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Revised 12/1/13

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
(717) 772-7777  
[www.puc.pa.gov](http://www.puc.pa.gov)

2015 MAR 12 AM 10:50

PA P.U.C.  
SECRETARY'S BUREAU

**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)

Leon Earle Saucier

- 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)

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

237 Lamparter Road  
Street Address  
Quarryville, PA 17566  
City, State and Zip Code  
717-866-2046 Lancaster  
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)

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
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 Transport people from points in Lancaster County To  
Points in PA, and return.

**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.

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.

Leon E Soucier

(Print Name)

Leon E Soucier

(Signature)

2-28-15

(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).

**SUPPORTING STATEMENT FOR 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.

Emanuel K. Zook

Name of Supporter

203 Lamparter Rd.

Street Address

City or Municipality

PA.

State

17566

Zip Code

Leon Saucier

Name of Applicant

- Describe the type of transportation service needed.  
Transportation to various destinations
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
My home in Bart, PA to Intercourse & Krieger, PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Once a week or more.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
No one on my road. This service will be close by to where I live,
- Have you supported similar applications in the past? If so, who was the applicant?  
No

**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 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.

Emanuel K. Zook

(Signature of Supporter)

Emanuel K. Zook

(Supporter's Name, printed or typed)

2/28/15

(Date)

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**SUPPORTING STATEMENT FOR 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.

Samuel F. King  
Name of Supporter

131 Quarry Rd. Quarryville PA 17566  
Street Address City or Municipality State Zip Code

Leon Saucier  
Name of Applicant

- Describe the type of transportation service needed.  
Transportation to job sites.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
From my home in Bartz, PA to job locations Quarryville, Strasburg & New Providence, PA.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
Weekly or more depending on jobs
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
We need more drivers in our area with pick up trucks.
- Have you supported similar applications in the past? If so, who was the applicant?  
No

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Samuel F. King  
(Signature of Supporter)

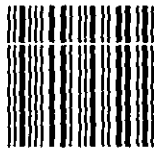
2-28-15  
(Date)

Samuel F. King  
(Supporter's Name, printed or typed)

Mr. Leon Saucier  
237 Lamparter Rd.  
Quarryville, PA 17566



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17120

U.S. POSTAGE  
PAID  
BART, PA  
17503  
MAR 10, 15  
AMOUNT

\$1.40

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Secretary PA Public Utility Commission  
400 North St., 2<sup>nd</sup> Floor  
Harrisburg, PA 17120