

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)

Safelift Transportation Service 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 _____

(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).**

Adoma Gumbi
Murad Brown

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

440 South 60th
Street Address
Philadelphia PA 19143
City, State and Zip Code
267-892-3111
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)

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).

To transport people from the city and county of Philadelphia from home to doctors appointment and return

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.

Adama Gumbi

(Print Name)

Adama Gumbi

(Signature)

8-30-19

(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).

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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.

SafeIt Transportation Service LLC

Legal Name of Applicant

Trade Name, if any

440 S 60th St

Street Address (principal place of business)

Philadelphia

City or Municipality

PA

State

19143

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.

Adama Gumbi CEO

440 S 60th St

215-688-0439

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

Adama Gumbi
Murad Brown

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.

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3. Safelift Transportation is a two story building we are located on the first floor of 440 S 60th St. Our office space consists of a welcoming waiting area with three chairs. There are two reception desks where dispatchers greet customers that includes two desk top computers and sitting chairs. The office also contains a printer and file cabinets.

Safelift Transportation advertise and communicate via online platform. Our website is Safelifttransport.com. We also have an Instagram page entitled SLT. To request pick-up and drop off services customers can either call the main phone number or book a transport appointment via our company's website. We ask or prefer a 24 hour notice prior to scheduled appointment time for pick-up or drop-off.

Our office conveniently opens at 5:50am. Our driver will be provided a transport schedule daily at 6:00am. All drivers will be able to be contacted via cellphone to receive any changes in scheduling or operational needs i.e. Add-ones booking, cancellation in the area.

4a. All drivers must possess a valid driver license and have not been convicted of a DUI or any other criminal actions against the valid driver license.

4b. All qualified drivers will have to undergo a comprehensive pre-employment screening and criminal background check through epatch.state.pa.us.

4c. All drivers will be CPR certified. They will also have a day of training lesson for non-medical transportation on how to work the equipment and what to do in case of emergency.

4d. We will check driver license randomly. (next page)

4e. Our policy is to employ a work force free from alcohol abuse or the use of illegal drugs. Safelift Transportation takes drug and alcohol abuse as a serious matter and will not tolerate it. Safelift absolutely prohibits the use of alcohol or non-prescribed non-work place or while on company premises. It also discourages non-work place and alcohol abuse. The use, sale or possession of alcohol or drugs while on the job or company property will result in disciplinary action, up to and including termination, and may have legal consequences. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is our intent and obligation to provide a drug-free, healthful and safe work environment. Safelift Transportation reserves the right to demand a drug or alcohol test of any employee based upon reasonable suspicion. Failure to take a requested test may lead to discipline, including possible termination.

5. Safelift Transportation will be starting with 2 vehicles as the company grows we will purchase more. With 2 vehicles we will be able to transport 3-4 people in each vehicle.

6.

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.

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

*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).

a) The driver is responsible for checking the safety and general condition of the vehicle, including gas, oil, and other fluid levels, lights and brakes. With the assistance of the Safety/Loss Control Officer, supervisors will furnish vehicles with inspection checklists. If there is something wrong with the vehicle, which may affect safety, repairs will be made before use.

b) All of SafeLift Transportation Service will get there annually inspection from a company that follows (67 Pa Code, Chapter 175)

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

After Forward insight was giving I chose the best insurance that will meet the company needs.

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.

Adama Gumbi

(Signature)

Adama Gumbi CEO

(Name and Title, printed or typed)

8-30-19

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 8-30-19

ASSETS

Current Assets

Cash 21,765

Other Current Assets (specify) 5,000

Total Current Assets 26,765

Tangible Assets

Motor Vehicle Equipment _____

Property (buildings, land, etc.) 300,000

Office Equipment _____

TOTAL ASSETS \$326,765

LIABILITIES

Current Liabilities (Due within one year of date)

Loans 0

Credit cards/revolving credit 4,000

Other Liabilities (Attach schedule) 0

Total Current Liabilities \$4,000

Long Term Liabilities (Due after one year of date)

Mortgage 25,000

Long term commercial loan 0

Other Liabilities (Attach Schedule) 4,000

Total Long-Term Liabilities \$29,000

TOTAL LIABILITIES _____

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SECRETARY'S BUREAU

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Date of this notice: 08-01-2018

PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Employer Identification Number:
83-1420507

Form: SS-4

Number of this notice: CP 575 G

SAFELIFT TRANSPORTATION SERVICE LLC
ADAMA GUMBI SOLE MBR
440 S 60TH ST
PHILADELPHIA, PA 19143

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 83-1420507. 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.

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. 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.

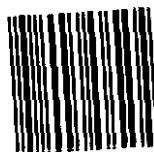
Your name control associated with this EIN is SAFE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

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AMOUNT

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FROM: (PLEASE PRINT)

PHONE (267) 201-5568

Safelift Transportation Service
440 s 60th st
Philadelphia, PA 19143

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available*)
- 10:30 AM Delivery Required (additional fee, where available*)

*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE ()

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

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<input checked="" type="checkbox"/> 1-Day		<input type="checkbox"/> 2-Day	
<input type="checkbox"/> Military		<input type="checkbox"/> DPO	
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
19050	9/5/19	\$ 25.50	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
9/4/19	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
11:11 AM	\$	\$	\$
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
\$	\$	\$ 25.50	
Weight	Acceptance Employee Initials		
1.8 lbs.	AS		
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY)	Time	Employee Signature	
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt (MM/DD/YY)	Time	Employee Signature	
	<input type="checkbox"/> AM <input type="checkbox"/> PM		

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