

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)

Tala Medical Trans Care 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? YES NO Previous Authority? YES NO

If YES, at PUC No. A- _____

4. Are you a business entity registered with the PA Dept. of State? NO YES
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number **7398788**

(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).**

Fatma Mohamed 100%

_____	_____
_____	_____
_____	_____

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

2102 Hoffnagle Street # 1

Street Address

Philadelphia PA 19152

City, State and Zip Code

267-322-0108

Telephone Number

Philadelphia

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)

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. _____

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 county of Philadelphia to medical and other facilities in PA, 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.

Fatma Mohamed

(Print Name)



(Signature)

12/10/2021

(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.

Tala Medical Trans Care LLC

Legal Name of Applicant

Trade Name, if any

2102 Hoffnagle Street # 1

Philadelphia

PA

19152

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.

Fatma Mohamed

2102 Hoffnagle Street # 1 Philadelphia Philadelphia PA 19152

267-322-0108

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.

The office is located at 2102 Hoffnagle Street # 1 Philadelphia PA 19152. At this location, applicant will maintain office space where all managerial, accounting and dispatch services will be performed. Appropriate desks, copiers, fax machines, computers, monitors and file cabinets will be on site. Separate drawers in the filing cabinets will be allocated for the maintenance of records required by the PUC and separate drawers for the records of the business in its normal operations. Communication with drivers will be through cell phones and other available communication. Customer requests are received by email and fax.

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

SEE ATTACHMENT

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
2012	Dodge	Caravan	4	1	
2007	Dodge	Caravan	4	1	
2003	Dodge	Caravan	4	1	

*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:
 - 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).

SEE ATTACHMENT

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

Applicant has spoken with insurance agent who has assured Applicant that it has an insurable interest and that the agency will issue a policy on the business and its vehicles.

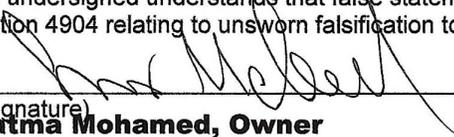
8. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

___ YES 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)
Fatma Mohamed, Owner

(Name and Title, printed or typed)

12/10/2021

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) Dec 10, 2021

ASSETS

Current Assets		
Cash	25,000.00	
Other Current Assets (specify)		
Total Current Assets		25,000.00
Tangible Assets		
Motor Vehicle Equipment	32,000.00	
Property (buildings, land, etc.)	700.00	32,700.00
Office Equipment		
	TOTAL ASSETS	57,700.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit		
Other Liabilities (Attach schedule) (Utilities)	850.00	
Total Current Liabilities		850.00
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
	TOTAL LIABILITIES	850.00

Tala Medical Trans Care LLC**PUC Application Attachment**

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:

a. Your hiring standards for drivers;

- Our hiring standards for drivers will require all drivers to be licensed driver in the Commonwealth of Pennsylvania and for them to have the appropriate classification of driver's licenses in the Commonwealth of Pennsylvania.

b. Your system for conducting criminal background checks

- We will conduct a background investigation of each driver. The background investigation will include a review of their driver licensing history and criminal background check, (both through state and federal agencies), credit reference, personal reference, recommendations from prior employers and character references.

c. Your driver training program;

- As part of the training program for drivers, they will go through a training phase/probationary period whereby they will be partnered with an existing driver to learn the routes, client handling techniques, destinations and education on courtesy and professional behavior. Customer-Relation Guidelines will be established so that every driver will be required to understand the needs of the clients and to ensure courtesy and professional behavior when dealing with said clients.

d. Your system for conducting driver license checks;

- All drivers will be investigated to confirm that they have a current license and will be required to report all infractions lodged against them during the time they are employed on a semi-annual basis. In addition, annual review of their driving history through the Bureau of Motor Vehicles will be conducted.

e. Your policies regarding alcohol and drug use by your drivers.

- Alcohol and illegal drug use are strictly prohibited. Legal/prescribed/medication is permitted, however, drivers will be prohibited from driving if the medication they are taking has side effects which may affect their ability to operate equipment. This will be strictly enforced and will be regularly monitored. Any violation will subject the driver to an immediate discharge.

