

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)

Lync Transportation 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)

~~Lync Transportation Services, LLC~~ mm

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 "John boy 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 7378382

(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).**

Shila Sharma _____

6. **Mailing Address**

2913 Larkspur Lane
Street Address
Secane, PA 19018 Delaware
City, State and Zip Code County
267-230-7440 ssharma@lync-transport.com
Telephone Number E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

Street Address

City, State and Zip Code County

Telephone Number E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail 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?**

X 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).

Provide non-emergency door to door and curb to curb ground transportation services for the public with points of origination in Philadelphia and Delaware 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.

Shila Sharma

(Print Name)

Shila Sharma

(Signature)

11/1/2021

(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.

Lync Transportation Services, LLC

Legal Name of Applicant

Trade Name, if any

2913 Larkspur Lane	Secane,	PA	19018
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.

Shila Sharma, President/CEO
2913 Larkspur Lane
Secane, Pa 19018
267-230-7440

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

N/A

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

I possess over 15 years of executive leadership, in which I was directly responsible for the oversight of transportation services. I have a bachelor's degree in Organizational Leadership and Development from Saint Joseph's University, and I received my MBA from Penn State University.

I believe my professional, educational, and personal background in transportation will allow me to effectively provide PUC compliant, safe and reliable para-transit services for the citizens of Philadelphia and Delaware Counties.

4. 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.

Vehicles owned and operated by Lync Transportation Services, LLC will be parked in a secure lot/garage. My home office is the legal and physical address in which I will conduct non-driving related business activities and operations. My home office is equipped with a Desktop Computer, laptop, tablet, printer, fax machine, phone, hard drive, adding machines, high-speed internet and cloud storage.

All records required by the PUC and for fundamental business operations will be maintained accordingly and stored hard copy in a locking file cabinet and electronically using a secure cloud server solution. Customers may request services by phone or email. Once a request for service is received the route will be sent digitally to the assigned driver. All vehicles will be equipped with an onboard cellular/Wi-Fi enabled tablet. Tablet will be used for GPS Tracking and Route Optimization (all routes will go through a route optimization software to reduce individual customer ride times). Each driver will be assigned a dedicated company phone number and email that will be accessible from the device. Over the course of the next 12-24 months, we will begin adding a two-way digital radio solution.

5. 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.

All drivers must possess a high school diploma or GED, be at least 21 years or older with a valid driver's license. Drivers must meet mandated physical and mental requirements established by the state of PA and the US Dept of Transportation.

- a. Your system for conducting criminal background checks;
- A state criminal background check, FBI check, and child abuse history check will be required for all drivers prior to an offer for employment. These background checks will be paid for by Lync Transportation and performed using the following systems:
 - State Criminal History (ACT 34): epatch.state.pa.us
 - FBI: www.identogo.com- driver will make appointment to go to
 - fingerprint testing site and results will be sent directly to LYNC Transportation Services.
 - Child Abuse (ACT 33): CWIS portal www.compass.state.pa.us
 - Your driver training program;
 - All drivers will be required to complete On-line learning modules and continued Professional Development training. Drivers will be expected to complete the following training modules: USDOT/ TSI Fatigue Awareness, Defensive Driving, Distracted Driving, Rider Assistance & customer service practices, Incidence/Accident Reporting, Requirements of Americans with Disabilities Act (ADA).
 - Your system for conducting driver license checks;
 - DMV portal will be used to access driver license records: portal.pa.egov.com. Drivers are required to have a good driving record with a 10-year retroactive pre-employment check. DMV records will be continuously monitored for all drivers during their term of employment with Lync Transportation Services.
 - Your policies regarding alcohol and drug use by your drivers.
 - All employees will receive pre-employment drug and alcohol testing and reasonable suspicion drug and alcohol testing during employment. Lync Transportation has an active service agreement in place with Quest Diagnostics to provide screenings. Applicants with negative pre-employment screening results will not be offered employment. Employees that are subject to random screening and have negative results will be subject to disciplinary action/termination. Employees that voluntarily seek assistance for drug and alcohol use prior to becoming subject for discipline or termination will be allowed to use paid time-off, LOA, referred to treatment providers and otherwise accommodated as required by law.
- 6.

7. 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.

In the first year of operation, I intend to purchase 3-6 vehicles with seating capacities of up to 15 passengers per vehicle. This projection aligns with our sustainable business growth model. It also allows for efficient fiscal management practices of cash flow, assets, and liabilities. In addition, this conservative approach aligns with current driver labor shortages and our projected capacity to respond to market demand in the target demographic.

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.

