

James M. Jacquette
John J. McAneney*†
George M. Riter†
Scott H. Wolpert*
Catherine M. Harper
Thomas A. Boulden
Robert T. Horst*φ
William O. Kreksteinφ
Eric B. Smith
Daniel L. Petrilli
Kevin D. Birkhead*†
Karen Schechter Dayno*†
Christine M. Gordon
Matthew B. Malamud* φ
Andrea R. Procton*
Michael V. Di Girolamo*
Andrew W. Knox*
Patrick R. McHugh
James N. Hendershot*
Evan M. Padilla*

February 28, 2019

Secretary, PA Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, Pennsylvania 17120

RE: Tejeddine Direct Care Services, LLC
Application for Motor Common Carrier of Persons in Paratransit

Dear Sir/Madam:

Enclosed please find an original signed copy of the Application for Motor Common Carrier of Persons in Paratransit Service, Verified Statement of Applicant, and a list of all members and their addresses for Tejeddine Care Services, LLC. Also enclosed please find a check made payable to "Commonwealth of Pennsylvania" in the amount \$350.00, representing the filing fee for the application.

Of Counsel

Michael O'Hara Peale, Jr. †
Daniel A. Czaplicki†
Charles J. Weiss
Bernard F. Siergiej

Please do not hesitate to contact me or Emily Rodriguez, the paralegal assisting me in this matter, at (267) 464-8011 should you have any questions or concerns.

Very truly yours,



Michael V. Di Girolamo

Thomas J. Timoney
(1927-2010)

John P. Knox
(1927-2015)

Mark E. Weand, Jr.
(1936-2018)

MVD/ehr
Enclosure

RECEIVED

FEB 28 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

* Member NJ Bar
φ Member NY Bar
φ Member DE Bar
φ Member MD Bar
† LLM Taxation

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** (Individual, Partnership or Corporation)

Tejeddine Direct Care Services, 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?** **NO**

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 6812711
(See checklist and indicate type of business entity registered)

RECEIVED

FEB 28 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

10. **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 in wheelchairs from points in the city of Philadelphia to points in Philadelphia and the surrounding counties.

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.

Moussa Mohammad Ahmad

(Print Name)



(Signature)

2/28/19

(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).

Revised 7/17/17

TEJEDDINE DIRECT CARE SERVICES, LLC
1103 Cottman Avenue
Floor 1
Philadelphia, PA 19111
(267) 423-8395
Moussa Mohammad Ahmad, President

Members of Tejeddine Direct Care Services, LLC

Moussa Mohammad Ahmad, President
434 West Vine Street
Hatfield, PA 19440

PA Corporation Bureau Entity ID No.: 6812711

RECEIVED

FEB 28 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Tejeddine Direct Care Services, LLC

Legal Name of Applicant

Trade Name, if any

1003 Cottman Avenue, Floor 1	Philadelphia	PA	19111
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.

Moussa Tejeddine Mohammad Ahmad, President of Tejeddine Direct Care Services, LLC
1003 Cottman Avenue, Floor 1
Philadelphia, PA 19111
267-423-8395

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

None

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.

Applicant's office is currently located at 1003 Cottman Avenue, Philadelphia PA 19111. It is a 1 room office facility. All records required by the PUC and all normal business records will be maintained and stored in the office. The vans will not be housed at the office facility-the drivers will bring their vans home every night for storage.

Customers will be able to utilize ride-share phone applications such as Uber and Lyft and other contracting services such as LogistiCare to request services. Customers will also be able to request services through a phone line, fax line, and email address located in the office. When ordering transportation through ride-share services the company will be notified through such phone applications that someone has ordered a ride.

To maintain communication with drivers, the drivers will be required to have their cell phones, however they will be prohibited to from using them while driving. There will also be a group conference chat between the drivers and the office so that drivers may be contacted while they are not operating the vehicles.

RECEIVED

FEB 28 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Applicant's principal will be primary driver upon approval. Applicant will expand as needed, up to 5-7 drivers. Applicant will maintain extremely high driver standards. Applicant will conduct background checks and drug testing upon hiring through commercial vendors. Applicant will conduct regular, random drug tests thereafter. All drivers must present clean driving history to be hired. Driver records will be reviewed periodically.

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>
2006	Ford	E350	7		133,000

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

Applicant plans on expanding by obtaining 5-7 as needed. This number of vans will be able to service a proportional number customers to the range of locations.

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).

All vehicles will be checked pre-trip and post trip for any problems and a routine maintenance schedule will be established. The Applicant will adhere to 93 PA Code 29.404.

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

Applicant has consulted with insurance agent on a preliminary basis and received assurances that insurance will be available. Once Applicant is approved, insurance will be obtained. Research will be done to determine what insurance carrier will be best suited to cover the vehicles.

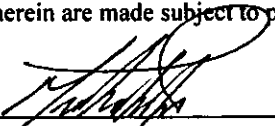
8. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

___ YES X 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) Moussa Mohammad Ahmad, President

2/28/19

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 2/5/2019

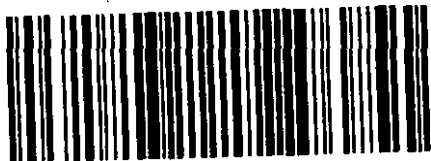
ASSETS

Current Assets		
Cash	\$100,000.00	
Other Current Assets (specify)	<u>\$0.00</u>	
Total Current Assets		<u>\$100,000.00</u>
Tangible Assets		
Motor Vehicle Equipment	\$13,000.00	
Property (buildings, land, etc.)		<u>\$40,000.00</u>
Office Equipment		<u>\$1,000.00</u>
	TOTAL ASSETS	<u>\$154,000.00</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0.00	
Credit cards/revolving credit	<u>\$0.00</u>	
Other Liabilities (Attach schedule)	<u>\$0.00</u>	
Total Current Liabilities		<u>\$0.00</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	\$0.00	
Long term commercial loan	<u>\$0.00</u>	
Other Liabilities (Attach Schedule)	<u>\$0.00</u>	
Total Long Term Liabilities		<u>\$0.00</u>
	TOTAL LIABILITIES	<u>\$0.00</u>

CERTIFIED MAIL®



7018 0360 0000 2623 8873

Master

FIRST-CLASS MAIL

02/28/2019

US POSTAGE \$007.60⁹



ZIP 19034
011E11672316

FIRST CLASS MAIL

TIMONEY KNOX, LLP
Attorneys at Law

P.O. Box 7544

Fort Washington, PA 19034-7544

TO:

Secretary, PA Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, Pennsylvania 17120