



**COMMONWEALTH OF PENNSYLVANIA**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

*E-filing and E-service only per Emergency Order M-2020-3019262*

May 17, 2021

Docket No. A-2021-3025887

**RELIANCE NON-EMERGENCY MEDICAL TRANSPORTATION INC  
2101 STENTON AVE  
PHILADELPHIA PA 19138-2509**

**RE: Application of Reliance Non-Emergency Medical Transportation, Inc., 2101 Stenton Ave., Philadelphia, PA 19138-2509. 267-930-3281**

To Whom It May Concern:

On May 10, 2021, the applicant of RELIANCE NON-EMERGENCY MEDICAL TRANSPORTATION, INC., was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile: <https://www.puc.pa.gov/filing-resources/efiling/>**

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:


I, **Onyinyechi Uguru**, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

A handwritten signature in black ink, appearing to read "Onyinyechi Uguru", is written over the text of the statement.

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,



Rosemary Chiavetta, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2021-3025887  
RELIANCE NON-EMERGENCY MEDICAL TRANSPORTATION, INC.  
Data Request

1. Please provide clarification for the age of passengers. The term “senior citizens” generally does not have a set age; therefore, the term in of itself is unacceptable. Please qualify the term by providing an age.

EXAMPLES:

- senior citizens aged 65, or older
- senior citizens aged 62, or older

2. **Information contained within your statement of financial position must be completed with the corporation assets and not those of the individual corporate member.** It is expected that at this point that the corporation should be fully funded, equipped, and ready to commence operations. If assets are being held by individual corporate members, the time has arrived to place assets in the corporate name. Please verify that your statement complies with these requirements, or revise your statement accordingly. Understand that failure to provide evidence of the corporation’s financial fitness and holdings is sufficient cause to dismiss and deny the application.

EXAMPLES OF COMMON ISSUES:

- do not include buildings or vehicles which are not actually **held by the corporation**
- do not include cash assets which are not in accounts **held by the corporation**

RELIANCE NON-EMERGENCY MEDICAL TRANSPORTATION, INC.

Data Request

1. Please provide clarification for the age of passengers. The term “senior citizens” generally does not have a set age; therefore, the term in of itself is unacceptable. Please qualify the term by providing an age.

To provide transportation services for mobility challenged people within and between points in the county of Delaware, and the City and County of Philadelphia, to points in PA, and return.

(Please disregard the mention of senior citizens)

2. **Information contained within your statement of financial position must be completed with the corporation assets and not those of the individual corporate member.** It is expected that at this point that the corporation should be fully funded, equipped, and ready to commence operations. If assets are being held by individual corporate members, the time has arrived to place assets in the corporate name. Please verify that your statement complies with these requirements, or revise your statement accordingly. Understand that failure to provide evidence of the corporation’s financial fitness and holdings is sufficient cause to dismiss and deny the application.

**Balance sheet attached.**

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

As of (date) 05/18/2021

ASSETS

Current Assets			
Cash		\$ 80,000	
Other Current Assets (specify)			
Total Current Assets			\$ 80,000
Tangible Assets			
Motor Vehicle Equipment		\$ 0	
Property (buildings, land, etc.)		\$ 6,000	\$ 6,000
Office Equipment			
	TOTAL ASSETS		\$ 86,000

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