

Application for Motor Contract Carrier of Persons

This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Oriental Care, 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?** YES **Previous Authority?** Contract Carrier of Persons

If YES, at PUC No. A- 6222324

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

6564702

(See checklist and indicate type of business entity registered.)

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

Oriental Care, LLC will transfer people for non-emergency medical transportation as a contract carrier for Coordinated Transportation Solutions (CTS) Transportation service will be rendered for medical appointments, other medical services with pre-arranged basis with CTS.
The service will cover the following Counties; Dauphin, Cumberland, York, Adams, Lebanon, Franklin, Perry, Berks, Juniata & Lancaster

Examples:

- To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.
- To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.

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.

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.

Dewan Chhetri
(Print Name)

[Signature]
(Signature) 5.15.2023
(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.

Oriental Care, LLC

Legal Name of Applicant

Trade Name, if any

4307 Derry St. REAR

Street Address (principal place of business)

Harrisburg

City or Municipality

PA

State

17111

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.

Dewan Chhetri,

Administrator,

Ph # 717-409-8525

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.

Oriental Care, LLC has been working with MTM - since 2021.
Oriental care has experience to other logistics to start the service.

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. With 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.

Oriental Care, LLC will designate a Manager to oversee the transportation department. Duties will include managing organizing and record keeping. The Manager will also co-ordinate with the CTS and drivers to schedule & confirm ~~for~~ trips are safely and successfully. The manager will be the point of contact for all transportation related issues.

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:
- Your hiring standards for drivers,
 - Your system for conducting criminal background checks,
 - Your driver training program,
 - Your system for conducting driver license checks,
 - Your policies regarding alcohol and drug use by your drivers.

- a. Oriental Care has 5 drivers for three (3) vehicles. However, the agency has extension of hiring more drivers as the service and need grow in future.
- b. Oriental Care, LLC accepts applications from qualified and experienced PA drivers.

*Continued in additional page.

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
2016	Dodge	Caravan	7	2C4RDGBG5	
				GR203796	54800
2019	Dodge	Caravan	5	2CTWDGBG3	
				KR538589	49994
2017	Ford	Transit van	6	1FTBW2XN2	
				HKA02957	135624

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Monthly maintenance checks of all vehicles will be conducted. Any issues will be promptly reported & addressed. There shall be no compromise in the safety issues.

Continued from #5 of page 5.

- c. National background check and state background check will be conducted. Besides, all check will be conducted to be qualified with the related provider standard.
- d. Drug test, defensive driving, wheelchair securement training, first aid and CPR training will be conducted before a driver starts the job.
- e. Drivers are required to maintain clean driving record all the times as long as an employee of Oriental Care, LLC. All driving violations must be reported to the Manager. The driving record of all drivers will be conducted annually.
- f. Oriental care, LLC has a zero-tolerance on us of alcohol and any types of prohibited drugs by drivers. A pre- employment drug test will be conducted and a random test there after for compliance and safety. Regular drug tests will be conducted annually.

Continued from #6 of page 5.

To maintain the safety of the vehicle there will be a maintenance check by a licensed mechanics to maintain oil change and other repairs. Any issues recommended by the mechanics will be addressed promptly.

Oriental Care, LLC will completed and all required checks and documents at all times.

Members Details

	Name	Address	Title
1	Dewan Chhetri	2428 Beech Street Harrisburg, PA 17110	Administrator
2	Reshab Dhungyel	238 Fox Road Palmyra, PA 17078	HR Manager
3	Rohit Dahal	6134 Charing Cross Mechanicsburg, PA 17050	Compliance/Accounting
4	Lal Basnet	3208 Park Road Harrisburg, PA 17111	Director

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

Auto insurance is obtained for a period of one (1) year and premium is paid annually. Oriental Care, will maintain insurance at all times

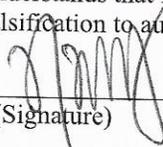
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

____ 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. § 4904 relating to unsworn falsification to authorities.



(Signature)

05.15.2023
(Date)

Dewan Chhetri, Administrator
(Name and Title, printed or typed)

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

ASSETS

Current Assets		
Cash	298,662	
Other Current Assets (specify)	<u>58,737</u>	
Total Current Assets		<u>3,373,99</u>
Tangible Assets		
Motor Vehicle Equipment	52,171	
Property (buildings, land, etc.)	<u>362,420</u>	
Office Equipment	<u>1,807,620</u>	
TOTAL ASSETS		<u>2,222,212</u> <u>2,559,610</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	40428	
Credit cards/revolving credit	<u> </u>	
Other Liabilities (Attach schedule)	<u> </u>	
Total Current Liabilities		<u>40428</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	802,653	
Long term commercial loan	<u> </u>	
Other Liabilities (Attach Schedule)	<u>81,716.529</u>	
Total Long-Term Liabilities		2,519,182
TOTAL LIABILITIES		<u>2,559,610</u>