

APPLICATION CHECKLIST

Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND FLOOR, HARRISBURG, PA 17120

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:

- Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
- Transportation of people to correctional facilities for visitation.
- Transportation of people in wheelchair and stretcher vans.

****Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at www.nicinsurancefilings.com . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- | | | |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD). |
| | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
| | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits). |

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)

Anantee Non Medical 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?** x NO **Previous Authority?** ___ NO

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** YES

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 7573799

(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).**

Christian Tody

_____	_____
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

630 Freedom Business Center, 3rd Floor

Street Address

King of Prussia, PA 19406

Montgomery

City, State and Zip Code

County

267-207-0814

kawotody@gmail.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.)

Same as mailing address

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).

To transport, as a common carrier, by motor vehicle, persons in Paratransit service, from points in the counties of Delaware county, Philadelphia county and Lehigh county, 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.

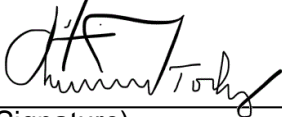
Verification of Application

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.

CHRISTIAN TODY

(Print Name)



9/6/2022

(Signature)

(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.

Anantee Non Medical Transportation LLC

Legal Name of Applicant

Trade Name, if any

630 Freedom Business Center, 3rd Floor, King of Prussia, PA 19406

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.
NAME: Christian Tody
TITLE: Owner/Executive Director
BUSINESS ADDRESS: 630 Freedom Business Center, 3rd Floor, King of Prussia, PA 19406
TELEPHONE NUMBER: 267-207-0814

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

NOT APPLICABLE

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.

Mr. Christian Tody has over four years of experience providing direct support and transportation services to individuals with disabilities and the elderly. Mr. Tody has spent a majority of his adult life supporting individuals with disabilities and the elderly in various capacities including individual support, providing transportation to individuals to ensure community engagement, and for medical appointments. As the owner of Anantee Non Medical Transportation LLC, Mr. Tody will continue to support the elderly and individuals with physical and developmental disabilities in need of transportation to medical appointments and to ensure they have access to other community services.

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.

Anantee Non Medical Transportation LLC maintains its records at the company's business office located at 630 Freedom Business Center, 3rd Floor, King of Prussia, PA 19406 . All records required by PUC as well as for normal business are maintained under locked cabinets at the company's physical location in compliance with state and federal confidentiality laws. The physical location of the company is a business office with telephones, fax machines and computer systems for communication. All vehicles shall be housed at the physical location of the company.

Customer requests shall be received via telephones. Anantee Non Medical Transportation LLC maintains a schedule of drivers available to work on a given day. Drivers are dispatched based on a mapping system to fulfill request and to ensure requests are fulfilled expediently while the driver follows all driving laws in Pennsylvania. Anantee Non Medical Transportation LLC maintains continuous communication with drivers via a 2-way communication cell phones.

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.

Anantee Non Medical Transportation LLC will hire 3 drivers, 1 full time driver, 1 part time drivers and 1 per diem driver as back-up in the event of a staffing need to operate three vehicles. The company will hire more drivers as more vehicles are purchased and the company grows.

- a. **Hiring standards for drivers;** *All drivers must complete the company's job application form, and an in-person interview with a manager or supervisor. The company also conducts at least two satisfactory professional reference checks. Educational background and certifications such as CPR/First Aid certifications are also obtained and verified, the applicant's age is verified and documented in the driver's confidential employee file. All drivers must be physically able to drive company vehicles through written evidence of a physical examination by a medical doctor. Anantee Non Medical Transportation LLC is an equal opportunity Employer and the rendering of services to clients. Opportunities are available to all individuals at will and the does not discriminate in its hiring practices on the grounds of race, color, religion or national origin and any other status protected by law.*
- b. **System for conducting criminal background checks;** *Anantee Non Medical Transportation LLC requires all drivers undergo state and national criminal and other background checks in compliance with state law as a condition of employment through the Pennsylvania state policy.*
- c. **Driver training program;** *All drivers are provided with orientation and annual training. A formal orientation program is established to help assure all drivers are presented with Anantee Non Medical Transportation LLC policy, understand their responsibilities, and are familiarized with their vehicles. Areas that must be addressed with the driver include:*
 - o *Defensive Driving*
 - o *Passenger Assistance Training*

- *Driver Safety Training*
- *Customer Service Training*
- *Sensitivity Training*
- *Orientation to Motor Carrier of Passenger Rules*
- *First Aid and CPR if mandated Understand, review, and be given a copy of the Standard Operating Manual.*
- *Understand and sign the Vehicle Assignment Agreement.*
- *Review individual Motor Vehicle Report (MVR).*
- *Understand accident reporting and emergency procedures.*
- *Transportation of blind or deaf persons with dog guides*
- *Driver cell phone use policy*
- *Dispatching and routing process*
- *Review operation and controls of vehicle being assigned.*
- *Inspect vehicle using Vehicle Inspection Form.*
- *Incident and accidents reporting*
- *Alcohol and Substance Abuse Policy*

Annual training provided to drivers include refresher on Passenger Assistance and Safety training and the organization’s driver cell use phone policy.

