

## 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)

TBM Health Services LLC

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- 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)

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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

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

**If YES, provide your PA Corporation Bureau Entity ID Number** 6968947

(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).**

TOM MBORI  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

225 Wilmington West Chester Pike,  
Street Address

Chadds Ford, PA 19317  
City, State and Zip Code

Delaware  
County

(609) 972 1402  
Telephone Number

tbmhealthservicesllc2019@gmail.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.)

871 Baltimore Pike, Suite 16  
Street Address

Glen Mills, PA 19342  
City, State and Zip Code

County

(609) 972 1402  
Telephone Number

tbmhealthservicesllc2019@gmail.com  
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. \_\_\_\_\_ 4011337

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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To transport clients who need non-emergent ambulatory services-such as clients who need assistance getting to and from medical appointments, to and from points in Delaware county.

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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.

Tom B. Mbori

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(Print Name)

*Tom Barnes Mbori*

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(Signature)

3/8/2023

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(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.

TBM Health Services LLC.

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Legal Name of Applicant

---

Trade Name, if any

871 Baltimore Pike, Suite 16, Glen Mills, PA 19342

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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.

Dan Asewe

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.

Please 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.

Please 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.

Please 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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2022	Crysler	Voyager	4	2C4RC1CG2NR203885	200
2022	Crysler	Voyager	4	2C4RC1CG3NR204141	200
2022	Crysler	Voyager	4	2C4RC1CG2NR203885	200

\*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).

Please see attached.

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

We have already obtained insurance. Please see the attached insurance documents.

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.

<p style="text-align: center;"><i>Tom Barnes Mbori</i></p> <hr style="border: 0.5px solid black;"/> <p>(Signature) Tom Barnes Mbori, Owner/COO</p> <hr style="border: 0.5px solid black;"/> <p>(Name and Title, printed or typed)</p>	<p>03/8/2023</p> <hr style="border: 0.5px solid black;"/> <p>(Date)</p>
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**Statement of Financial Position (Balance Sheet)**  
**As of (date) 3/1/2023**  
**(Must be less than 6 months old)**

ASSETS


Current Assets		
Cash	\$124,000	
Other Current Assets (specify)	\$800,000	
Total Current Assets		\$924,000
Tangible Assets		
Motor Vehicle Equipment	\$300,000	
Property (buildings, land, etc.)	\$400,000	
Office Equipment	\$35,000	
TOTAL ASSETS		\$1,659,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$30,000	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)	\$200,000	
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		\$230,000
TOTAL LIABILITIES + EQUITY		\$1,429,000
		\$1,659,000

Department of  
State Business  
Registration  
Confirmation  
and Fictitious  
Name  
Registration

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input checked="" type="checkbox"/> Return document by mail to: TBM Health Services LLC Name 2 Cymbal Court Address Newark, Delaware 19702 City State Zip Code <input checked="" type="checkbox"/> Return document by email to: tbarnes197842@gmail.com	Statement of Registration Domestic Limited Liability Partnership DSCB:15-8201A (rev. 2/2017)  TML191002KB0131
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Read all instructions p

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. § 8201 (relating to statement of registration), the undersigned general partnership or limited partnership, desiring to register as domestic limited liability partnership or limited liability limited partnership, hereby certifies that:

1. The name of the domestic limited liability partnership or limited liability limited partnership is (*designator is required, i.e., "company," "limited" or "limited liability partnership" or abbreviation*):

TBM Health Services LLC

2. Check and complete one of the following:

The partnership is a general partnership and the address, including number and street, if any, of its principal place of business is:

Number and street	City	State	Zip	County
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The partnership is a limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (*Complete (a) or (b), not both*)

2 Cymbal Court,	Newark,	Delaware	19702	USA
(a) Number and Street	City	State	Zip	County

c/o: Tom Barnes Mbori USA

(b) Name of Commercial Registered Office Provider County

3. The general/limited (strike out inapplicable term) partnership registers under 15 Pa.C.S. Chapter 82 Subchapter A.

4. The registration has been authorized by at least a majority in interest of the partners.

5. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

The Statement of Registration shall be effective upon filing in the Department of State.

The Statement of Registration shall be effective on: 09/20/2019 at 3pm  
Date (MM/DD/YYYY) Hour (if any)

IN TESTIMONY WHEREOF, the undersigned general partner of the domestic limited liability partnership/limited liability limited partnership has executed this Statement of Registration this 20th day of Friday, September, 2019

Tom Barnes Mbori

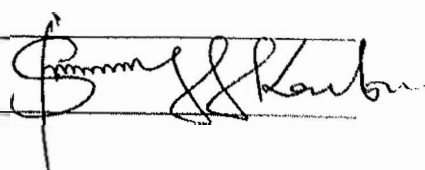
Name

Tom Barnes Mbori

Signature

Chief Operations Officer.

Title



PA DEPT. OF STATE

SEP 30 2019

# Proof of EIN



**Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201**

In reply refer to: 0150644366  
May 10, 2022 LTR 147C  
84-2853361

**TOM BARNES MBORI HEALTH SERVICES LLC  
TBM HEALTH SERVICES LLC  
% TOM BARNES MBORI SOLE MBR  
225 WILMINGTON W CHESTER  
CHADDS FORD PA 19317-9011 990**

Taxpayer Identification Number: 84-2853361

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of May 10th, 2022.

Your Employer Identification Number (EIN) is [REDACTED]. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Mrs. Becker  
1000620974  
Customer Service Representative

**Question 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.**

Although we are new to this business, TBM Health Services has successfully been in business as a nursing staffing agency since 2019. To ensure that we are fully abreast with all of the intricacies of this business we have hired an admin staff with combined experience of 15 years in the ambulatory field. We have also ensured that we have reviewed all PA laws and regulations related to this business.

