

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)

A3J Caring Hearts 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?** YES
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 13733592
(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).**

Mandow Kalliny Dawod
Remon Abdella

6. **Mailing Address**

3 Clemson dr
Street Address
Camp Hill PA 17011 Cumberland
City, State and Zip Code County
573-308-6351 mandowk91@gmail.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)

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).

To transport people in wheelchair and stretcher vans
from points in the city of Camp Hill & Harrisburg

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.

Mandow Kalliny Dawood
(Print Name)

REMON ABDALLA


(Signature)

2/10/2024
(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.

A&J Caring Hearts ~~of~~ LLC

Legal Name of Applicant

Trade Name, if any

3 Clemson dr

Camp Hill

PA

17011

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.

see attachment question 1

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

see attachement

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.

see attachement

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.

see attachment

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.

see attachment

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>

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

see attachment

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).

See attachment

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

See attachment

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.

[Signature]
(Signature)

2/10/24
(Date)

owners of A&J caring hearts LLC
(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

\$ 60,000

Other Current Assets (specify) _____

Total Current Assets _____

Tangible Assets

Motor Vehicle Equipment _____

Property (buildings, land, etc.)

\$ 5,000

Office Equipment _____

TOTAL ASSETS

\$ 65,000

LIABILITIES

Current Liabilities (Due within one year of date)

Loans _____

Credit cards/revolving credit _____

Other Liabilities (Attach schedule) _____

Total Current Liabilities _____

Long Term Liabilities (Due after one year of date)

Mortgage _____

Long term commercial loan _____

Other Liabilities (Attach Schedule) _____

Total Long-Term Liabilities _____

TOTAL LIABILITIES

\$ 0.00

A&J Caring Hearts LLC
3 Clemson Dr.
Camp Hill, PA 17011

February 10, 2024

Attn: Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120

**Answers to questions on Motor Common Carrier of Persons
in Paratransit Service Application**

**Questions 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.**

The verified statement will be done by the owners of A&J
Caring Hearts LLC (Mandow Kalliny Dawod & Remon
Abdalla)

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

One of the owners of A&J Caring Hearts LLC is also an owner
of Remo Express LLC which is a trucking company. Remo
Express LLC is an active interstate freight carrier based out of
Harrisburg, Pennsylvania. Remo Express LLC has been
authorized to operate under MC081373 and USDOT 3108383.
This organization primarily operates in the Business Activities at
Non-Commercial Site business / industry within the Business
Services sector. This organization has been operating for
approximately 7 years.

**Question 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.**

One of the owners of A&J Caring Hearts LLC is also an owner
of Remo Express LLC which is a trucking company. One of the
owners has 7 years of experience in trucking business. Both
owners have a lot of experience in customer service. Moreover,
one of the owners has a master's degree in business and more

than 10 years of business experience. Over the 10 years of my experience, I've analyzed lots of business process, identified improvements, and implemented changes that helped the company I work for to achieve its goals. As a business analyst III, I performed quality assurance, requirements gathering, documentation, and client support. Also, I'm very internally focused on process improvements within an organization and coordination across multiple departments and stakeholders. Part of my job is meeting with our clients and ensure the company has a good client relationship and claims are paid on time. The company I work for serves more than 20 million members. I research how the organization operates and how the operation affects the company's revenue. I use the information collected to suggest improvements to business processes and maximize efficiency and revenue. I also implement business solutions and also help train new employees to understand the benefit of the solution and how best to implement it.

Question 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.

Our company is located at 3 Clemson dr, Camp Hill PA 17011. We have one office, and it contains a desk, chair, laptop stand, computer monitor, portable storage, etc. Crucial X6 2-Terabyte Portable SSD is our current portable storage drive where all our records will be housed. Our plan is to provide our drivers with company phones that will be used as our main source of communications. This phone will have GPS to help us track the miles that the driver drives. We will also know where they're at at all times. The phone will also be used as a dispatch and provide where our drivers need to take our clients. Also, our plan is to have a social media business page, website, business email, business cards, and contact us page. Social media provide an excellent way to gather and communicate with our audience. It can also help enrich relationships with people we haven't even met yet. Our plan is to partner with Ring Central as part of our

communications app. Ring Central offer Video conferencing, calls, instant messaging, SMS without a phone system or having to download tons of different software.

Lastly, our facility will be used to house all of our vehicles.

Question 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. Our plan is to start with two drivers which are the owners of our company and till we get more contracts, but our hiring process is to ensure drivers have a valid and current driver's license. We will be conducting a check of motor vehicle records. We will also contact previous employer references. There will also be a written test on traffic regulations and driving attitudes.

b. Your system for conducting criminal background checks; Before any driver is hired, we will conduct a criminal background check using PA eDocket and other available applications to ensure our drivers do not have any criminal records.

c. Your driver training program; Currently we are working on developing a video training that all employees have to take before they can start working for us that includes the following:

- Do not drive faster than posted speed limits.
- Do not take chances. To arrive safely is more important than to arrive on time
- Do not drive faster than road, traffic and weather conditions allow.
- Do not attempt to exercise the right-of-way. Let the other driver go first.
- Keep to right except when passing or getting into position to make left turn.
- Keep adequate distance when following other vehicles to make a safe stop (use 2-second rule for following distance rule).
- Turn signals must be used at all times to indicate turns and lane changes.
- Slow down for all school zones and watch for children.
- Driving under the influence of alcohol or drugs is prohibited.
- Drivers must have a valid drivers' license on their person at all times for type of vehicle they are operating.
- Driver's physical condition must enable them to operate

vehicle safely.