6. Describe your vehicle safety program. Please include the following in your explanation:

a. Your periodic vehicle maintenance plan

- Once vehicles are acquired, they will be inspected on a regular basis. When a vehicle is first placed into service, it will be completely inspected by mechanics to receive proper vehicle

registration, inspection, emissions certifications to be licensed and registered in the Commonwealth of Pennsylvania.

b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

- All vehicles will be required to be in complete compliance with the laws in the Commonwealth of Pennsylvania, for the operations of motor vehicles as well as to maintain equipment standards pursuant to 67 Pa. Code and Chapter 175. All Vehicles will be appropriately marked and identified as P.U.C. Certified carriers with the name of the company and the P.U.C. number on the vehicle. The lettering will be in compliance with P.U.C. Regulations. No vehicles would be permitted to be on the road without proper certificates. In addition to the above, each driver will be instructed on regular inspections of the vehicles to confirm that tire air pressure is appropriate, tire wear is proper, all lights and signals operate regularly and properly, all seats and interior passenger compartment equipment is functioning properly, all windows, wipers and other equipment are in good working order! Any non-functions are to be reported immediately by the drivers.
- The company anticipates having the highest level of customer service standards in place in its operations. Their comfort, safety and well-being will always be in the forefront of the company's standards for service. All clients/customers will be informed that they can contact the Customer Service number to report positive as well as negative experiences in dealing with our company.
- All customer complaints will be promptly and timely identified and addressed. Where appropriate, meetings and interviews with the customer will be coordinated and investigations conducted to verify the nature of the complaint and to identify the occurrence. Resolution plans will be initiated based upon the nature and type of complaint and the customer will be advised of the course of conduct and action taken by the company.

NAME

Fatma Mohamed

.....

ADDRESS

**2102 Hoffnagle Street #1
Philadelphia PA 19152**

.....

TITLE

Owner

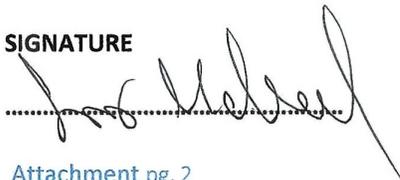
.....

PHONE

267-322-0108

.....

SIGNATURE



.....

DATE

12/10/2021

.....

PERSONAL STATEMENT OF FINANCIAL POSITION

OF TALA MEDICAL TRANS CARE LLC

As per 52 Pa Code § 1.36

With the Licensure, we can seek to acquire additional contracts. Until we have contracts, we will not be hiring employees. Once we have contracts, we will be in a position to bring on additional employees as the workload increases. Currently, the net worth of **\$56,850.00** (*fifty-six thousand eight hundred fifty dollars*) will be sufficient for complying and performing under the initial contract we have.

I, **FATMA MOHAMED**, hereby state that the facts 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. Section 4904 relating to unsworn falsification to authorities.

NAME

Fatma Mohamed
.....

TITLE

Owner
.....

SIGNATURE

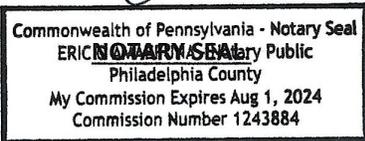
Fatma Mohamed
.....

DATE

12/10/2021
.....

Eric M. Saeed

12/10/2021



CORPORATE STATEMENT OF FINANCIAL POSITION

OF TALA MEDICAL TRANS CARE LLC

As per 52 Pa Code § 1.36

The Assets of the applicant reflect a net worth of **\$56,850.00** (*fifty-six thousand eight hundred fifty dollars*), currently the net worth of **\$56,850.00** will be sufficient to allow us to start operations and acquire our first vehicle.

I, **FATMA MOHAMED**, hereby state that the facts 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. Section 4904 relating to unsworn falsification to authorities.

NAME

Fatma Mohamed
.....

TITLE

Owner
.....

SIGNATURE

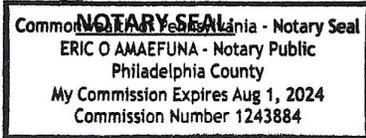
Fatma Mohamed
.....

DATE

12/10/2021
.....

