

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

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)

Shams Transportation 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 87-3603687

(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).**

Mohamed Shamseldin

6. **Mailing Address**

2038 Glendale ave
Street Address

Philadelphia, PA 19152
City, State and Zip Code

Philadelphia
County

2672106075
Telephone Number

shamseldin018@yahoo.com
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?**

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).

The company will working in medical transportation services such as taking ~~people~~ ^{Patients} to dialyses, doctor appointments, and physical therapies.

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.

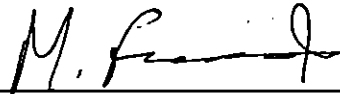
Verification of Application

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.

Mohamed Shamseldin

(Print Name)



(Signature)

2/7/22

(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).

At t
as mentioned in the checklist a bove.

he begening I will hire 2 two drivers plus my self and will hire more if

RECEIVED

2022 FEB 16 AM 10:33

PA PUC
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.

Shams Transportation LLC

Legal Name of Applicant

Trade Name, if any

2038 Glendale ave

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.

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 have been working for medical transportation companies since 2017 to present as a driver and coordinator and have a good experience to handle and perform the job.

See

- see my resume attached.

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.

Currently I am going to use my basement as a temporary office. It is prepared with all necessary equipments such as computers and furniture redy for use.

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:
- 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.

At the begening I will hire 2 two drivers plus my self and will hire more if the business expanded. I will folow all rule and regulation regardir as mentioned in the checklist a bove.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2015	Dodge	Caravan	4 plus 1 wheelchair access		
				2C7WDGBG4FR652123	120000
2009	FORD	E 150	5 PLUS 2 Wheelchair access		
				1FTNE14W69DA84603	150000

*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).
 - 1. My maintenance plan will be general check up, services, and mechanic maintenance after evry 5000 miles, driving or 3 months working period.
 - 2. My vehicles are equiped with all necessary safety equipments and requirements that are required by the State of Pennsylvania.

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

Currently I have a commercial insurance from Progressive insurance usinfg it for Uber and Lyft wheelchair access. I am planning to transfer that policy to my company (afer modified it with requirements)if everything go well .

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.

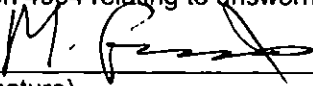
YES

NO

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)

Mohamed Shamseldin

(Name and Title, printed or typed)

2/7/22

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets			
Cash		<u>\$10,000</u>	
Other Current Assets (specify)			<u>10,000</u>
Total Current Assets			
Tangible Assets			
Motor Vehicle Equipment	4 vehicles	<u>70,000</u>	
Property (buildings, land, etc.)			
Office Equipment			
	TOTAL ASSETS		<u><u>70,000</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		<u>0</u>	
Credit cards/revolving credit		<u>0</u>	
Other Liabilities (Attach schedule)		<u>0</u>	
Total Current Liabilities			<u>0</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		<u>0</u>	
Long term commercial loan		<u>0</u>	
Other Liabilities (Attach Schedule)		<u>0</u>	
Total Long-Term Liabilities			
	TOTAL LIABILITIES		<u><u>0,000</u></u>

RECEIVED

2022 FEB 16 AM 10:33

PA PUC
SECRETARY'S BUREAU

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:
Name _____
Address _____
City _____ State _____ Zip Code _____
 Return document by email to: _____

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



TCO211022BN2140

Read all instructions prior to completing. This form may be su
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: Shams Transportation 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)

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: United States Corporation Agents, Inc., County of Lehigh
Name of Commercial Registered Office Provider _____ County _____

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

Cheyenne Moseley, Legalzoom.com, Inc.

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)

2021 OCT 19 PM 3:48
PA DEPT OF STATE

RECEIVED
2021 FEB 16 AM 10:33
PA FILE
SECRETARY'S BUREAU

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.

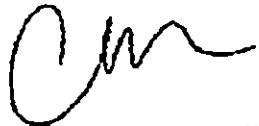
Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

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

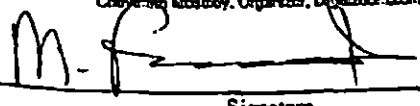
7. For additional provisions of the certificate, if any, attach 8 1/2 x 11 sheet(s).

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

19 day of October, 2021.



Cheryn Moustloy, Organizer, Libetec.com, Inc.



Signature

Signature

Re: Shams Transportation LLC

To Whom It May Concern:

According to Shams Transportation LLC Operating Agreement, the members of Shams Transportation LLC, are as follows:

Mohamed Shamseldin

The authority, rights and duties of the members are set forth in the Company's Operating Agreement.

Furthermore, LegalZoom resigns as organizer for the Company effective upon the date of this letter.

Yours sincerely,
LegalZoom.com, Inc.

