

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)

Moneer Ibrahim

- 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 NO **Previous Authority?** No NO

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** ___NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 33-2238395

(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).**

_____ Moneer Ibrahim _____	_____ Alyaa Suliman _____
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

107 Winchester GDNS
Street Address

_____ Cumberland
Carlisle, PA 17013 _____
City, State and Zip Code County

908-438-5772 _____
Telephone Number E-mail Address Dalyaasuliman@gmail.com

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

_____ County _____

City, State and Zip Code

_____ E-mail Address _____

Telephone Number

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)

N/A _____

Attorney's Name & Telephone Number for this Filing

_____ E-mail Address _____

Attorney's 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).

The service area I am proposing includes Cumberland County and nearby counties in Pennsylvania. I will be providing transportation for individuals who use wheelchairs or have health or mobility issues that prevent them from driving. My goal is to offer reliable and compassionate service, ensuring they can access medical appointments, and other essential destinations to maintain their independence and quality of life.

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.

Moneer Ibrahim

(Print Name)



(Signature)

12/20/2024

(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.

Moneer Ibrahim			
Legal Name of Applicant			
Trade Name, if any			
107 Winchester GDNS	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.

Moneer Ibrahim- Owner

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

Owner and operator. In this role, I am responsible for overseeing all aspects of the business, including coordinating transportation services, ensuring compliance with local and state regulations, managing and maintaining vehicles.

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 approximately 4 years of experience working as a driver providing transportation services for individuals who use wheelchairs. This experience has given me a deep understanding of the unique needs of passengers with mobility challenges, including providing safe, reliable, and comfortable transportation. I have developed strong communication skills, a commitment to safety, and an understanding of the regulations and best practices in the paratransit industry. While I am still building my own transportation service, my experience as a driver has equipped me with the knowledge necessary to ensure the smooth operation of the business.

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.

I will start my paratransit service with one vehicle, building my business gradually as demand grows. My physical location is in Carlisle, Cumberland County, Pennsylvania. Since I am starting small, my home office will serve as the administrative hub, equipped with a computer, printer, scanner, and a dedicated phone line to handle business communications. The vehicle will be securely parked at my residence when not in use, ensuring easy access and proper upkeep.

For record maintenance, I will utilize a digital system to keep track of all records required by the PUC, as well as daily business records, such as trip schedules, driver logs, and vehicle maintenance records. I will ensure these records are backed up regularly, with both electronic and physical copies stored securely for compliance and operational efficiency.

To manage trips and build my customer base, I will collaborate with brokers who specialize in arranging transportation for individuals with disabilities or health challenges. This partnership will allow me to connect with customers who need paratransit services while also supplementing my direct customer requests.

My communication network will include a dedicated phone line for customer inquiries and trip bookings. I will use a straightforward dispatch process to coordinate trips, with customers receiving confirmation and estimated times of arrival. For continuous communication during trips, I will use a mobile device to stay connected with customers and brokers, ensuring smooth coordination and the ability to address any changes or emergencies promptly.

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.

I plan to operate as the sole driver of the vehicle while building my business. As demand increases, I will hire additional drivers to ensure I can meet the transportation needs of customers in Cumberland County and nearby areas. Starting with one driver (myself) is appropriate for the current size of my operation, as it allows me to focus on providing reliable and personalized service while maintaining manageable overhead costs

When expanding my team, I will ensure that all drivers meet high professional standards, including possessing a valid Pennsylvania driver's license, a clean driving record, and experience working with individuals with disabilities. I will conduct thorough criminal background checks through a reputable third-party service to ensure passenger safety. Drivers will undergo comprehensive training covering defensive driving, safe passenger handling, sensitivity to the needs of individuals with disabilities, and emergency procedures. I will also perform regular driver license verifications through PennDOT to ensure licenses remain valid and records are clean. Additionally, I will enforce a strict zero-tolerance policy for alcohol and drug use, with mandatory pre-employment and random testing to uphold the highest safety standards.

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	toyota	Highlander	7	5TDBZRFH2KS713823	109,000

*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).

My vehicle safety program includes regular maintenance with inspections every 3,000 miles or as recommended by the manufacturer, covering essential components like brakes, tires, and lights. I will ensure compliance with Pennsylvania vehicle standards by conducting annual inspections with a certified mechanic and keeping detailed records of all maintenance and inspections. This plan guarantees the safety and reliability of the vehicle for all passengers.

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

I have conducted thorough research on the insurance requirements for operating a paratransit service in Pennsylvania and have contacted multiple insurance providers to gather quotes for the required coverage. I have reviewed the premiums and assessed my business's financial capacity to pay for the necessary insurance. I am confident that I can secure the required coverage for liability, vehicle damage, and passenger protection, and I have factored these costs into my business plan to ensure the financial stability of my operations.

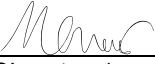
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

 YES No 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)
 Moneer Ibrahim

 (Name and Title, printed or typed)

12/20/2024
 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) 12/20/2024
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	8,500.00	
Other Current Assets (specify)	N/A	
Total Current Assets		8,500.00
Tangible Assets		
Motor Vehicle Equipment	20,000	
Property (buildings, land, etc.)	2,300.00	N/A
Office Equipment		N/A
TOTAL ASSETS		30,800.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0.00	
Credit cards/revolving credit	200.00	
Other Liabilities (Attach schedule)	0.00	
Total Current Liabilities		200.00
Long Term Liabilities (Due after one year of date)		
Mortgage	0.00	
Long term commercial loan	0.00	
Other Liabilities (Attach Schedule)	0.00	
Total Long-Term Liabilities		0.00
TOTAL LIABILITIES		200.00