

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)

Anna's Angel Transportation 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 0012887824
(See checklist and indicate type of business entity registered)

Shareholders and Officers (corporation).

Malcolm Marshman

6. **Mailing Address**

5819 Forward Ave

Street Address

Pittsburgh PA 15217

City, State and Zip Code

Allegheny

County

(800) 249-9566

Telephone Number

aatransport412@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.)

204 Elizabeth Street

Street Address

North Versailles PA 15137

City, State and Zip Code

Allegheny

County

(800) 249-9566

Telephone Number

aatransport412@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. _____

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

- Our mission is to provide non-emergency transportation to clients whom can't transport themselves.
- We provide a comfortable and friendly transportation to and from doctor's appointments and other points of interest in Allegheny county and surrounding counties.
- To provide transportation to clients in wheelchairs.

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.

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.

Malcolm Marshman

(Print Name)

Malcolm Marshman

(Signature)

5-30-2023

(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.

Anna's Angel Transportation LLC.

Legal Name of Applicant

Trade Name, if any

5819 Forward Ave

Street Address (principal place of business)

Pittsburgh

City or Municipality

PA

State

15217

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.

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

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.

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.

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.

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	LEXUS	LS460L	5	KN62260	148,000
2021	Chevrolet	Tahoe	7	MBW0948	33,000

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

b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

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

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.

Malcolm Marshman
 (Signature) Malcolm Marshman Owner
 (Name and Title, printed or typed)

5-30-2023
 (Date)

(Must be less than 6 months old)

ASSETS

Current Assets		
Cash		<u>10,000</u>
Other Current Assets (specify)		
Total Current Assets		<u>10,000</u>
Tangible Assets		
Motor Vehicle Equipment		<u>84,000</u>
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		<u>94,000</u>

LIABILITIES

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

Anna's Angel Transportation LLC.

- 1) Malcolm Marshman (Owner)
5819 Forward Ave Pittsburgh, Pa 15217
(800) 249-9566
- 2) Malcolm Marshman (Owner, Operator)
Michelle Davis (Manager, Dispatch, HR)
- 3) Pennsylvania Driving Safety Certification
C.P.R Certification
Wheelchair Securement Certification

Also, as an owner of a homecare agency I have worked closely with N.E.M.T companies to provide a better service for our clients, which inspired me to open one of my own.

- 4) Anna's Angel Transportation currently occupies two locations which service as one being the main office and the other for vehicle storage. Main office is located inner city to provide convenience for customers.

Vehicle storage provides security for all vehicles. All vehicles have routine service from local Mechanic. Our facility vehicle is a 2008 Lexus LS460.

All records will be handled in accordance with our Record Retention Policy that states, Anna's Angel Transportation must retain source records for its data report for a minimum of (7 years) from date of origination. All participants records will be held in locked file cabinet to ensure safety of all clients personal information. An annual review of all clients' records will be held by Higher management to ensure all records are updated annually. All records of our employees will also be held in the secure locked file cabinet. Employee records will be retained for (7 years) for company records and data.

All customers can reserve a service by calling our toll-free number at (800) 249-9566 or can also reserve services online at aangeltransport.com. Anna's Angel Transport will use WELLRYDE to dispatch vehicles to fulfill requests. All employees will be equipped with the company cellular phone to maintain continuous communication with all employees.

- 5) a. -All employees must have valid Pennsylvania Driver's License

(With at least 2years free off accidents or traffic infractions)

- Current PA DOT Health Physical
- Negative Alcohol and Drugs Screening
- Training completion

- b. -All Criminal Background checks are conducted in accordance with our Hiring and screening policy. (Attachment 5B)

Anna's Angel Transportation LLC.

Anna's Angel Transportation LLC.

c. – All employees must complete training before becoming a driver.

- Hands on CPR Certifications (Local CPR Class)
- Defensive Driver Certification (Online Course)
- PA Safety Driver Certification (Online Course)
- Training on vehicles and equipment (In House Training)
- Wheelchair securement training (Online Course, In House Training)
- Conduct Training Including:
 - Incident Reporting - Client compassion
 - Loading and Unloading - Covid and Disease Prevention

d. - Anna's Transportation will conduct Driver License Checks with Pa PennDot every six months to ensure Drivers Licenses are current.

- Ten-year Driver License Check

e. Alcohol and Drug Screening policy (Attachment 5E)

7)a. Driver Inspections are performed before starting route which concedes of checking for deflated tires, ensuring all signal and lights are working correctly, ensuring gas and oil level are full, and a vehicle equipment inspection. Drivers are permitted to report management of any vehicle malfunctions.

b. All vehicles are serviced annually for PA Inspection & Emissions. Oil Changes and Tires Rotation are performed quarterly or every 3,000 miles. Vehicle will be serviced if a driver reports any issues.

