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March 19, 2019

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

**RE: Answer to Request for Information of Tejeddine Direct Care Services,
LLC
Docket No. A-2019-3008337
Motor Common Carrier of Paratransit Service**

Dear Ms. Chiavetta:

Of Counsel

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

In response to your letter of March 12, 2019, enclose please find an answer with updated and revised pages of the Applicant's Application and Verified Statement, which respond to your correspondence, and which are verified by the Applicant.

By way of response to the content of your letter, the Application is updated to state the specific counties the carrier wishes to operate in, as well as to clarify that the Applicant does not intend to utilize services such as Uber, Lyft or Logisticare at the present time. If Applicant enters such a contract in the future, an updated filing will be made, as needed.

Thomas J. Timoney
(1927-2010)

John P. Knox
(1927-2015)

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

Thank you for your consideration of this matter.

Very truly yours,



Michael V. Di Girolamo

* Member NJ Bar
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‡ Member DE Bar
‡ Member MD Bar
† LLM Taxation

MVD/lha RECEIVED
Enclosures
2019 MAR 21 AM 10:33
PA PUC
SECRETARY'S BUREAU

Docket No. A-2019-3008337

Answer of Tejeddine Direct Care Services to Request for Information

In response to the March 12, 2019 Request for Information received from Rosemary Chiavetta, Secretary of the Pennsylvania Public Utility Commission, Applicant, Tejeddine Direct Care Services, LLC, respectfully submits the following revised sections of its initial application and verified statement.

- 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 Bucks, Montgomery, Lehigh, Northampton, Delaware, and Chester 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.

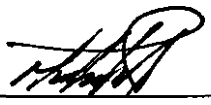
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure 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)

3/18/19
(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).

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 request services through a phone line, fax line, and email address located in the office, and eventually through Applicant's website.

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.

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)

Moussa Mohammad Ahmad, President
(Name and Title, printed or typed)

3/18/2019

(Date)

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FIRST-CLASS MAIL

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Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

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