



**COMMONWEALTH OF PENNSYLVANIA**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

April 17, 2024

Docket No. A-2024-3048429

**KARMA CARE LLC  
618 N TERRACE DR  
ALTOONA PA 16602**

**RE: Application of Karma Care, LLC, 618 N Terrace Dr., Altoona, Blair County, PA 16602. 814-504-0006**

To Whom It May Concern:

On April 16, 2024, the application of KARMA CARE, LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile: <https://www.puc.state.pa.us/efiling/default>**

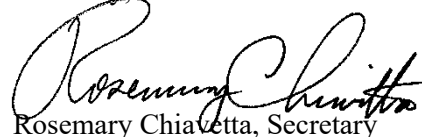
**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, \_\_\_\_\_, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

  
Rosemary Chiavetta, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2024-3048429  
KARMA CARE, LLC  
Data Request

1. As an applicant for Paratransit service you are not eligible for statewide authority unless you can demonstrate significant resources, finances, facilities, and equipment. Based upon your submitted information you do not meet that threshold. Please revise your request to indicate only the areas from which you intend to originate service. Your proposed service area must be fully bound, and easily discernible. This may be achieved by the use of municipal boundaries, roads, railroads, or natural boundaries such as rivers and streams, etc. Generally speaking, naming counties is the most wide-spread manner of achieving this goal, but other properly bound descriptions are acceptable if correctly prepared.

YOU SHOULD ONLY SPECIFY AREAS FROM WHICH YOU WISH TO ORIGINATE SERVICE.

Example(s):

- a. Paratransit service between points in the counties of X, Y, and Z.
  - b. Paratransit service from points in the counties of X, Y, and Z, to points in Pennsylvania, and return.
2. You have failed to respond to question # of the verified statements and appear to have responded to question #4 in the space reserved for question 3. Please provide a detailed response to question #3.
  3. Your response to question #4 of the verified statements (entered in the area reserved for question #3) does not address the details of your physical location, or vehicle storage, etc. If a question has multiple parts or requires an in-depth explanation it is expected that each part/request will receive a complete and comprehensive answer.
  4. Your response to question #5 of the applicant's verified statements (entered in the area reserved for question #4) is inadequate. It is required that you describe your hiring and employment policies fully and ensure that it satisfies the requirements of 52 Pa Code. Please review the requirements of the following chapters of 52 Pa Code and provide a revised compliant plan for drivers.
    - § 29.503. Driver age.
    - § 29.504. Driver history. (schedule and record retention)

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The purpose of the verified statement questions is to determine your ability to provide safe, efficient, and reasonable transportation. It is in your best interest to provide accurate, complete, and timely responses. Failure to do so is sufficient grounds to justify the denial of your application because YOU have failed to provide sufficient evidence of your fitness to operate. Be advised that additional corrections may not always be requested; therefore, prior to submitting your responses, your consultation with an attorney or financial expert familiar with Commission regulated Motor Carrier related proceedings is highly encouraged.

- § 29.505. Criminal history. (schedule and record retention)
5. Your provided response to question #6 of the verified statements fails to list vehicles, yet you claim a vehicle asset on your balance sheet. Does the applicant, **KARMA CARE, LLC**, currently own a vehicle, or not? If so, please provide the full information requested in question #6. If not, please explain why the balance sheet lists vehicle assets.
  6. Your provided response to question #7 is inadequate to establish whether a reasonable safety/maintenance plan exists. If a question has multiple parts or requires an in-depth explanation it is expected that each part/request will receive a complete and comprehensive answer. Address maintenance schedules and pre/post trip inspections, etc.

You are also expected to ensure that your plans satisfy the requirements of 52 Pa Code and 67 Pa. Code, Chapter 175.

7. Have you actually solicited insurance quotes for commercial coverage that will satisfy the minimum required limits and will result in the issuance of a Form E?
8. Your statement of financial position is unacceptable. If you have not yet properly funded and equipped your business, you will not be permitted to operate. Please provide a revised statement which demonstrates proper funding which is significant enough to provide safe, efficient, and reasonable transportation. Funding should be at the minimum sufficient to cover day-to-day operations, equipment and vehicle maintenance, emergency repairs, and insurance.

Please review the below criteria and submit a revised compliant Statement of Financial Position.

- a. The statement presented must be **DATED** and comprised of information which is less than 6 months old.
- b. The submission **MUST** be comprised of information which is **accurate as of the date provided.**
- c. **The information is to be exact and should not include estimates or approximations when accurate numbers are available.**
- d. **ALL relevant assets and debts** are to be included (**for example: vehicle loan balances/vehicle asset value, etc.**).

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- e. The information provided is also to be strictly limited to assets and debts **HELD BY THE APPLICANT (KARMA CARE, LLC), and not the individual member(s).** Any property and accounts listed MUST be registered or titled to the corporation. Bank accounts must be in the name of KARMA CARE, LLC. Vehicles must be registered to KARMA CARE, LLC. Property must be titled to KARMA CARE, LLC. If these items are not in the name of KARMA CARE, LLC, they should NOT be included on the balance sheet.

To further assist the Commission in verifying the accuracy of your presented balance sheet, please provide either a copy of a bank statement, or a signed letter from a bank executive, verifying the current account balance(s) and showing the account holder name as KARMA CARE, LLC. Also, please provide proof of purchase/registration for KARMA CARE, LLC, of any and all vehicle assets.

**If you are incapable of preparing an acceptable balance statement on your own, then it is HIGHLY encouraged that you seek professional assistance prior to refiling. Failing to provide an acceptable financial statement is sufficient grounds for the denial of your application.**

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