

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

Express Medical TRANSPORT, 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)

N/A

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** \_\_\_\_\_

(See checklist and indicate type of business entity registered)

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5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

IRINA BEZPALAIA  
ARMEN DANIELYAN  
\_\_\_\_\_  
\_\_\_\_\_

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

2183 East Village Rd  
Street Address  
Holland, PA 18966-2932  
City, State and Zip Code  
267-304-4997 BUCKS  
Telephone Number County

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)

same as 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)

N/A  
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. \_\_\_\_\_

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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 with disabilities to/from adult day living centers, churches/religious events, shopping, leisure activities.

*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.

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## 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.

IRINA BEZPALAIA

(Print Name)

IRINA BEZPALAIA

(Signature)

3-4-2019

(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

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**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.

Express Medical Transport, LLC  
Legal Name of Applicant

N/A  
Trade Name, if any

2183 East Village Rd Holland PA 18966-2932  
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.

IRINA BEZPALAIA - OWNER  
2183 East Village Rd Holland, PA 18966-2932

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

OWNER, 50% of Shares  
See attached OWNERS LIST

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.

✓ utilization of one vehicle.

Company will apply to become a provider for waiver participants with Office of Long-Term Living.

Company will receive customers request via service authorization form from PA Office of Long-Term Living (Department of Human Services).

Eventually, company is planning to be contracted with Managed Care Home and Community Based Service Providers (MCO).

We will communicate with drivers via telephone, completed attendance (ride) sheets.

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:
- Your hiring standards for drivers;
  - Your system for conducting criminal background checks;
  - Your driver training program;
  - Your system for conducting driver license checks;
  - Your policies regarding alcohol and drug use by your drivers.

*see attached policies*

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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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2010	DODGE	CARAVAN	7	2B4RN5215AR129124	151,940

\*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:
- Your periodic vehicle maintenance plan
  - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

✓ It is the policy of Express Medical Transport LLC to keep a vehicle well maintained and in safe and efficient operating condition at all the times. A good preventive maintenance program lowers repair frequency and lowers overall maintenance cost. The service portion of Preventive Maintenance is scheduled maintenance. The Express Medical Transport vehicle/vehicles will be given Preventive Maintenance according to the current maintenance plan.

Company is committed to following a strong daily inspection program. A vehicle/vehicles are to be inspected every day they are operated.

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

To successfully run this business we will have an insurance policy with 100K coverage. Please see the provided attachment.

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

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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.

IRINA Bezpalaja

(Signature)

IRINA Bezpalaja - owner

(Name and Title, printed or typed)

3-4-2019

(Date)

**Statement of Financial Position (Balance Sheet)**

As of (date) 3-5-2019

ASSETS

Current Assets

Cash 16,930.83  
 Other Current Assets (specify) DODGE CARAVAN 6,800.00

Total Current Assets 23,730.83

Tangible Assets

Motor Vehicle Equipment 0  
 Property (buildings, land, etc.) N/A  
 Office Equipment 605.00

TOTAL ASSETS 24,335.83

LIABILITIES

Current Liabilities (Due within one year of date)

Loans 0  
 Credit cards/revolving credit 0  
 Other Liabilities (Attach schedule) 0

Total Current Liabilities 0

Long Term Liabilities (Due after one year of date)

Mortgage 0  
 Long term commercial loan 0  
 Other Liabilities (Attach Schedule) 0

Total Long Term Liabilities 0

TOTAL LIABILITIES 0

*The BANK STATEMENT is attached.*

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
[WWW.CORPORATIONS.PA.GOV](http://WWW.CORPORATIONS.PA.GOV)

Rooney, John Francis  
2401 Pennsylvania Avenue Suite 1C41  
Philadelphia PA 19130

Express Medical Transport LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE LOCATED [WWW.CORPORATIONS.STATE.PA.US/Search/CorpSearch](http://WWW.CORPORATIONS.STATE.PA.US/Search/CorpSearch) OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND /OR UCC FILINGS , PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEBSITE.

