

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

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.

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A - 2015 - 2474851

PUC Application Docket No.

DUBEM OKONKWO

PA PUC
SECRETARY'S BUREAU

Legal Name of Applicant

HAVILAH RESOURCES

Trade Name, if any

6667A TERRACE WAY

HARRISBURG

PA

17111

Street Address (principal place of business)

City or Municipality

State

Zip

Code

This document is 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.

You are encouraged to provide as much information as possible 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 providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

My name is Dubem Okonkwo, I am the owner of the business.

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

I am not affiliated to any other carrier or service provider.

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

With my training and work experience at Keystone Human Services, this will help me in operating and running of the transportation services which entails scheduled pick up and drop off of clients in timely manner and in meeting with their appointments times..

4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

The physical location of the business will be 6667A Terrace Way, Harrisburg, PA 17111. The office equipment to be used will include phones, desks, chairs, computers, fax machine, filing cabinet, copiers, shredders, scanners etc.

5. 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 continuous communication with drivers.

Customers' requests will be received through e-mails, phone calls and fax messages and the drivers will be dispatched promptly as the requests come in. The drivers will be in steady contact with the office through phone calls and emails. The company will provide them with smart phones for easy access to their emails on the go and text messages too.

6. Please explain:

- a. Your hiring standards for drivers;

Drivers under consideration for hire must be 21 years or older, have a current PA driver's license. Appropriate driving history for each driver operating under its authority, from appropriate agency of the state or other states from which the individual has held an operating license.

- b. Your system to ensure prospective drivers will be subject to a criminal background check; All prospective drivers will undergo a criminal background check. The information will be sent to the Police and FBI for evaluation.

- c. Your driver training program;

Every driver must have a Pennsylvania driver's license and at least a 2 year driving experience in a related field.

- d. Your system for ensuring that your drivers are properly licensed at all times;

Keeping records of the drivers license information data base and giving each driver at least 3 months notice to renewal in order to avoid any interruption of services.

- e. Your system to ensure that all drivers will be subject to a criminal background check every two years; After the initial criminal background check before hire, drivers will be subject to biennial check to make sure of the safety of the individuals we are providing services to.

- f. Your policies regarding alcohol and drug use by your drivers.

Drivers may not use alcohol, be under the influence of alcohol or have any measured alcohol concentration or detected presence of alcohol while operating a vehicle in my service. No controlled substances will be allowed under any circumstance.

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.

For now I have one vehicle, but I hope to increase the tally in due course.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2008	TOYOTA	HIGHLANDER	7	JTEES42A082035453
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

8. Describe your vehicle safety program. Please include the following in your explanation:

- a. Your periodic vehicle maintenance plan;

My vehicles will always undergo maintenance every three months or on the basis of every 3,000 miles. They will also undergo an annual safety and emission inspection check. I will make sure that every fault detected in any of the vehicles will be promptly fixed.

- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

Making sure that the vehicles go through PA safety and emission checks and the standards are kept with at all times. The commission's standards equipment standards will be kept to as per commission's policy.

- c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;

N/A

- d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

N/A

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

Commonwealth underwriters Ltd, 800.396.6226 xt 102 → \$4,072.40
 United Financial Casualty Company, 717.766.1220 → \$1,173.00

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution?

YES ___ NO

11. 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. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. 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.

Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

Statement of Financial Position (Balance Sheet)

As of (date) 07/24/15

ASSETS

Current Assets

Cash

\$10,000.00

Other Current Assets (specify)

—

Other Assets

Motor Vehicle Equipment

\$25,000.00

Building and Structures

—

Office Equipment

1,800.00

Investments and Funds (specify)

—

TOTAL ASSETS

\$36,800.00

LIABILITIES

Current Liabilities (Due within one year of date)

Long Term Liabilities (Due after one year of date)

TOTAL LIABILITIES

—

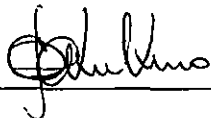
NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)

\$36,800.00

Disclaimer: Applications are public records and can be accessed on the PUC's website. DO NOT provide social security numbers, credit card numbers, bank account numbers, tax information, or any other confidential information on your application, business plan, or verified statement forms.

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)

07/24/15

(Date)

DUBEM OKONKWO, MR.

(Name and Title, printed or typed)

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SUPPORTING STATEMENT FOR THE APPLICATION

At Docket Number A-2015-2474851

52 Pa. Code Section 41.14(a), states that an applicant seeking motor common carrier authority has the burden of demonstrating that approval of the application will serve a useful public purpose, responding to a public demand or need. This form documents a statement of support on behalf of the applicant to demonstrate need by the public for the service the applicant wishes to offer. This form may be duplicated as needed for use by each supporting witness.

The Commission requires: 1) supporting witnesses must give evidence proving they need the applicant's service; 2) the supporting witnesses must identify origin and destination points in Pennsylvania which they require transportation AND those points must fall within the operating territory specified in the application; and, 3) there must be a sufficient number of supporters for the proposed operating territory.

