



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

August 28, 2024

A-6427064
A-2024-3050904

KARMA CARE LLC
421 E 21ST AVENUE
ALTOONA PA 16601

RE: Application of Karma Care LLC

To Whom It May Concern:

On August 27, 2024, the application of Karma Care LLC, at A-2024-3050904, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

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.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are **not** accepted.

Sincerely,

A handwritten signature in black ink, appearing to read "Rosemary Chiavetta". The signature is written in a cursive, flowing style.

Rosemary Chiavetta
Secretary

Enclosure

Docket No. A-2024-3050904
Karma Care LLC

Request for Information

- 1.) For question #10 of the application you stated that you wish to transport individuals between points in the Counties of Allegheny, Armstrong, Beaver, Butler, Fayette, Indiana, Lawrence, Somerset, Washington, and Westmoreland. Which would indicate that you are transporting individuals in general paratransit service, however, based upon information in your application it appears that you may intend to transport in non-emergency paratransit, as opposed to general paratransit service. Please clarify if you are going to offer general paratransit or are you offering non-emergency medical paratransit.
- 2.) Question #3 of the Verified Statement of Applicant asks you to “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.”
 - a. Your answer to the above question, only related to new hires that Karma Care LLC hopes to make, which is not what the question is asking. Please 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
- 3.) You failed to adequately answer all aspects of question #5 of the Verified Statement of Applicant. Please review Title 52 Pa Code §29.501-509 Driver Regulations to see what is required of motor carriers.
 - a. Age Restrictions;
 - i. What if any age restrictions will you have for intended drivers? Please provide a policy on the age of drivers that complies with the regulations mentioned above.
 - b. Your system for conducting criminal background checks;
 - i. What type of things in their criminal background check would disqualify them from employment?
 - ii. How will you maintain records (record retention) of the criminal background checks performed?
 - c. Your system for conducting driver license/history checks;
 - i. How often will driver license/history checks be conducted?
 - ii. How will you maintain records (record retention) of such checks?
 - d. Your policies regarding alcohol and drug use by your drivers.
 - i. You mentioned that you will conduct random drug tests each two months for all drivers. Are there any consequences/actions for failed tests?

- 4.) For question #7 of the Verified Statement of Applicant it asks you to provide your vehicle safety program.
 - a. Will there be any pre/post trip inspections of the vehicles, and what would that entail?
- 5.) You must resubmit another Statement of Financial Position (Balance Sheet) that is **DATED.**

**PLEASE ANSWER THESE QUESTIONS THOROUGHLY ON A
SEPARATE SHEET OF PAPER**