- Vehicles are to be driven by authorized drivers only.
- Drivers must report all accidents immediately, or as required by law and company policy.

d. Your system for conducting driver license checks. We will be conducting a check of motor vehicle records. Reviewing our candidate's driving records and public safety data is very important for our company, and we take it very seriously. Driving record checks help us hire qualified candidates with safe driving records. It will also help us maintain safety protocols and minimize risk. It will also help us maintain our organization reputation and trust within the community. Lastly, it will protect our organization against liability claims and higher insurance premiums.

e. Your policies regarding alcohol and drug use by your drivers. Applicants being considered for hire must pass a drug test before beginning work or receiving an offer of employment. Refusal to submit to testing will result in disqualification of further employment. At our company, our policy is driving under the influence of alcohol or drugs is prohibited. To ensure our drivers are not driving under the influence of alcohol or drugs, we will be conducting drug and alcohol tests every two weeks. Employees who refuse to cooperate in required tests or who use, possess, buy, sell, manufacture or dispense an illegal drug in violation of this policy will be terminated. If the employee refuses to be tested, yet the company believes he or she is impaired, under no circumstances will the employee be allowed to drive himself or herself home. Moreover, we're partnering with New Era Drug Testing Admin for random testing program.

Question 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.

We plan on having two vehicles to start our business. We had a meeting with Integrated Medical Transport and we will be working with them as subcontractors. We plan on having vehicles equipped for wheelchairs like Toyota Sienna, and Chevrolet Traverse wheelchair Suv. We're only getting two vehicles because currently Integrated Medical Transport is only offering us a few rides a day. Once we get more rides request, we will add more vehicles. Our plan is to make sure we have one free vehicle just in case of an emergencies one of the vehicles break down.

Question 7: Describe your vehicle safety program. Please include the following in your explanation:

a. Your periodic vehicle maintenance plan: Our plan as minimum, will enforce regular maintenance schedule which meets manufacture suggested guidelines. We will conduct pre and post trip inspections of the vehicles. We will also have

priority scheduling for safety relate.

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

To maximize the life and performance of our vehicle, here is a list of items we will check depending on the time and season. Some of these parts of our vehicle should be checked regularly, and others only in the long run. We will be sure to follow manufacture suggested guidelines.

OIL AND COOLANT LEVELS

Every month, or every few gas fill-ups and especially before any longer road trips, we will inspect both the oil and coolant levels while the engine is cool. Low levels of either can lead to engine problems if left unchecked. We will refer to the owner's manual to locate both for our vehicles.

AIR FILTER

The engine's air filter is what regulates the air that flows into the engine and helps keep out debris and particulate. By making certain that our air filter is flowing properly, we can improve the fuel efficiency, decrease the emissions, and help ensure the life of our engine. We will make sure to do so by checking and following the owner's manual for instructions and how often it needs to be changed.

TIRE PRESSURE AND TREAD DEPTH

Since well-maintained tires are integral to a safe, fuel-efficient ride, we will make it a habit to visually inspect the tires often. Check the pressure in the tires every month, and before long trips or carrying extra load. We will also make sure not to forget the spare. We can check the tread depth using the [simple penny method](#).

HEADLIGHTS, TURN SIGNALS, BRAKE, AND PARKING LIGHTS

It's important that the lights on our vehicles are properly functioning, but oftentimes it can be easy item to overlook. Once a month, we will turn on the headlights when parked in front of a flat surface and check that both headlights are working properly and well-positioned. We will Walk around the car and visually inspect both turn signals and the parking lights. We will also ensure the brakes lights are functional.

OIL & FILTER

Depending on the vehicle will be buying and what kind of oil we will be using, we will change both the oil & oil filter as much as every 3 months or 3000 miles. Many newer vehicles' owners'

manuals will recommend changing the oil less frequently – often in-between 5,000 and 10,000 miles. We will make sure to follow the vehicle owner's manual and consult with a professional to be certain what is appropriate for our vehicles.

LONG TERM CHECK-UPS

TRANSMISSION FLUID

Much like the oil in the engine, transmission fluid is a lubricant that helps keep all of the moving parts inside of our transmission functioning properly. It is essential that we have the transmission fluid checked and changed when needed to avoid costly transmission damage or replacement. We will be following the vehicle manufacturer's recommendations.

COOLANT FLUID EXCHANGE

The radiator in the car is a vital component that helps keep the engine cool and functioning properly. Having our coolant system flushed regularly will help get rid of contaminants that can build up inside as well as ensure that the radiator is filled to a proper level. We will Check the vehicle manufacturer's recommendation to find out how often the coolant should be exchanged.

SPARK PLUGS

We will have a professional check and replace any faulty spark plugs depending on vehicle recommendations.

SERPENTINE BELT

We will visually inspect the belt to ensure that it is free of cracks or other wear and tear. Replace id damaged or according to the vehicle manufacture's recommendation.

SEASONAL CHECK-UPS

REPLACE WINDSHIELD WIPERS

Windshield wipers need to be replaced about once every year, or whenever the effectiveness is compromised. In winter months, we will install winter wiper blades for optimum performance. Also, we will pull the wipers away from the window when parked during the winter to prevent ice buildup.

BATTERY PERFORMANCE CHECK

We will perform battery check regular testing to ensure that battery will perform proper.

CHANGE TIRES

We will ensure to change the tires in the wintertime to ensure our vehicles are safe.

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

Once we have the vehicles we need, we will be calling progressive insurance to obtain insurance for our vehicles. We will make sure we have insurance that cover the minimum liabilities of \$300,000. We will be using the available cash of \$60,000 we have to pay for the insurance premiums. We will make sure the insurance is always update and valid. We will always be on contact with Progressive for any changes or additional vehicles we get. Having valid insurance is very important for our company and we take it very seriously.