

## 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)

TASS Trans

- 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 7376131

(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).**

<u>Abdelmoniem Taka</u>	<u>CEO</u>
<u>Omer Adam</u>	<u>CEO</u>
_____	_____
_____	_____

6. **Mailing Address**

6453 Eastwood St  
Street Address

Philadelphia, PA 19149                      Philadelphia  
City, State and Zip Code                      County

2679700089                      info@tasstrans.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).
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Philadelphia, Bucks, Montgomery

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*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.

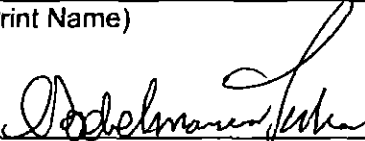
## Verification of Application

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.

Abdelmoniem Taka

(Print Name)

  
(Signature)

12/6/2021  
(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.

Tass Trans LLC

Legal Name of Applicant

Trade Name, if any

6453 Eastwood St

Philadelphia

PA

19149

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.

Abdelmoniem Taka

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

Abdelmoneim Taka CEO

Omer Adam CFO

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.

See Attached Sheet # 3

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PA PUC  
SECRETARY'S BUREAU

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.

See Attached Sheet # 4

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;
  - 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.

See Attached Sheet # 5

6. 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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

\*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

7. 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).

we will have a contract with one of the professional workshops

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

We contact commercial brokers

9. 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.

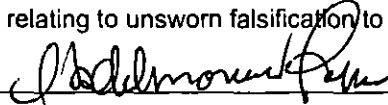
YES     NO

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10. 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)  
**Abdelmoniem Taka , CEO**  
 \_\_\_\_\_  
 (Name and Title, printed or typed)

12/6/2021  
 \_\_\_\_\_  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) \_\_\_\_\_**

ASSETS

Current Assets

Cash	_____	
Other Current Assets (specify)	_____	
Total Current Assets		_____

Tangible Assets

Motor Vehicle Equipment	_____	
Property (buildings, land, etc.)	_____	_____
Office Equipment	_____	_____

TOTAL ASSETS		_____
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LIABILITIES

Current Liabilities (Due within one year of date)

Loans	_____	
Credit cards/revolving credit	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		_____

Long Term Liabilities (Due after one year of date)

Mortgage	_____	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		_____

TOTAL LIABILITIES		_____
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### **Attachment #3**

#### Abdelmoniem Taka Experience

A Medical Transportation Driver for Sara Car Care for 4 years, providing transportation services to patients and clients, to and from Hospitals, Dialysis, Medical Center, Offices, Rehab Center, and Private Residence safely and professionally.

Typical duties associated with this role include:

- Transporting Patients using company vehicles.
- Vehicle maintenance.
- Present professional image and attitude in regards to clients, visitors, coworkers and completing daily vehicle pre-trip inspection and maintaining vehicle cleanness.
- Assisting clients and patients as needed, and helping them onboard and unboard the vehicle.
- Following strong and safe driving skills
- Using problem-solving technique
- The Ability to read and comprehend all points as stated in the Transportation Handbook (Drivers).
- Valid Driver Record.
- CPR/First Aid Certificate.
- Previously worked as a Cap Driver around the City of Philadelphia.

#### Omer Adam Experience:

Currently, works as an accountant with a company providing services to individuals with disabilities, with previous experience in the field for more than 10 years as Direct Support Professional.

Previous Experience as a Tax Office Manager, currently a Seasonal Senior Tax Analyst with H&R

### **Attachment # 4**

For the time being, I am using my residence as a location for the business, and planning to get a bigger space upon company start.

we will be using the phone, fax email, and apps to communicate,

We will maintain the indivual record in a fireproof cabinet.

## **Attachment # 5**

We will start with 2 drivers, which allow us to provide exceptional and reliable service when we start with a few clients, and then we will expand according to the planned growth without jeopardizing our image and reputation.

### **Driver Selection Criteria:**

Tass Trans looking for a driver that: -

- Reliable and trustworthy.
- Show up for their routes on time.
- Alert.
- Good Driving Record.
- Good Communication Skills.
- Follow other government required/mandated rules for hiring a fleet driver

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SECRETARY'S BUREAU

### **Background Check:**

Tass Trans requires that all personnel have a Pennsylvania State Criminal Record Clearance submitted before working with any individual receiving services. There are criminal offenses that Tass Trans is not able to hire for as dictated by Act 13. You will be given a list of these offenses upon hire and will be expected to disclose any offenses. If you have not lived in Pennsylvania for at least one year, Tass Trans will require an FBI clearance as a condition of employment.

Both Child Abuse and FBI clearances are required for any employee who will directly support anyone under the age of 18.

### **Driver License Check:-**

Consent will be requested to run a ten-year motor vehicle history with the Department of Transportation. Additionally, all employees are expected to inform Tass Tran immediately if any Traffic Violation occurred before or during employment

A copy of these clearances must be provided to Tass Trans before any employee will be scheduled to work

### **Anti-Substance Abuse Policy**

Tass Trans takes seriously the problem of drugs and alcohol and is committed to providing a substance abuse-free workplace for its employees. The policy applies to all employees and contractors of Tass Trans, without exception, including part-time and temporary employees. No employee is allowed to consume, possess, sell or purchase any alcoholic beverage on any property owned by or leased on behalf of Tass Trans, or in any vehicle owned or leased by Tass Trans.