ENTITY NUMBER : 6310383

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A request for a National Provider Identifier for the following provider was recently submitted to <https://nppes.cms.hhs.gov>, and you were listed as the contact person. This is to inform you that the request was successfully processed and the following NPI has been assigned: 1851756365. ✓

Express Medical Transport, LLC  
EIN: =====8477

Practice Location:  
2183 E Village Rd  
Holland, PA 18966-2932

Provider Taxonomies:  
Taxonomy: 341600000X  
Details: Ambulance  
This is the Primary Taxonomy.

If you have any questions about this notification you may contact the NPI Enumerator at:

NPI Enumerator  
PO Box 6059  
Fargo, ND 58108-6059  
1-800-465-3203 (NPI Toll-Free)  
1-800-692-2326 (NPI TTY)  
[customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)

You may view or change this provider's NPPES information by logging onto the NPPES website at <https://nppes.cms.hhs.gov>.

Please note: If you are not the provider, you are required to inform the provider of the information in this e-mail and furnish a copy of this notification to the provider.

Date of this notice: 10-19-2015

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 B

EXPRESS MEDICAL TRANSPORT LLC  
IRINA BEZPALAIA MBR  
2183 E VILLAGE RD  
HOLLAND, PA 18966

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you  
EIN This EIN will identify you, your business accounts, tax returns, and  
documents, even if you have no employees. Please keep this notice in your permanent  
records.

When filing tax documents, payments, and related correspondence, it is very important  
that you use your EIN and complete name and address exactly as shown above. Any variation  
may cause a delay in processing, result in incorrect information in your account, or even  
cause you to be assigned more than one EIN. If the information is not correct as shown  
above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file  
the following form(s) by the date(s) shown.

Form 1065

04/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at  
the phone number or write to us at the address shown at the top of this notice. If you  
need help in determining your annual accounting period (tax year), see Publication 538,  
*Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your  
representative. It is not a legal determination of your tax classification, and is not  
binding on the IRS. If you want a legal determination of your tax classification, you may  
request a private letter ruling from the IRS under the guidelines in Revenue Procedure  
2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note:  
Certain tax classification elections can be requested by filing Form 8832, *Entity  
Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification  
Election*, and elect to be classified as an association taxable as a corporation. If  
the LLC is eligible to be treated as a corporation that meets certain tests and it  
will be electing S corporation status, it must timely file Form 2553, *Election by a  
Small Business Corporation*. The LLC will be treated as a corporation as of the  
effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice,  
visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call  
1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is EXPR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 10-19-2015  
EMPLOYER IDENTIFICATION NUMBER:  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
|||

EXPRESS MEDICAL TRANSPORT LLC  
IRINA BEZPALAIA MBR  
2183 E VILLAGE RD  
HOLLAND, PA 18966

## EXPRESS MEDICAL TRANSPORT LLC JOB DESCRIPTION FOR NON-MEDICAL TRANSPORTATION DRIVERS

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### POSITION DESCRIPTION

You must have a Class C Driver's License.

Scheduled hours are primarily from 8:00 AM to approximately 6:00 PM, Monday through Sunday schedule. Occasional weekend or evening shifts may be required.

As a driver for Express Medical Transport, the safety of those being transported is the number 1 priority.

This position requires an ability to perform a full range of duties as assigned, working independently and exercising good judgment. Candidates should have experience in working with the public and/or senior population, and should be friendly, caring, positive, patient, calm, punctual and reliable.

### Key Responsibilities/Duties

- Transport of customers to and from assigned destination
- Assist customers on and off vehicle when necessary
- Conduct daily vehicle safety inspections
- Maintain daily logs
- Keep vehicles clean and gassed
- Report all maintenance and safety concerns
- Drive vehicles to Garage Maintenance Center for regular service

### QUALIFICATIONS

In addition to having the necessary knowledge, skills, and license to drive a passenger vehicle, the following qualifications are required:

- Good Driving Record
- Must undergo a criminal history / background verification by the PA State Police. If individual resides in PA for less than 2 years, or resides outside of PA, a criminal history verification from FBI will be made
- Possess excellent customer service and communication skills

Express Medical Transportation LLC owners list

- Irina Bezpalaia 50% of shares  
2183 East Village Road  
Holland, PA 18966  
SS# \_\_\_\_\_
  
