

## 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)

SkyMed Transit 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** 0013545015

(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).**

Sana Haseeb  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

268 W Ridge St  
Street Address

Carlisle PA 17013  
City, State and Zip Code

Cumberland  
County

717-961-1148  
Telephone Number

skymedtransit@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.)

264 W Ridge St  
Street Address

Carlisle PA 17013  
City, State and Zip Code

Cumberland  
County

717-961-1148  
Telephone Number

skymedtransit@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?**

  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).

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To transport persons in Paratransit Service from the point of Cumberland County, York County Dauphin County, Franklin County, Adams and Perry County to the point of Pennsylvania and return.

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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.

Sana Haseeb

(Print Name)

*sana haseeb*

(Signature)

10/30/2023

(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.

Sana Haseeb

Legal Name of Applicant

SkyMed Transit LLC

Trade Name, if any

268 W Ridge St	Carlisle	PA	17013
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.

Name: Sana Haseeb  
Title: Business Owner  
Address: 268 W Ridge St Carlisle PA 17013  
Tel: 717-961-1146 & 223-533-4905

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.

I have been working as an account auditor for a similar business for few years now  
I have worked in HRM and as logistics coordinator for over 3 years.  
I have bachelors in Business Administration and Hospitality TOURISM

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.

My office will have a locked cabinet to keep ll records including but limited to billing, payroll and vehicles maintenance. As will soft copies that would mentained in a work computer only for the hiring process i would utilize both inpeson and (location would be determined) and by phone.

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. Our hiring standards for drivers.

i. When employment begins with our company, to the extent allowed by policy, you will be asked to provide, or we will obtain a written history of your previous record of violations and accident experience as recorded from the state Department of Motor Vehicles records. Spouses eligible to drive our vehicles will also have their driving records checked after they have signed-off on the hiring agreement.

- The candidate must have a clean driver record
- The candidate must have no criminal record
- The candidate must have experience on Non-emergency medical transportation (NEMT) or interested to train before taking the jobs
- Motor Vehicle Driving Record Evaluation
- Driver Ages 21-65
- Convictions No accidents
- Your system for conducting criminal background checks.
- We will send all our drivers to background check validation (working with 3-party background check company)
- We shall do Pennsylvania PACH background check also.
- Your driver training program.
- Your system for conducting driver license checks.
- We'll do Pennsylvania PACH background check, and check with PENDOT DL check screening
- 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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2012	TOYOTA	CAMRY	5	4T1BF1FK0CU103451	135000
2011	FORD	ECOLINE	5	1FTNS2EW1BDA19113	84,000
2011	FORD	ECOLINE	5	1FTDS3ES1BDA05498	53000
2023	TOYOTA	CAMRY	5		7000

\*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).

• Maaz Auto Shop LLC, located at 5 Texaco Road, Mechanicsburg, PA, 17050, is our primary maintenance shop, we will send our cars to this location for a regular maintenance check and repair as needed, and we do oil change every 5000 miles and get inspected annually. Our drivers will have pre/post trip safety inspection which will be daily checked by our fleet manager.

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

We already have received a quote through our Insurance Agent and was able to get a price which fits exactly into our budget plan.

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.

*sana haseeb*  
 \_\_\_\_\_  
 (Signature)  
 Sana Haseeb  
 \_\_\_\_\_  
 (Name and Title, printed or typed)

10/30/2023  
 \_\_\_\_\_  
 (Date)

**Statement of Financial Position (Balance Sheet)**

As of (date) \_\_\_\_\_

(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$14100	
Other Current Assets (specify)	N/A	
Total Current Assets		<u>14100</u>
Tangible Assets		
Motor Vehicle Equipment	4 Leased Vehicle	
Property (buildings, land, etc.)	2 laptops, office equipments	
Office Equipment		\$5,000
		<u>\$5000</u>
	<b>TOTAL ASSETS</b>	<u><b>\$5000</b></u>

LIABILITIES

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