

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

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** (Supreme Nursing Care and Supported Living)

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- 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** ()

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?** ___x___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

6667530 _____
(See checklist and indicate type of business entity registered)

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.

__Mohamed Baba Fofanah

(Print Name)

____Mohamed Baba Fofanah

08/20/2018

(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.

Mohamed Baba Fofanah

Legal Name of Applicant

Supreme Nursing Care and Supported Living

Trade Name, if any

449 Willow ST apt J

Street Address (principal place of business)

Allentown

City or Municipality

PA

State

18102

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.

Suwaibu Sissoko, Phone: 484-426-1879

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

Owner

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. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. 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.

The company is currently running from my apartment. There is a cabinet with locks and keys where all documents will be kept. The company only uses, laptop, printer, shredder, and binders for its administrative purposes. I will receive customer request through Lehigh County approved Support Coordinator Organizations and family members that have been approved for waiver services through PA Office of Developmental Program (ODP). I will hire qualified drivers with 6 points of moving violation or less, and will be assigned to pick up the individuals based on our contract agreement. There will be a mileage log in each vehicle that the drive has to fill at the beginning and ending of shift. Each drive is required to cellphone on them for communication

purposes.

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.

As of now, the owner is the only driver for Supreme Nursing Care and Supported Living, but new drivers will be hired based on business need. All drivers have to apply online or in person, the application has to be reviewed by the owner or designee, and other employment history has to be verified. The company is already registered PA police clearance and child abuse clearance. If the new driver has been in Pennsylvania for less than two years, they have to do an FBI background in addition to the child abuse and PA police clearances. The drivers have to go through an online driving program for safe and defensive driving, and how incidents and infractions should be reported, and how to do basic visual inspection before the start of each and how to keep close attention for unusual noises.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2015	Toyota	RAV 4	5		80,000
2007	Honda	Odyssey	8		201,000

*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).

The vehicles in Supreme Nursing Care and Supported Living fleet will go through full inspection and maintenance every quarter and also as needed basis. The vehicles will comply with all 67 Pa. Code Chapter 175, all annual inspections will be done before their due dates. There will be Inspection log for annual inspections and vehicle maintenance. The drivers have to do basic inspection every time before the start of their shift and pay close attention to any unusual noise. Supreme Nursing Care and Supported Living will make sure no defective vehicle or equipment is put into service without it being fully functional. Every driver will be obligated to report any mechanical, physical, and any other issue to the CEO or Supreme Nursing Care and Supported Living designee. Any driver who fails to report any issue with the vehicle he or she is operating will be disciplined up to termination.

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

I have contacted my insurance about the 2007 Honda Odyssey for because the 2015 Toyota Rav4 is already insured. The Honda Odyssey will be insured by the 24 of August, 2018. Both vehicles are now insured under Liberty Mutual Insurance.

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.

Mohamed Baba Fofanah

(Signature)

Mohamed Baba Fofanah, Owner/CEO

(Name and Title, printed or typed)

08/21/2018

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 08/21/2018

ASSETS

Current Assets			
Cash		17,500	
Other Current Assets (specify)		27,000	
Total Current Assets			<u>44,500</u>
Tangible Assets			
Motor Vehicle Equipment			
Property (buildings, land, etc.)			
Office Equipment			950.00
	TOTAL ASSETS		<u>45,450</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		0	
Credit cards/revolving credit		0	
Other Liabilities (Attach schedule)		0	
Total Current Liabilities			<u> </u>
Long Term Liabilities (Due after one year of date)			
Mortgage			
Long term commercial loan			
Other Liabilities (Attach Schedule)			
Total Long Term Liabilities			<u> </u>
	TOTAL LIABILITIES		<u> </u>