

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)

Gentle Options NEMT 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

____7597653_____ (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).

Natasha Watson

6. Mailing Address

Street Address: 134 Country Club Drive

City, State and Zip Code: Lansdale, PA 19446

County: Montgomery

Telephone Number: (215) 853-7723

E-mail Address: gentleoptransport@gmail.com

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: 5042 Germantown Avenue, Suite 1F

City, State and Zip Code: Philadelphia, PA 19144

County: Philadelphia

Telephone Number: (215) 853-7723

E-mail Address: gentleoptransport@gmail.com

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: N/A

Attorney's Address E-mail Address: N/A

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 non-emergency paratransit service from the counties of Philadelphia, Montgomery, Bucks, Chester and 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.

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.

Legal Name of Applicant: Gentle Options NEMT LLC

Trade Name, if any: N/A

Street Address (principal place of business): 5042 Germantown Avenue Suite 1F

City or Municipality: Philadelphia

State: PA

Zip Code: 19144

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.

Natasha Watson

Executive Officer

5042 Germantown Avenue, Suite 1F

Philadelphia, PA 19144

(215) 853-7723

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

None

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 taken a few different courses in dispatching and business management have been being mentored how to successfully dispatch throughout the city being mindful of times and location where consumers need to arrive. Over 13 years of experience working with individuals who rely on compassionate yet prompt care. I have been responsible for ensuring children get to school and are picked up from school as well as after school programs on time. I also have experience with transporting clients on errands and to trips as well as to receive medication.

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.

We will incorporate software systems that will be able to maintain record maintenance and will be password protected as well as having hard copies stored in a locked file cabinet. The door will be locked to the room where all documents will be stored. The physical space is located inside of a building where we are renting. We have both desktop and laptop computers available. We have a Sharp free standing commercial printer for use. We have telephones and fax machines as well. At the rear of the facility we are able to park our vehicles at the close of business day. Communication with drivers is mainly through the use of cell phones. The company will maintain updated records electronically. Vehicles will be added and removed from the fleet. Vehicles and vehicle records will be maintained according to the state of Pennsylvania policies. The transportation request will be received from the broker through a portal system which automatically downloads to a dispatch system that can be assessed by each driver on an app on their phone. Continued communication with drivers is maintained via phone and the dispatch system.

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.

A. The company plans to hire 3 drivers

1. Drivers must have a valid Pennsylvania driver's license and 3 years of driving experience including multi passenger vehicle experience.
2. Drivers must be at least 21 years of age
3. Drivers must have effective communication skills and undergo and pass a criminal background and drug screening before driving
4. Drivers must be physically able to assist members entering and exiting the vehicle.
5. Drivers must pass a physical exam before driving member
6. All drivers will undergo an OIG and be free from exclusions in order to drive
7. A driving history must be obtained and kept on file during the past 10 yrs from every state the driver has driven in. The driver will be prohibited from driving if records show reckless driving, leaving an accident scene, driving without a license or insurance, driving with a suspended license, or multiple repeated violations other than parking.

B. The company will use Pennsylvania state approved agencies or the police department to do background checks on every employee and driver.

C. All drivers must receive training on proper use of safety equipment, wheelchair lift and securing equipment, first aid and seizure reaction, compulsory reporting rules and regulations, cultural competency, and disability awareness. Drivers must get hands-on training to ensure they understand and can follow procedures for securing wheelchair vehicles before transportation.

D. All drivers must provide a valid drivers license in hand. No photocopies accepted.

E. All drug and alcohol testing must be conducted by a laboratory certified under the National Laboratory Certification Program (NLCP). Drug testing is conducted for marijuana, cocaine, opiates, amphetamines and phencyclidines (PCP), and the results must be verified as "negative".

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
2014	Dodge	Grand Caravan	6	2C4RDGBG0CR38 5472	112,563

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

Gentle Options will be purchasing two more vehicles to begin. As the business grows we will add more vehicles.

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).

The transportation provider must ensure drivers inspect vehicles every day before picking up members. Daily vehicle inspection reports must be preserved for three months. After discharging all members on a route (inbound or outbound), search the vehicle's interior to ensure no member belongings were left behind. Vehicles will also be serviced monthly or every 5,000 miles by a mechanic. Drivers will perform daily safety inspections before transporting any members. - Log kept for rolling 90 days. Any deficiencies need to be transferred to maintenance logs and kept for 7 years.

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

The company has reached out to an insurance agent, filled out an application and determined to be insurable and a quote provided which is in line with the company's budget.

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 Applicant was charged with a misdemeanor in 1998 for receiving stolen merchandise. Applicant has never had any other charges and has been a law abiding citizen.

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.

Gentle Options NEMT will be funded by the Executive Officer. She has been working to receive funds that will make this business successful. She is applying for grants and donations from local community businesses. She has partnered with another local trucking company to establish best practices for dispatch as well as software to use. She will be contributing to the account \$2,000 monthly initially until the company is able to accrue enough money on its own.

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): Natasha Watson

(Date): April 24, 2023

(Name and Title, printed or typed): Natasha Watson Executive Officer

:

Statement of Financial Position (Balance Sheet)

As of (date) April 24, 2023
(Must be less than 6 months old)

ASSETS

Current Assets

Cash : \$13, 770.50

Other Current Assets: (specify)

Total Current Assets: \$13,770.50

Tangible Assets

Motor Vehicle Equipment: \$10,000

Property (buildings, land, etc.):

Office Equipment

TOTAL ASSETS: \$23,770.50

LIABILITIES

Current Liabilities (Due within one year of date)

Loans: \$0

Credit cards/revolving credit: \$0

Other Liabilities (Attach schedule): \$0 : \$0

Total Current Liabilities

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