8. 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).
- a. We will monitor timely completion of our vehicle fleet maintenance. Vehicle maintenance will adhere to manufacturer -specified preventive maintenance (PM) schedules and procedures; or adhere to PM schedules that comply with local, state, and federal US Dept of Transportation standards. Our standard PM of vehicles includes basic and extended preventive service/inspection to be completed by an ASE qualified professional. All vehicles will be scheduled for maintenance every 3,000-10,000 miles unless mechanical repair is required prior to maintenance period. We will analyze fleet maintenance data to ensure that individual vehicles are performing reliably and compliant with vehicle safety requirements.
- b. We will monitor timely completion all vehicle /equipment inspections and emissions to ensure compliance with 67 Pa Code, Chapter 175. All vehicles are subject to vehicle maintenance plan as described in the above section. Vehicle inspection will be performed by an authorized Pennsylvania Inspection station.

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

I have established a business relationship with a licensed insurance broker. The broker provided commercial automobile quotes for potential fleet vehicles. Through the broker, I also secured business liability insurance that includes sexual harassment coverage. Based upon the auto quotes I received I was approved for commercial automobile insurance through Progressive Insurance. The projected vehicle insurance rate of \$3,235 per year/ \$531 down/ 10 payments of \$270.33. This figure is based on 2 vehicles with a seating capacity of 12-15 passengers. Based on the ytd financial position of my company's cashflow I can afford the required premium payments.

10. 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

11. 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.

Shila Sharma

(Signature)

11/1/2021

(Date)

Shila Sharma, President/CEO

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 11/1/2021

ASSETS

Current Assets			
Cash	90,000.00		
Other Current Assets (specify)	100,000.00		
Total Current Assets	190,000.00		
Tangible Assets			
Motor Vehicle Equipment	20,000.00		
Property (buildings, land, etc.)	0.00		
Office Equipment	4,000.00		
TOTAL ASSETS	\$214,000.00		

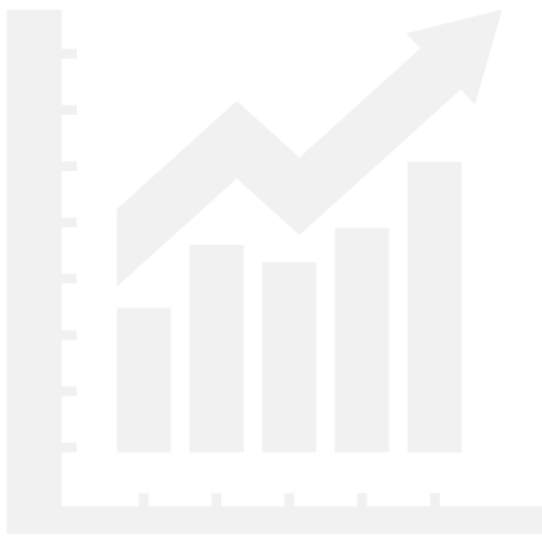
LIABILITIES

Current Liabilities (Due within one year of date)			
Loans	0.00		
Credit cards/revolving credit	2,000.00		
Other Liabilities (Attach schedule)	0.00		
Total Current Liabilities	2,000.00		
Long Term Liabilities (Due after one year of date)			
Mortgage	0.00		
Long term commercial loan	0.00		
Other Liabilities (Attach Schedule)	0.00		
Total Long-Term Liabilities	0.00		
TOTAL LIABILITIES	2,000.00		

Articles of Organization



A set of formal documents filed with the Secretary of State to legally document the creation of a new business entity.



**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:
LOVETTE DOBSON
Name
17350 STATE HWY 249 #220
Address
HOUSTON TX 77064
City State Zip Code
 Return document by email to: EFILE1234@INCFILE.COM

**Certificate of Organization
Domestic Limited Liability Company**



TML211007PF0886

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: LYNC TRANSPORTATION SERVICES LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)

2913 LARKSPUR LN, SECANE PA 19018 DELAWARE

Number and Street City State Zip County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o:

Name of Commercial Registered Office Provider

County

3. The name of each organizer is (all organizers must sign on page 2):

SHILA SHARMA 2913 LARKSPUR LN , SECANE, PENNSYLVANIA 19018

4. Effective date of Certificate of Organization (check, and if appropriate complete, one of the following):

The Certificate of Organization shall be effective upon filing in the Department of State.

The Certificate of Organization shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s).

See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

30TH day of SEPTEMBER, 2021.

Shila Sharma

Signature

Signature

Signature

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

LOVETTE DOBSON
17350 STATE HWY 249 STE 220
HOUSTON TX 77064

LYNC TRANSPORTATION SERVICES LLC

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for Business Taxes with the PA Department of Revenue & Labor and Industry or visit www.Business.pa.gov to find answers to most common registration questions.

If you have any questions pertaining to the Bureau, please visit our website at www.dos.pa.gov/BusinessCharities Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC filings can be found on our searchable database at www.corporations.pa.gov/Search/CorpSearch .

Entity number : 7378382