**Question 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.**

Records Management:

Our plan to maintain records required by the PUC is to keep or physical files stored away in our office file cabinet. In addition, we will have electronic back up files. Our HR management team and Administration team will audit employee, PUC related, and business related files on a daily, weekly, and monthly basis to ensure we maintain compliance. As a carrier of household goods, we will use our office closet to safely store and label any products that are not in use.

Physical Location:

Our physical location is a large office space containing, 3 cubicles, a rest area with a television, microwave, snacks, water dispenser and a sofa. There is also a larger office for private conversations, where our file cabinet for PUC information as well as other business-related information will be housed. We currently have a printer/fax machine, shredder, telephones, computers and an area for cell phone charging. Connected to our building is a large parking lot for our vans, where they will be dispatched from.

Communication Network:

Regarding our communication network, we will receive customer requests for transportation via the Hybrid system. The customer can submit a request online by entering all of the details of their request, including pick-up address, destination, duration of appointment, etc. Customers can also call our main number to submit a request. After the request is put into our Hybrid system the request will immediately go to our dispatcher, who assign the request to our drivers. The drivers will also get a copy of the request via their company issued cellular device. Through our company issued phones we will keep constant communication with our drivers.

**Question 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;**

All TBM EMTs must successfully pass, a criminal Background test, drug test, and E-verify. EMTs must also possess a current certificate as an Emergency Medical Technician (EMT) in the Commonwealth of Pennsylvania, Be twenty-one (21) years of age, free from physical or mental defect or disease that may impair the person's ability to drive a ground EMS vehicle, possess a current and valid Motor Vehicle Operators License, and EMSVO certification.

Have not:

- Been convicted within the last 4 years prior to the date of application of driving under the influence of alcohol or drugs.
- Within the last 2 years prior to the date of application been convicted of reckless driving or had a driver's license suspended due to use of drugs or alcohol or a moving traffic violation.

The EMT will also be proficient with direct verbal and radio communication with other health and medical personnel

- Ensure HIPPA compliance for protected information
- Protect patients' valuables and individual rights regarding confidentiality
- Discharge faithfully the duties of his/her position regardless of personal considerations
- Exhibit conduct above reproach in both official and private affairs

All TBM EMSVOs must successfully pass, a criminal Background test, drug test, and E-verify. EMSVOs are also required to possess a current EMSVO certification, be eighteen (18) years of age or older, possess a current and valid Motor Vehicle Operators License, free from physical or mental defect or disease that may impair the person's ability to drive a ground EMS vehicle.

Have not:

- Been convicted within the last 4 years prior to the date of application of driving under the influence of alcohol or drugs.
- Within the last 2 years prior to the date of application been convicted of reckless driving or had a driver's license suspended due to use of drugs or alcohol or a moving traffic violation.

The EMSVO will also be proficient with direct verbal and radio communication with other health and medical personnel

- Ensure HIPPA compliance for protected information
- Protect patients' valuables and individual rights regarding confidentiality
- Discharge faithfully the duties of his/her position regardless of personal considerations
- Exhibit conduct above reproach in both official and private affairs

# TBM HEALTH SERVICES

\*ALL INSPECTIONS SHALL BE COMPLETED BY OFFICIAL STATE INSPECTIONS STATIONS

## Monthly Maintenance

- Inspect tires for wear and proper [air pressure](#)
- Inspect door switches, lubricate if needed
- Inspect safety warning lights
- Inspect back-up alarm device
- Inspect and clean back-up camera
- Inspect and clean interior camera
- Inspect and clean all interior screens
- Inspect the inverter/charger unit, making sure cables are secure and fasteners are tightened
- Inspect primary stretcher systems
- Inspect vehicle [suspension system](#) for loose or worn components and leaks around fittings
- Inspect the standard heating/AC system; clean if necessary

## Quarterly Vehicle Maintenance

- Inspect suction device
- Inspect siren speakers
- Inspect and check battery connections; perform load test
- Lubricate conversion batteries' sliding tray
- Inspect oxygen systems for leaks
- Inspect seat belts and latches for wear/malfunction
- Inspect safety net webbing and anchors for wear/malfunction
- Inspect stretcher and backboard fasteners
- Inspect and lubricate rear flip-up step swivels
- Lubricate door handles and check for wear or corrosion
- Inspect and lubricate door locks and lock barrels
- Inspect, clean, and lubricate door hinges and weatherstrips

## Semi-Annual Vehicle Maintenance

- Inspect spare tire air pressure
- Inspect all electrical panel connections
- Inspect and check all connections in the battery isolator
- Inspect and repair the opening grille of each chrome vents, if necessary
- Inspect emergency release latches
- Inspect cooling system fluid level and coolant strength
- Inspect cooling system lines
- Inspect and clean body and door drain holes

## Annual Vehicle Maintenance

- Inspect and wax all interior surfaces

- Inspect quick release oxygen cylinder bracket and tighten, if necessary
- Inspect and, if necessary, repair all 110 volts AC outlets



Web Address: <http://www.cornellins.com>

**THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND  
KEEP THIS CARD IN THE INSURED VEHICLE**

**WARNING:** Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in Pennsylvania without the required financial responsibility may have his or her registration suspended or revoked.

**NOTE - THIS CARD IS REQUIRED WHEN:**

1. You are involved in an auto accident.
2. You are convicted of a traffic offense other than a parking offense that requires a court appearance.
3. You are stopped for violating any provision of the Vehicle Code (75 Pa.C.S.) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which was previously suspended or revoked.

**IN CASE OF ACCIDENT:** Report all accidents to your Agent/Company and to the police as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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