

## 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)

Adult Transport 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)

N/A.

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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?**  **Previous Authority?**  NO

**If YES, at PUC No. A-** 6425755

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** 3565257

(See checklist and indicate type of business entity registered) **LLC**

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Dadi Kafley, Member

Address: 1201 Moorgate Road, Lancaster, PA  
17601

Kamal Kafley, Member

Address: 833 Stonebridge Drive, Lancaster, PA  
17601

6. **Mailing Address**

306 Primrose Lane, First Floor

Street Address

Mountville, PA 17554

Lancaster

City, State and Zip Code

County

717-522-1816

info@lancasteradc.com

Telephone Number

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.)

Street Address

City, State and Zip Code

County

Telephone Number

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)

Edward J. Cyran, Esq.

610-458-4963

Attorney's Name & Telephone Number for this Filing

747 Constitution Drive, Suite 100, Exton, PA 19341

ecyran@foxrothschild.com

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 clients in motor vehicles as a common carrier in paratransit from points in Berks and Chester Counties to points in Pennsylvania and return.

Adult Transport Services LLC will provide the same transportation services in Berks and Chester Counties as permitted under its existing PUC permit for Dauphin, Lancaster, Lebanon, and York Counties.

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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.

Dadi Kafley

\_\_\_\_\_  
(Print Name)

/s/ Dadi Kafley

\_\_\_\_\_  
(Signature)

11/09/23

\_\_\_\_\_  
(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.

Adult Transport Services LLC

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Legal Name of Applicant

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Trade Name, if any

306 Primrose Lane, First Floor	Mountville	PA	17554
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.

Dadi Kafley, Member  
306 Primrose Lane, First Floor  
Mountville, PA 17554  
717-522-1816

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.

Applicant has a current PUC Permit (Permit # A-6425755) and provides paratransit services from points in Dauphin, Lancaster, Lebanon, and York Counties. Applicant will provide the same transportation services as permitted under its existing PUC permit in Berks and Chester Counties.

Applicant attends the Coordinated Transportation Solutions (CTS) Annual Pennsylvania Transportation Provider Training, and has completed all initial trainings required by CTS and MTM.

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.

The facilities consist of an office with a computer and landline telephone for communication with Applicant's drivers. Applicant's vehicles are parked on-site when not in use. Applicant maintains a communication network that ensures both reliable and efficient communication among its staff and clients. Applicant receives customer requests via email or telephone from CTS or MTM, or in limited instances, clients. Applicant dispatches vehicles in accordance with client needs. Applicant maintains communication with its driver(s) via telephone and cell phone. Applicant stores all records related to its business as a Common Carrier in a safe, secure, and easily accessible location. Applicant designates a space within its facility for the safe and secure storage of PUC and normal business records.

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.

Applicant currently employs three (3) drivers. When demand for Applicant's services increases through an increase in individuals seeking reimbursable transportation to/from the adult day center or otherwise (as described above), Applicant will employ additional drivers.

- a. Be at least twenty-one years of age (21). Speak and read English to effectively communicate with clients, understand traffic signals, make legible reports and records, operate vehicle safely, and have a valid drivers license issued by the Commonwealth of Pennsylvania. Comply with Applicant's Driver Job Description.
- b. Applicant will require all applicants for a driver position to submit a criminal history background check, obtained within one year immediately preceding the date of their application.
- c. Applicant's Driver Training Program will include attendance at all CTS and MTM required training sessions and quarterly reviews by Applicant's President.
- d. Applicant will request quarterly drivers license checks by mail for all drivers.
- e. Drivers will not be permitted to operate a vehicle under the influence of either drugs or alcohol. If a driver operates a vehicle under the influence of drugs or alcohol driver will be immediately terminated from employment with Applicant.

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>
2019	Chevrolet	Express	15	1GAZGPF2K1367939	74,831
2016	Ford	Transit Wagon	4 and 2 wheelchairs	1FDEE3FS1GDC56650	30,675

\*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).
    - a. Vehicles will undergo maintenance reviews on a quarterly basis. Drivers will be required to alert Applicant immediately upon noticing any maintenance or repair needs to their vehicle.
    - b. Vehicles will undergo compliance reviews on a quarterly basis and annual inspections as required by law. Drivers will be required to notify Applicant immediately upon noticing any maintenance or repair needs to their vehicle.
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

Applicant currently holds an insurance policy regarding its transportation services.

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. Section 4904 relating to unsworn falsification to authorities.

/s/ Dadi Kafley

(Signature)

Dadi Kafley, President

(Name and Title, printed or typed)

11/09/23

(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) November 1, 2023**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$12,735	
Other Current Assets (specify)	\$0	
Total Current Assets		\$0
Tangible Assets		
Motor Vehicle Equipment	\$50,500 (Vehicles)	
Property (buildings, land, etc.)	\$0	
Office Equipment		\$1,000
TOTAL ASSETS		\$64,235

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0	
Credit cards/revolving credit	\$0	
Other Liabilities (Attach schedule)	\$0	
Total Current Liabilities		\$0
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		\$0
TOTAL LIABILITIES		\$0

\*Applicant's members are prepared to infuse the necessary funds to begin operations. It is expected that Applicant will have an influx of clients immediately through transportation services to/from the adult day center described above.