Employees/Contractors should report evidence of alcohol or drug use to a supervisor or a personnel representative immediately. In cases where the use of alcohol or drugs poses an imminent threat to the safety of persons or property, an employee must report the violation. Failure to do so could result in disciplinary action for the non-reporting employee. Employees who violate the Anti-Substance Abuse Policy will be subject to disciplinary action, including termination,

As a part of our policy to ensure a substance abuse-free workplace, Tass Trans employees/Contractor may be asked to submit to a medical examination and/or be clinically tested for the presence of alcohol and/or drugs.

Employees may be escorted to the testing center and escorting will be subject to Tass Trans's discretion. Within the limits of federal and state laws, we reserve the right, at our discretion, to examine and test for drugs and alcohol. Some such situations may include, but not be limited, to the following:

- All employees/Contractors who are offered employment with Tass Trans.
- Where there are reasonable grounds for believing an employee/Contractor is under the influence of alcohol or drugs.
- As part of an investigation of an accident in the workplace in which there are reasonable grounds to suspect alcohol and/or drugs contributed to the accident.
- On a random basis, where allowed by applicable law.
- When an employee returns to duty after an absence other than from vacation or sick leave.

**Safety Driving Technique:**

Tass Trans will collaborate with other agencies to provide training in Defensive Driving Techniques

Since operator error is considered the number one cause of automobile accidents, it is in the best interests of all parties to ensure that those who operate vehicles within the scope of employment are properly educated as to safe driving practices. To this end, training of employees will be conducted as follows:

- Employees who drive will be required to attend driver safety training sessions offered by Tass Trans on a minimum annual basis.
- As previously advised, a defensive driver course will be required of drivers who committed a violation that required to be retrained.
- All training sessions will require documentation as to the employee's attendance and understanding of the material presented.
- The training offered within employee orientations will also include a review of Tass Trans Fleet Safety Policy Defensive Driving.

## Revenue Monthly

Expected Per Vehicle/Month

3 Students*22 Day@220/Day	14,520.00
Attendee,22 Day@135/Day	2,970.00
10 Miles a day , 22 Days @ 2.75	<u>605.00</u>
	18,095.00

## Expenses:

Vehicle price and associated interest		
Leased Vehicl ( Lease Amount, Interest, Management Etc)	750.00	
Total	750.00	<u>750.00</u>
Operating costs		
Cell Phone Per Driver +Partial of the Dispactcher Cost*	75.00	
Fuel 80.00/Day @ 22 Days	1,760.00	
Insurance*	700.00	
Advertising*	100.00	
Others*	120.00	
Total	2,755.00	<u>2,755.00</u>
Maintenance costs		
Oil Change	80.00	
Cleaning	100.00	
Depreciation*	600.00	
Others	300.00	
Total	1,080.00	<u>1,080.00</u>
Driver costs		
Driver : for 40Hr/Week @ 15.00 for 22 Days Average Monthly Works	2,640.00	
Attendee : for 40Hr/Week @ 12.00 for 22 Days Average Monthly Works	2,112.00	
Total Driver and attendee Cost	4,752.00	<u>4,752.00</u>
Downtime costs*		
Spread of the 3 month no School to included in the monthly for 9 month*	280.56	
Others Unseen( Driver /Attendee)	528.00	
Total	808.56	<u>808.56</u>
Total Expenses	10,145.56	<u>10,145.56</u>
<b>Net Profit</b>		<u><b>7,949.44</b></u>

## Statement of Financial Position (Balance Sheet)

### ASSETS

#### Current Assets

Cash	6,900.00
Other Current Assets (Stock)	17,000.00
Other Current Assets (401K @ 50%)	6,000.00

Total Current Assets 29,900.00

#### Tangible Assets

Motor Vehicle VAN	12,000.00
Motor Vehicle Cars	40,000.00
Property (buildings, land, etc.)	465,000.00
Office Equipment	3,200.00

TOTAL ASSETS 550,100.00

### LIABILITIES

#### Current Liabilities (Due within one year of date)

Loans	-
Credit cards/revolving credit	-
Other Liabilities (Attach schedule)	-
Total Current Liabilities	-

#### Long Term Liabilities (Due after one year of date)

Mortgage	248,000.00
Long term commercial loan	-
Other Liabilities (Car)	23,520.00
Total Long-Term Liabilities	271,520.00

TOTAL LIABILITIES 271,520.00

Owners Equity 278,580.00

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

Abdelmoneim Taka  
6453 Eastwood St  
Philadelphia PA 19149

Tass Trans 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](http://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](http://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](http://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](http://www.corporations.pa.gov/Search/CorpSearch) .

Entity number : 7376131

Date of this notice: 09-20-2021

Employer Identification Number:  
87-2727413

Form: SS-4

Number of this notice: CP 575 B

TASS TRANS  
ABDELMONEIM TAKA MBR  
6453 EASTWOOD ST  
PHILADELPHIA, PA 19149

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 87-2727413. 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.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2023

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

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.

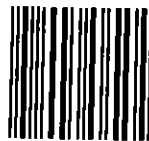
To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.



From TassTrans. LLC  
6453 Eastwood St  
Philadelphia, PA 19149



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17120

U.S. POSTAGE PAID  
FCM LG ENV  
PHILADELPHIA, PA  
19149  
DEC 07, 21  
AMOUNT

**\$1.76**

R2303S101023-75

To. Secretary PA Public Utility Commission  
400 North Street second floor  
Harrisburg, PA. 17120