

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)

HEALTH TRANSPORTATION INC

- 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 3643974

(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>Yesenia Vicenty, President</u>	<u>51%</u>
<u>Hector Vicenty, Sec/Treas</u>	<u>49%</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

6. **Mailing Address**

2033 N 2ND STREET
Street Address

PHILADELPHIA PA 19122 PHILADELPHIA
City, State and Zip Code County

215-327-3226 reliabletransit@comcast.net
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 Temple, Esquire 215-963-1555
Attorney's Name & Telephone Number for this Filing

111 Buck Road, Bldg 500, Ste 1, Huntingdon Valley, PA 19006 dtemple@gallagher-law.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?**

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).

To transport as a common carrier persons by motor vehicle
in paratransit service from points in the City and County of
Philadelphia and the County of Delaware to points in
Pennsylvania 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.

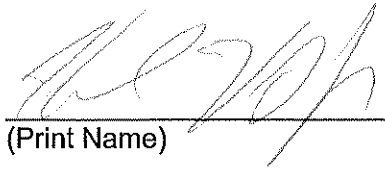
Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

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.

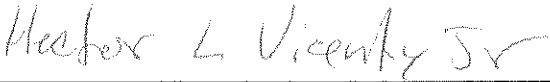
Verification of Application

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.

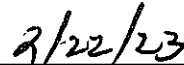
The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.



(Print Name)



(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.

HEALTH CARE TRANSPORTATION INC

Legal Name of Applicant

Trade Name, if any

2033 2ND STREET

Street Address (principal place of business)

PHILADELPHIA

City or Municipality

PA

State

19122

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.

See attached

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

See attached

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

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

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.

See attached

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

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

See attached

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).

See attached

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

See attached

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.

See attached

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.

[Handwritten Signature]

(Signature)

2/22/23

(Date)

Director L Vicenty

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) 02/15/23
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	<u>25000</u>	
Other Current Assets (specify)	<u> </u>	
Total Current Assets		<u>25000</u>
Tangible Assets		
Motor Vehicle Equipment	<u> </u>	
Property (buildings, land, etc.)	<u> </u>	
Office Equipment	<u> </u>	
	TOTAL ASSETS	<u>25000</u>

LIABILITIES

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

Health Transportation Inc
2033 N 2nd Street
Philadelphia, PA 19122

1. Yesenia Vicenty
2033 N 2nd Street
Philadelphia, PA 19122
2. Applicant has no PUC affiliation.
3. Shareholder has run a paratransit company previously and have worked in the business for over seven years. During that time she has become involved in all facets of the business including but not limited to hiring/firing, dispatch, maintenance, risk management and regulation compliance. This skills will be an asset to this newly established company
4. The Applicant maintains an office at 2033 N 2nd Street, Philadelphia, Pennsylvania . The business office is complete with computer, telephones and fax machines. All records of the business whether required by the PUC or not, including logs, complaints, driver and maintenance records shall be maintained at this office. All records shall be retained as long as required under the appropriate statute or regulation.

All calls shall be taken from a dedicated phone number maintained by the manager. Fax and internet calls shall be taken at the physical office as well. All owners and drivers maintain company cell phones from which the assigned dispatcher shall have direct connection service. The business shall operate 24 hours per day, 365 days per year and vehicles shall be scheduled as demand requires.

5. The Applicant maintains extremely high driver standards. All drivers must meet the strict requirements of the PUC. For a driver to begin service he must first interview, he must present a clean driving record and a clean criminal history. The Applicant is then familiarized with the operation of the company including dispatch and maintenance and customer service. These highly trained drivers shall be integrated into the fleet and be providing paratransit services. Driver records are reviewed periodically for compliance and adherence to the rules of the company

All drivers are required to notify the company of any change in their driving record and it is run annually to check it status. In addition to the annual run of

licenses, spot checks of license validity are conducted. Possession, use or abuse of alcohol or drugs is cause for immediate dismissal and drug testing is routinely performed including pre employment, random and post accident

Service will begin with one vehicle and one driver and demand will be routinely reviewed for required increases in those numbers

6. To be determined

7. All vehicles will be checked pre trip and post trip for any problems. A routine maintenance schedule is also established for each vehicle where in addition to regular oil changes the safety components of the vehicle are regularly checked. .General repairs are done at a local garage where the company maintains accounts which is licensed in the Commonwealth as a state inspection facility. The Applicant is familiar with the regulations required of the PUC under 52 Pa. Code 29.403 and shall strictly adhere to the requirements.

8. The Applicant has operated a fleet and has developed a relationship with several specialty insurance brokers. The Applicant has reached out to these brokers regarding the transportation service sought herein and have received assurances that the insurance costs will be within the budgetary constraints of the company. An E Form shall be delivered immediately upon receipt of compliance letter.

9. NO

10. See attached financials