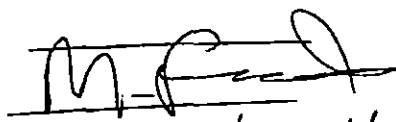
By: 

Cheyenne Moseley
Authorized Representative

Agreed to on:

By:

Name:


Mohamed Shamseldin

"Representative"

MOHAMED H. SHAMSELDIN, PMP

PROJECT MANAGER

Innovative, performance-driven executive with 15 years' experience in project management, program management, behavioral health, and humanitarian aid. Highly creative with strong technical expertise. Proven record of identifying and implementing process improvements to increase revenue, improve workflow, and enhance customer satisfaction.

WORK EXPERIENCE

Project Manager -Sudan Commission for Refugees, Sudan (11/1992 – 10/1996)

- Managed inter-departmental team of 50 employees.
- Proposed and revised project budgets with UNHCR officers.
- Prepared regular and period ending cost and performance reports.
- Implemented cost control programs to maximize the impact of limited resources.
- Managed project staffing, resolved workplace conflicts and enforced worker safety programs.
- Improved the safety and quality of life for displaced refugees.

Senior Inspector -Sudan Ministry of Foreign Trade, Sudan (08/1997 – 07/2005)

- Assisted national efforts to maintain trade relationships with other International Economic Organizations and global trade markets.
- Updated export policies based on legislative/judicial decisions.
- Researched current business needs and product offerings of Sudanese exporters.
- Maintained centralized database of product offerings.
- Addressed customer inquiries and concerns.

Therapeutic Support Staff -Staffing Plus, Haverford, PA (03/2007 – 08/2010)

- Taught problem-solving skills and developed academic and behavioral improvement action plans; Utilized Physical Shadowing to role model anger control and proper expression of needs.
- Implemented and enforced rules and regulations.
- Tracked and reported on the progress of therapy efforts.

Project Manager -Si Sewa International, Sudan (08/2010 – 12/2016)

- Collaborated with project sponsors and stakeholders to complete project charter(s).
- Outlined scope, goals, deliverables, resources, budgets, and timing for charter documents.

EDUCATION

MBA, Master of Project Management

Keller Graduate School of Management/Devry University
2009

Bachelor of Business Administration

University of Cairo, Khartoum Branch, 1991

KEY SKILLS

- Project Management
- Program Management
- Process Improvement
- Staff Management
- Data Analysis
- Microsoft Project
- Microsoft Office

CERTIFICATIONS

PMP (Project Management Professional)

Project Management Institute

LANGUAGES

English
Arabic

- Anticipated and resolved problems to ensure adherence to timeline
- Tracked and reported on project milestones and progress to stakeholders.
- Developed and implemented tools for refining best practices in project management.
- Coordinated cross functional teams across international borders.

Residential Aid Worker -US Medical Staffing, Philadelphia, PA
(03/2017 – 05/2018)

- Established behavioral guidelines and monitored compliance.
- Taught daily living skills, such as shopping and budgeting, and assisted with benefits claims.
- Helped residents manage addictions.
- Accompanied residents to doctor's appointments and outdoor Activities.
- Encouraged physical activity and assisted with meals.

Title Direct Care Worker -Resources for Human Development,
Philadelphia, PA
(02/2018 -10/2018)

- Assisted the elderly and physically disabled with mobility, dressing, and bathing; Monitored rehabilitation.
- Managed prescribed medications, prepared meals and assisted with light housework.
- Taught basic independent living skills to developmentally disabled adults.
- Provided support and assistance to disabled school children.
- Conferenced with families to discuss patient needs.

Logistics Coordinator/Driver – Sarah Car Care INC & TM
Transportation LLC, Philadelphia, PA

Contact: Monier Hamad : 215 500 9986

Yagoub Tibin : 2675974157

(03/2018 – Present)

- Take patients to dialyses, doctor appointments, physical therapies, and dispatching.
- Plan and manage logistics, transportation, and customer service.
- Create policies, procedures, risk management programs, and supply chain processes to increase efficiency and reduce costs.
- Assess and resolve all issues and concerns relating to logistics systems, transportation and the customer base.
- Maintain detailed and accurate logistics data for daily, weekly, and quarterly reports, including usage metrics, customer issues, training records, work logs, and schedule documentation.

SOFT SKILLS

- Teamwork
- Resourcefulness
- Adaptability
- Motivation
- Communication
- Conflict Management
- Influence

CONTACT

P: 267-210-6075

E: shams0862@yahoo.com

A: PA, USA

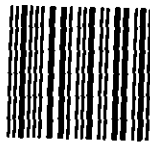
**References Provided Upon
Request**

FROM:

Mohamed Shamseldin
Shams Transportation LLC
2038 Glendale Ave
Philadelphia, PA 19152



1000



17120

U.S. POSTAGE PAID
FCM LG ENV
PHILADELPHIA, PA
19148
FEB 11, 22
AMOUNT

\$1.96

R2305K142486-27

TO:

Secretary of Public Utility
Commission
400 North Street
2ND FLOOR
Harrisburg, PA 17120