

Application for Motor Common or Contract Carrier of Persons

Check only **one** service type:

- Airport Transfer Paratransit
 Call or Demand Scheduled Route
 Group and Party
(15 passengers or less)

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TRANSPORTATION & SAFETY
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1. United Medical Transport, LTD.
Full Name of Applicant (Individual, Partnership or Corporation)

2. _____
Trade Name if Any

The trade name, if fictitious, _____ been registered with the
(has or has not)
Secretary of the Commonwealth on _____. Attach a date-
stamped copy of the registration form.

3. 12301 McNulty Rd. Unit M. Philadelphia PA 19154 215-969-7700
Physical Address (City, County, and Zip Code) Telephone Number (Required)

4. PO BOX 21028 Philadelphia PA 19114
Mailing Address if Different from Physical Address

5. David M. Hollar 610-729-2900
Attorney's Name and Telephone Number for this Filing
(Do not supply an Attorney's name if you want all correspondence and notice of process mailed directly to you.)

8 Tower Bridge, suite 400. 161 Washington St. Conshohosken, PA 19428
Attorney's Address

6. Applicant does not hold PA PUC Authority Under
(does or does not)
Docket Number _____, and operates as a _____ carrier.
(common or contract)

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7. Applicant does not hold interstate operating authority at
(does or does not)
Docket Number _____.

8. Check **one** that applies to this application:

Individual

Partnership

Attach a copy of a Partnership Agreement and list the names and addresses of **ALL** partners.

Corporation

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration. Include a list of corporate officers with titles, names of shareholders and number of shares held.

LLC OR LLP

Attach a copy of the Certificate of Incorporation, Certificate of Authority, or the Foreign Corporation Registration. Include a list of all members (even if there is only one member) and title of each member.

9. Attachment Checklist:

For Corporations Only:

Date-stamped copy of application for Certificate of Incorporation or Certificate of Authority.

List of corporate officers/titles and distribution of shares.

Statement of corporate charter purpose.

For LLPs and LLCs Only:

Copy of Certificate of Incorporation, Certificate of Authority, or Foreign Corporation Registration.

List of all members (even if there is only one member) and title of each member.

For Partnerships Only:

Copy of Partnership Agreement.

List the names and address of **ALL** partners.

FOR ALL APPLICANTS:

- [n/a] Fictitious Trade Name Registration (if applicable).
- [n/a] Map for scheduled route Service (if applicable).
- [x] Proof of Insurance (See Item 6 on instruction sheet).
- [x] Certified check, money order or attorney's check.

10. Describe the service proposed by this application. Common or contract? In what area of Pennsylvania will this proposed service be provided?

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

Transportation of persons in paratransit service, between points in the counties of Philadelphia, Bucks, Montgomery, Lehigh, and Northampton, and from points in said counties, to points in Pennsylvania, and return

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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 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 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.

Eduard Davidyuk

(Print Name)

(Signature)

12/18/2009

(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 or by the President of Secretary (if a corporation).

Revised 4/09

P.O. Box 21028
Philadelphia, PA 19114

united
medical transport

866-478-7700
Fax: 215-969-7006

I, Eduard Davidyuk, certify that I am the sole officer, and owner of %100 of the shares of United Medical Transport, LTD.

Eduard Davidyuk, President.

12/18/2009