- Armen Danielyan 50% of shares  
1517 Grant Ave apt A  
Philadelphia, PA 19115  
SS# \_\_\_\_\_

PA CORPORATION BUREAU ENTITY ID NUMBER ; \_\_\_\_\_



**Small Business Checking**

Account Number: \_\_\_\_\_

Statement Date: February 28, 2019

Page 1 of 1

**EXPRESS MEDICAL TRANSPORT LLC  
2183 E VILLAGE RD  
HOLLAND PA 18966**

- For Customer Service and disputes during business hours call **888.742.5272** or e-mail us at **info@thebeneficial.com**
- For 24-hour account information, pre-authorized transfers or disputes call **888.742.5272**
- For other information visit us at **www.thebeneficial.com**

***SMALL BUSINESS CKING***

Account Number: \_\_\_\_\_

**Account Summary**

PREVIOUS STATEMENT BALANCE AS OF 01/31/19	930.83
Total Withdrawal/Charges	.00
Total Deposits/Credits	16,000.00
<b>CURRENT STATEMENT BALANCE AS OF 02/28/19</b>	<b>16,930.83</b>

**Other Transactions**

Date	Description	Debits	Credits
02/19	CK Deposit		3,000.00
02/22	CK Deposit		7,000.00
02/25	CK Deposit		3,000.00
02/25	CK Deposit		3,000.00

**Daily Balance**

Date	Balance	Date	Balance	Date	Balance	Date	Balance
01/31	930.83	02/19	3,930.83	02/22	10,930.83	02/25	16,930.83

**SMALL BUSINESS CKING, \*****All transactions for the last 60 days**

<i>Date</i>	<i>Number</i>	<i>Description</i>	<i>Withdrawals</i>	<i>Deposits</i>	<i>Balance</i>
02/25/2019		CK Deposit		3,000.00	16,930.83
02/25/2019		CK Deposit		3,000.00	13,930.83
02/22/2019		CK Deposit		7,000.00	10,930.83
02/19/2019		CK Deposit		3,000.00	3,930.83
01/22/2019		CK Deposit		200.00	930.83

## BENEFICIAL BANK (0001)

**EXPRESS MEDICAL TRANSPORT LLC**  
**2183 E VILLAGE RD**  
**HOLLAND, PA 18966**

### Checking Activity

**Account Number**  
**SMALL BUSINESS CKING**

Transactions For Current Statement Period

### Account Summary

Previous Statement Balance as of Thursday, January 31, 2019	\$930.83
4 Deposits and other Credits.	+\$16,000.00
0 Withdrawals and other Debits.	-\$0.00
Service Charges.	-\$0.00
Current Statement Balance as of Thursday, February 28, 2019	\$16,930.83
Number of Days in this Period:	28
Beginning Interest Rate	0.000%
Interest Paid Year To Date	\$0.00

### Account Activity

Date	Description	Debit	Credit	Balance
01/31/2019	BEGINNING BALANCE			\$930.83
02/19/2019	CK Deposit		\$3,000.00	\$3,930.83
02/22/2019	CK Deposit		\$7,000.00	\$10,930.83
02/25/2019	CK Deposit		\$3,000.00	\$13,930.83
02/25/2019	CK Deposit		\$3,000.00	\$16,930.83

### Balance By Day

1. 1/31/2019: \$930.83	2. 2/19/2019: \$3,930.83	3. 2/22/2019: \$10,930.83
4. 2/25/2019: \$16,930.83		

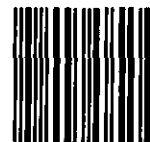
Express Med TRANSPORT  
2183 E. Village Rd  
Holland, PA 18966



7018 0680 0001 0093 5064



1000



17120

U.S. POSTAGE PAID  
FCM LG ENV  
SOUTHAMPTON, PA  
18986  
MAR 05, 19

AMOUNT

**\$7.90**

R2304E105393-09

Secretary, PA Public Utility  
Commission  
400 NORTH STREET, 2<sup>nd</sup> FLOOR  
HARRISBURG, PA 17120