

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)

ABUSIKIN TRANSPORT 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)

Not 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?** YES NO

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

If YES, provide your PA Corporation Bureau Entity ID Number ~~0000002426~~

(See checklist and indicate type of business entity registered)

Entity ID #3632426-AEL-2/1/23

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Garelnabi Abusikin
Hawa Abdalla

6. **Mailing Address**

7529 Alma St,
Street Address

PHILADELPHIA PA 19111 PHILADELPHIA
City, State and Zip Code County

267-205-1307 abbasts.llc55@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.)

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)

David J. Averett, Esquire, 215-342-5024

Attorney's Name & Telephone Number for this Filing

7719 Castor Avenue, 2nd Floor, Philadelphia, PA 19152 Davidaverett7719@gmail.com

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 people from points in
1- Philadelphia County,
and / or
2- Delaware County,
to points 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.

1- Garelnabi Abusikin

2- Hawa Abdalla

(Print Name)

Abusikin

Hawwa

01/31/2023

(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.

ABUSIKIN TRANSPORT LLC

Legal Name of Applicant

Trade Name, if any

7529 Alma St,	PHILADELPHIA	PA	19111
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 : Garelnabi Abusikin

Title: Co-owner of Abusikin Transport LLC

7529 Alma St.

PHILADELPHIA PA 19111

267-205-1307

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

No affiliation with any other carrier

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.

1- Twelve years of experience of transporting people from points to points in Philadelphia county and to outside Philadelphia, as a taxi driver

2- Four years of transporting people as an Uber and Lyft driver regulated by Uber and Lyft.

3- Tow years of experience as a dispatcher for delivery 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.

Our office has two computers, one printer, office tables, cabinets, tow record keeping lockers, one for business records and the other for PUC record keeping.
 The customer requests for transportation will be received via phone or a service provider portal platform, via email.
 The vehicles will be dispatched to fulfill the requests by a dispatcher supervising and scheduling drivers. Every driver has to perform pre-trip inspection to the vehicle by performing a checklist to report any issue to be fixed in timely manner or to replace the vehicle. After the drivers have been dispatched, the dispatcher maintains continuous communication with drivers via dispatching equipment and a private social group media, and by feedbacks from drivers by updating their pick-up drop-off and route status. Every driver has to perform post-trip vehicles checklist and to document and report any new issue.
 Also each vehicle has first aid kit, fire extibguisher, and sanitation supplies.

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.

Initially intend to hire five drivers and a dispatcher. The number of drivers is appropriate for the current size of my business. Intend to add the number of drivers when added more vehicles to meet the demand.

- a- A driver must at least 21 years old and at least one year of experience of driving in a city.
- b- Conduct criminal background check online via state website, for PA is : <https://epatch.state.pa.us/RequesterDetailsAction.do>
- c- Driver training program includes safety driving, work ethic, customer deversity.
- d- The driver license check will be conducting online state website
- e- Every driver must take a comprehensive pre-employment drug test.

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
2008	Honda	Odyssey	7	5FNRL38788B071252	80126
2012	KIA	Sedona	7	KNDMG4C77C6495988	120245
2005	Dodge	Caravan	7	1D4GP25E15B236987	87365
2004	Toyota	Sienna	7	5TDZA22C545131290	117,000

*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).

a- At every 3,000 miles or three month, whichever is first, or according to the manufacture guides, every vehicles will undergo for oil change and preventive maintenance checkup.
 b- All vehicles will be scheduled a head of time for required inspection to comly with applicable standards.

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

All vehicles are covered by a comprehensive insurance company with First Insurance Funding 450 Skokie Boulevard, Suite 1000, Northbrook, IL 60062, Policy Number: 97399794. In addition, there is a general liability policy with the above company, Policy Number 96792841.

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 X 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.

Abusikin

 (Signature)
 Garelnabi Abusikin Co-onwer

 (Name and Title, printed or typed)

01/31/2023

 (Date)

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

ASSETS

Current Assets		
Cash	40000	
Other Current Assets (specify)	_____	
Total Current Assets	_____	40000
Tangible Assets		
Motor Vehicle Equipment	20000	
Property (buildings, land, etc.)	10000	
Office Equipment	_____	
TOTAL ASSETS	_____	61000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities	_____	0
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	_____	
TOTAL LIABILITIES	_____	0