8) Anna's Angel Transportation used a insurance broker to obtain insurance with affordable premiums.

9) NO

Anna's Angel Transportation LLC.

Drug and Alcohol Policy

Any staff member hired to be an Anna's Angel Transportation (AAT) or who would have occasion to be an Anna's angel Transportation (AAT) driver is subject to pre-employment (drug testing only), post-accident, random and reasonable suspicion drug and alcohol testing as prescribed by the federal law.

Pre- Employment Testing

Once a staff member has been deemed qualified for a position as an AAT driver, he/she will be tested for drug use within 5 days of the offer of employment. Failure to take tests will disqualify the employee from further employment with the company. Any person testing positive for the use of an illegal controlled substance will be terminated immediately.

Post-Accident Testing

After an accident which has resulted in a loss of life or the AAT driver/employee has received a citation for a moving violation, the AAT driver must submit to testing within eight (8) hours of the accident. Failure to submit to testing under these circumstances will result in the termination of employment. AAT drivers are prohibited from using alcohol for 8 hours after an accident or until a test is given, whichever is sooner. Post-accident tests conducted by federal, state or local authorities can be a substitute for the company post-accident testing. Drivers involved in accidents which did not result in a loss of life or were not given a moving citation may still be tested under the terms of Reasonable Suspicion.

Random Testing

Each year at least 25% of the AAT drivers will be tested for alcohol and 50% for drug use on an unannounced basis spread throughout the calendar year. Since the selection process will be completely random, some drivers may be tested more than once in a given year while others may go untested under this program.

Reasonable Suspicion

Testing Specifically trained supervisors of AAT drivers who reasonably suspect violations of this policy are permitted to require a driver to submit to the necessary tests within eight (8) hours of the observation. The supervisor must immediately remove the driver/employee from performing any safety sensitive functions. The supervisor can require the testing after making specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or odor of the driver just before, during or after performing safety-sensitive functions.

ANY POSITIVE DRUG OR ALCOHOL TEST RESULTS WILL LEAD TO TERMINATION OF EMPLOYMENT.

Hiring Process And Scening

In compliance of 55 PA Code Chapter 52.19, criminal background checks are required for all employed or rostered direct care workers, office staff and the direct owner of Anna's Angel Transportation LLC. There will be in-office procedures to ensure that all criminal background checks and verifications are in place prior to employment and updated annually.

(1) A report of criminal history record information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the Pennsylvania State Police Central Repository does not contain information relating to that person, under 18 Pa.C.S. Chapter 91 (relating to Criminal History Record Information Act), if the employee has been a resident of this Commonwealth for the 2 years immediately preceding the date of application.

(2) A report of Federal criminal history record information under the Federal Bureau of Investigation appropriation of Title II of the act of October 25, 1972 (Pub. L. No. 92-544, 86 Stat. 1109) if the employee has not been a resident of this Commonwealth for the 2 years immediately preceding the date of application.

A copy of the final report received from the Pennsylvania State Police or the Federal Bureau of investigation, as applicable, shall be kept in accordance with § 52.15.

The following three certifications must be obtained prior to providing services in homes where children under 18 years of age reside:

- Report of criminal history from the Pennsylvania State Police (PSP)
- Fingerprint based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI)
- Child Abuse History Certification from the Department of Human Services (Child Abuse).

Beginning July 1, 2015, certifications must be obtained every 60 months regardless of service model.

If an employee is arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service, or is named as a perpetrator in a founded or indicated

Anna's Angel Transportation LLC.

report, the employee must provide the administrator or their designee with written notice no later than 72 hours after the arrest, conviction or notification that the person has been listed as a perpetrator in the statewide database. In accordance with the **611.51(a) LICENSURE Hiring or Rostering Prerequisites** prior to hiring Anna's Angels Transportation will conduct a face-to-face interview with the individual. The interviewer will obtain not less than two satisfactory references for the individual. A satisfactory reference is a positive, verifiable reference, either verbal or written, from a former employer or other person not related to the individual that affirms the ability of the individual to provide home care services. Anna's Angels Transportation will conduct a criminal history report, in accordance with the requirements of § 611.52 (relating to criminal background checks), and a ChildLine verification prior to hire.

Provisionally hired applicants awaiting a criminal background clearance and ChildLine will be monitored and observed by a supervisor and will rely on consumer feedback. The results of monitoring will be documented in the individual employee file. The caregiver will be directly supervised by managing or assigned another direct care worker to accompany the provisionally hired applicant awaiting a child abuse clearance who will provide home care services to a consumer less than 18 years of age. The period of provisional hire of an individual who is and has been, for a period of 2 years or more, a resident of this Commonwealth, will be 30 days. The period of provisional hire of an individual who has not been a resident of this Commonwealth for 2 years will be 90 days. Employees will be terminated upon any charges or discrepancies are found on record.