Failure to demonstrate a public need for the application will result in the application's dismissal. Failure to obtain supporting statements from witnesses in all parts of the proposed operating territory could result in the Commission granting only limited authority consistent with the need demonstrated by the applicant.

Please print or type.

OGUNNATE OLURAMI

Name of Supporter

77, HAMLET CIRCLE MECHANICSBURG PA 17257

Street Address

City or Municipality

State

Zip

Code

DUBOAN OKONKWO

Name of Applicant

- Describe the type of transportation service needed.

PARA TRANSIT

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *WILL COVER CITIES LIKE ENOLA, BODDY SPRING, MESSER COLLEGE, LENOYNE, WARRINGSBURG CARLISTE AND MECHANICSBURG.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

DAILY SERVICE AND IS NEEDED

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

YES BUT JUST NEEDS TO BE COMPETITIVE

- Have you supported similar applications in the past? If so, who was the applicant?

NO

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[Signature]
(Signature of Supporter)

07/24/15
(Date)

OGUNNATE OLURAMI
(Supporter's Name, printed or typed)

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SECRETARY, PA FIVE
DUBOAN

Please print or type.

CYPRIAN IGWE

Name of Supporter

627 ROOSEVELT AVE.

Street Address

YORK PA 17404

City or Municipality

State

Zip

Code

DUBEM OKONKWO

Name of Applicant

- Describe the type of transportation service needed.

PARATRANSIT SERVICE:

TRANSPORTING PEOPLE WITH SPECIAL NEED

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. YORK TOWNSHIP, HANOVER, DILLSBURG, DALLASTOWN, DOVER, RED LION, SHREWSBURY, YORK CITY, LEWISBURY, MANHEIM, GLEN ROCK, MANCHESTER, JACKSON, ETC.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

DAILY AND WEEKLY AS NEEDED

- Are there others in your area who provide this service, and if so, why do you prefer not to use them? I BELIEVE THERE ARE A FEW OF THEM AND QUITE EXPENSIVE. I THINK WE NEED MORE OF THIS SERVICE TO LOWER COST AND FOR EASY ACCESS.
- Have you supported similar applications in the past? If so, who was the applicant?

NONE

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(Signature of Supporter)

CYPRIAN IGWE

(Supporter's Name, printed or typed)

July 20, 2015

(Date)

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Please print or type.

Isaac UCHENDU
 Name of Supporter

119 Redwood Street Harrisburg PA 17109
 Street Address City or Municipality State Zip Code

Dubem Okonkwo
 Name of Applicant

- Describe the type of transportation service needed.

Para transit

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

will cover all the cities in dauphin County, e.g; Harrisburg, Hummelstown, Hershey, middletown, Halifax etc.

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

Daily basis

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yes, but just need something different.

- Have you supported similar applications in the past? If so, who was the applicant?

NO

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 PAUC BUREAU

[Signature]
 (Signature of Supporter)

07/14/15
 (Date)

Isaac Uchendu
 (Supporter's Name, printed or typed)

Please print or type.

Nathaniel Tyler Jr.

Name of Supporter

129 Clearview RD

ASPERS

PA

17304

Street Address

City or Municipality

State

Zip

Code

DUBEM OKONKWO

Name of Applicant

- Describe the type of transportation service needed.

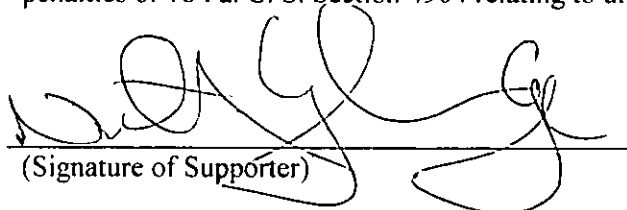
Paratransit transport services

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. East Berlin Township, Gettysburg Borough, Mount Joy Borough, York Springs Borough, New Oxford, Mt. Pleasant Township, Littlestown Borough.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
On a daily basis or as needed.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? Yes there are other providers but this will help instill more competitiveness.
- Have you supported similar applications in the past? If so, who was the applicant?
None

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(Signature of Supporter)

7/23/15
(Date)

Nathaniel Tyler Jr.
(Supporter's Name, printed or typed)

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SECRETARY'S OFFICE

Please print or type.

Daniel Kanygba
Name of Supporter
39. W. Main st Lebanon PA 17642
Street Address City or Municipality State Zip
Code

Dubem Okonkwo
Name of Applicant

- Describe the type of transportation service needed.

Paratransit transportation

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

Lebanon city, Myerstown Borough, Anville Township, Palmyra Borough, Union Borough etc.

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

Daily

- Are there others in your area who provide this service, and if so, why do you prefer not to use them?

Yes, but this will make it more competitive

- Have you supported similar applications in the past? If so, who was the applicant?

No

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[Signature]
(Signature of Supporter)

7-23-15
(Date)

Daniel Kanygba
(Supporter's Name, printed or typed)

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