY MEDICAL RESPONSE**

*Wilkes-Barre ~ Allentown ~ Philadelphia ~ Harrisburg ~ Reading*

P.O. Box 773 • Wilkes-Barre, PA 18703

PA.

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PM 5:11



Secretary PA Public Utility Comm  
400 NORTH ST 2<sup>nd</sup> Floor  
Harrisburg, PA 17125

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

From: CENTURY medical Response INC  
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EDWARDSVILLE PA 18704

To: Secretary PA Utility Comm  
400 North St. 2 Floor  
HARRISBURG PA 17120

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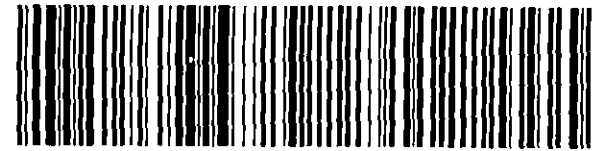
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HARRISBURG PA 17120

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