- d. **System for conducting driver license checks;** *Anantee Non Medical Transportation LLC shall obtain and review driving history research report for all drivers from the Department of Transportation and other relevant sources such as from the appropriate agency of every state in which that person held a motor vehicle operator’s license or permit during the preceding 3 years.*

Policies regarding alcohol and drug use by your drivers: *Anantee Non Medical Transportation LLC policies prohibits a driver from being under the influence of alcohol or have any measured alcohol concentration or detected presence of alcohol, while operating a vehicle in passenger service. Anantee Non Medical Transportation LLC policies prohibits a driver from being under the influence of a controlled substances, be under the influence of a controlled substance, or have any measured concentration or detected presence of a controlled substance, while operating a vehicle in passenger service. All drivers are informed and provided with a written copy of the organization’s alcohol and drug use policy upon hire. The organizations conduct Alcohol and substance abuse testing as a condition of employment. All drivers are informed in writing the company reserves the right to conduct drug and alcohol screening at any time when there is suspicion a driver is under the influence of alcohol or drugs.*

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>

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

The company has not obtained vehicles yet but in the process of shopping for vehicles that will meet the needs of the population we intend to serve.

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).

Anantee Non Medical Transportation LLC maintains a safety program in compliance with safety rules in the FMCSR (part 392). Drivers are trained to be familiar with the safety program and managers must inform driver of the rules that affect them. Safety program addresses Safety Belts, Impaired Driving, Traffic Laws, Vehicle Condition, Cellular Telephones, Radio usage, General Safety Rules, Company and Personal Property.

a. **Periodic vehicle maintenance plan:** *Anantee Non Medical Transportation LLC conducts preventive maintenance and inspection of each licensed vehicle conforming to manufacturer specifications. Preventive maintenance shall include periodic maintenance, semiannual inspection, annual vehicle inspection and pre-trip vehicle inspection. Written pre-trip inspections are conducted by each driver at the start of each shift to include the inspection of the interior and exterior of each vehicle, underneath the hood and under the vehicle for any leaks. Any identified issues are reported to the supervisor for immediate repairs. Pre-trip vehicle inspections are documented and kept at the office.*

The company's management shall initiate all periodic maintenance, annual vehicle inspections at their scheduled due dates. All maintenance and inspections are documented by the appropriate technician and records are kept by the manager at the company's office.

b. **System for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175):** *Anantee Non Medical Transportation LLC has a system in place to comply with 67 Pa. Code, Chapter 175. The management team of the company shall be responsible for ensuring each vehicle has a valid certificate of inspection for new vehicles purchased and re-inspections, semiannual inspection, annual inspection, inspection of vehicle reentering the Commonwealth which had been outside continuously for 30 days or more, and other applicable standards of 67 Pa. Code, Chapter 175. All certificates of inspections and reinspection, semi-annual inspections, annual inspections shall be kept in compliance with 67 Pa. Code, Chapter 175.*

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

Anantee Non Medical Transportation LLC ownership contacted several insurance companies to obtain a quote for insurance to meet the required insurance premiums. The company has selected National Liability and Fire as the company to insure all the company vehicles. Anantee Non Medical Transportation LLC can pay the required insurance premiums quoted in writing by National Liability and Fire.

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)

9/6/2022

(Date)

CHRISTIAN TODDY, OWNER-EXECUTIVE DIRECTOR

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

Statement of Financial Position (Balance Sheet)

As of (date) 9/2/2022

(Must be less than 6 months old)

<u>ASSETS</u>		
Current Assets		
Cash	40,000	
Other Current Assets (specify)	40,000	
Total Current Assets		80,000
Tangible Assets		
Motor Vehicle Equipment	50,000	
Property (buildings, land, etc.)	120,000	
Office Equipment		25,000
TOTAL ASSETS		275,000
<u>LIABILITIES</u>		
Current Liabilities (Due within one year of date)		
Loans	15,000	
Credit cards/revolving credit	3,000	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		18,000
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		0
TOTAL LIABILITIES		18,000