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Revised 7/17/17

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

2018 JUN 14 PM 3:44

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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)

A Caring Hand Home Health Care LLC

- 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 Vans" 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 Vans" or "J. Doe Vans" 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?** YES 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. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

Ram Dulal _____

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

6100 Clearfield Street.
Street Address
Harrisburg, PA, 17111.
City, State and Zip Code
717-715-4051 _____
Telephone Number County Dauphin

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. **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**.

8. **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.

9. **Does applicant have a USDOT Number?**

No _____ Yes, at No. _____

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).
-

See attached sheet.

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.*
- *To transport people between points in Northumberland County.*

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 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.

Ram Dulal
(Print Name)

06/12/2018
(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 the President or Secretary (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.

Ram Dulal.
Legal Name of Applicant

6100 Clearfield Street. Trade Name, if any Harrisburg PA 17112
Street Address (principal place of business) City or Municipality State Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

Ram Dulal (CEO)

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

Ram Dulal (CEO)

3. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including 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.

See attached

4. 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 territory you will be serving. In addition, please explain:
- a. Your hiring standards for drivers;
 - b. Your system for conducting criminal background checks;
 - c. Your driver training program;
 - d. Your system for conducting driver license checks;
 - e. Your policies regarding alcohol and drug use by your drivers.

See attached

5. 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 territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

see attached.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2017					

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

6. 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 applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

See attached.

7. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

CEO (Ram Dulal) is currently working with a insurance Broker to obtain insurance information and the Premiums.

8. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES NO

9. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining 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)

(Name and Title, printed or typed)

Ram Dulal (CEO)

(Date)

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Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets

Cash

\$ 80,000

Other Current Assets (specify)

\$ 400,000

Total Current Assets

\$ 480,000

Tangible Assets

Motor Vehicle Equipment

\$ 32,000

Property (buildings, land, etc.)

\$ 500,000

Office Equipment

\$ 90,000

TOTAL ASSETS

\$ 622,000.00

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

Credit cards/revolving credit

\$ 5,000.00

Other Liabilities (Attach schedule)

Total Current Liabilities

\$ 5,000

Long Term Liabilities (Due after one year of date)

Mortgage

\$ 600

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long Term Liabilities

TOTAL LIABILITIES

\$ 4,000

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Verified Statement of Applicant:

A Caring Hand Home Health Care, LLC (NPI: 1255862678) is an established home health Agency locate in Harrisburg Pennsylvania. The EIN number for the business is . We been providing Home Care Services in Dauphin County since 2017. We will be doing a on site and various other types of advertisement to let the people around knows about the transportation services. We will have 7 days/24 hours on call services available to our customers to meet their needs. We will set up an appointment for pick up/drop off. Our customer service folks are available to answer customers call 24/7 and make sure to dispatch the driver to the requested area(s) as requested by the customers. We have two fully trained and well certified drivers available 24/7 to provide transportation services to our customers. A CEO (Ram Dulal) of the 'A Caring Hand Home Health Care, LLC' will continuously monitor the facility and the services being provided. CEO will maintain continuous communication with the drivers and make customers are receiving excellent services and assure the quality of the work is meeting customers expectation.

10. Below is the service area proposed by this application:

A Caring Hand Home Health Care, LLC (Ram Dulal- Business Owner) would like to add Medical/Non-Medical transportation to this existing business. We would like to add transportation services in this facility. We will be providing transportation to the people in Dauphin, Lancaster, Lebanon, York, Cumberland, Perry, Snyder, Juniata, Schuylkill county, and around Pennsylvania area(s). We will be providing transportation services to, and back in the above listed counties.

A Caring Hand Home Health Care, LLC is an established Home Health Agency in Harrisburg, Pennsylvania since 2017. It is located in '6100 Clearfield Street, Harrisburg, PA,17111'. We are just adding Medical/Non-medical transportation services to the existing business.

5. A Caring Hand Home Health Care, LLC will have one 12 seated van for providing transportation services by July 2018. We will be providing adequate services to our customers in an efficient and most convenient way. A Caring Hand Home Health Care, LLC will be adding one more 12 seated van by the end of 2020 if the demand of the customers increases. CEO of A Caring Hand Home Health Care, LLC will make sure the regular maintenance of the vehicle is done in the timely manner. He will be monitoring the use of vehicle and the condition of the vehicle. He will assign a driver to do the periodic check on the vehicle and will assign a driver to complete the quarterly maintenance on the vehicle and referred it to the auto mechanic for further investigation if further repairs are needed. CEO will also ensure vehicle is complied with applicable Pennsylvania vehicle equipment standards and will continuously monitor the maintenance plan and the vehicle safety plan.

4. A Caring Hand Home Health Care, LLC intend to hire two well trained and professional drivers in the beginning. We will be hiring two more drivers by the end of 2019 to make sure we meet customers demand. A Caring Hand Home Health Care will be hiring a driver only after completing pre-Hire procedure which includes Application process, Criminal Backgrounds checks, orientation, driver training programs, License check, Driving record and many more. After completing the Pre-Hire procedure, those qualified drivers will need to go through legal hiring procedure and meet all the necessary requirement as per company policies. A Caring Hand Home Health Care is a drug free business, drivers are obligated to follow the company policies. Driver's are not allowed to use any kinds of drugs, or alcoholic product while in the duty.

⇒ Please call me at 717-775-4051 if you have any questions for me.

Thanks
Rana

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