Eric O Amaefuna

12/10/2021



Tala Medical Trans Care LLC
RULES REGULATIONS

CONDUCTING BUSINESS

- 1) Advance reservations are required and must be made 5 hours prior to service being rendered. Any reservation made less than 5 hours to travel time will be charged an additional fee.
- 2) Rates for mileage are determined by the odometer of the vehicle in use and mileage and time begin when the vehicle leaves the passenger's premises or using a GPS map. The final mileage is determined upon drop-off of the passenger.
- 3) Additional expenses necessitated by or incurred at the request of the passengers, including but not limited to, highway tolls, bridge tolls, entrance fees and parking, shall be added to the charge of the trip.
- 4) If any trip requires the vehicle and driver to remain at destination overnight, or at any point route to destination overnight, the patron will be responsible for providing carrier's drive with accommodations at overnight facility (motel, hotel) being utilized by patron and all meals required by the carrier's driver. Expenses for driver's lodging and meals while on trips out of town which are in excess of 10 hours will be added to the basic charge.
- 5) Trips on the following Holidays are subject to Flat Rate fees as listed in RATES:
 - a. New Year's Eve and New Year's Day
 - b. Memorial Day
 - c. Independence Day
 - d. Labor Day
 - e. Thanksgiving Day and Black Friday (Day after Thanksgiving)
 - f. Christmas Eve and Christmas Day
- 6) Carrier requires a deposit of not more than 20% of the quoted charter price. Forfeiture of deposits are within the following limitations:
 - a. Forfeiture of not more than 50% of the deposit if the charter is cancelled by the customer more than 15 but less than 30 days prior to the date the transportation was to depart, and
 - b. Forfeiture of not more than the total amount of the deposit if the cancellation occurs within 15 days prior to the date the transportation was to depart.
- 7) Contract services will be for a term of not less than 30 days for pre-qualified persons under a federal, state, county or municipal government agency contract. Rates for the services will be specified in the respective contracts, copies of which, including any amendments thereto, are to be filed with the Commission as executed to become effective on one day's notice.

SCHEDULE OF RATES PER PERSON

- 1) WEEKDAY RATES-MONDAY THROUGH FRIDAY FROM 8:00 A.M. UNTIL 6:00 P.M.
 - a. Class of Services:
 - i. Ambulatory: \$18.00 per mile plus flat fee of \$1.50
 - ii. Wheelchair: \$24.00 per mile plus flat fee of \$3.00
 - iii. Waiting: \$25.00 per hour
 - iv. Additional Charges: Upon request of special services rate to be negotiated
- 2) MINIMUM FLATE RATES-FOR ALL LOADED MILES FROM THE POINT OF PICKUP TO POINT OF DROP-OFF (ONE WAY)
 - a. Evening Hours: 6:00 PM to 8:00 AM
 - i. \$55.00 Ambulatory Transport for Trips up to 15 miles plus \$2.25 per mile over 15 miles
 - ii. \$65.00 Wheelchair Transport plus \$2.25 per mile over 15 miles

- 3) Weekend Hours: Saturday 12:01 AM to Monday 7:59 AM
 - a. \$60.00 Ambulatory Transport for Trips up to 15 miles plus \$2.25 per mile over 15 miles
 - b. \$70.00 Wheelchair Transport plus \$2.25 per mile over 15 miles
- 4) Holidays-12:01 AM TO 11:59 PM
 - a. \$75.00 Ambulatory Transport For trips up to 15 miles plus \$2.25 per mile over 15 miles
 - b. \$80.00 Wheelchair Transport plus \$2.25 per mile over 15 miles

Reservations:

- Any Reservation made less than five (5) hours before travel time will be charged an additional \$25.00 fee.

Waiting Time At Origin:

- After the first twenty (20) minutes of free time the passenger will be charged at the rate of \$7.50 for every fifteen (15)minute increment, or any fraction thereof.

Waiting Time During Trip:

- If the driver is requested to wait for a customer at the destination or during a trip, there will be an additional waiting time charge of \$7.50 for every fifteen (15) minute increment, or any fraction thereof.

Extra Attendant:

An extra attendant shall be provided by reservation in those instances where necessary, according to the passenger's needs or condition. The charge for the extra attendant is \$50.00 per trip and an additional \$10.00 per half hour, or any fraction thereof, after the first two hours from Pick up time.

NAME
Fatma Mohamed
.....

TITLE
Owner
.....

ADDRESS
2102 Hoffnagle Street # 1 Philadelphia PA 19152
.....

PHONE
267-322-0108
.....

SIGNATURE

.....

DATE
12/10/2021
.....

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

Return document by mail to:

Fatma Mohamed
 Name
 2102 Hoffnagle Street # 1,
 Address
 Philadelphia PA 19152
 City State Zip Code

Return document by email to: _____

Certificate of Organization Domestic
 Limited Liability Company
 DSCB:15-8821(rev. 2/2017)



8821

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

Fee: \$125.00 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 (designator is required, i.e., “company”, “limited” or “limited liability company” or abbreviation):
 Tala Medical Trans Care LLC

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

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

2102 Hoffnagle Street # 1	Philadelphia	PA	19152	Philadelphia
Number and Street	City	State	Zip	County

(b) name of its commercial registered office provider and the 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):

Name	Address
Fatma Mohamed	2102 Hoffnagle Street # 1 , Philadelphia , Philadelphia , PA , United States , 19152

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

- The Certification of organization shall be effective upon filing in the Dept of State.
- The Certification of organization shall be effective _____ at _____
 on: 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 an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 10 day of November, 2021.

Fatma Mohamed

Fatma Mohamed

Signature