

## APPLICATION CHECKLIST

### Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at [www.puc.pa.gov](http://www.puc.pa.gov) ).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

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

**If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2<sup>ND</sup> FLOOR, HARRISBURG, PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps) on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

## General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
  - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
  - Transportation of people to correctional facilities for visitation.
  - Transportation of people in wheelchair and stretcher vans.

***\*Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at [www.nicinsurancefilings.com](http://www.nicinsurancefilings.com) . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- |                        |     |  |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).  |
|                        | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
|                        | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).   |

## 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)

TRIUMPH TRAVELS INC

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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)

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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?** \_\_\_NO **Previous Authority?** 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** 14032794

(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).**

_____	_____
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

5007 N SYDENHAM ST  
Street Address

PHILADELPHIA, PA 19141                      PHILADELPHIA  
City, State and Zip Code                      County

215-315-7100                      INFO@TRIUMPHTRAVELSINC.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. 4344526

**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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Our services will transport individuals originating in Philadelphia/Philadelphia County to destinations within Philadelphia County, and to destinations in Montgomery County, Delaware County, Bucks County, and Chester County, and return.

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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.

Anthony Clark

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(Print Name)



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(Signature)

2/20/2025

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(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.

TRIUMPH TRAVELS INC

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Legal Name of Applicant

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Trade Name, if any

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5007 N SYDENHAM ST	PHILADELPHIA,	PA	19141
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.

Anthony Clark  
Owner/President Of Triumph Travels, Inc  
5007 N Sydenham St.  
Philadelphia, PA 19141-2209

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

Anthony Clark, Owner/President Of Triumph Travels, Inc

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.

While my direct experience in Non-Emergency Medical Transportation (NEMT) is limited, I bring over 10 years of managerial experience, where I successfully led teams, managed operations, and optimized service delivery in fast-paced environments. My background includes overseeing logistics, customer service, compliance, and staff development — all critical aspects of running a transportation service.

In my previous roles, I developed strong skills in budgeting, scheduling, staff training, and ensuring compliance with industry standards, which are directly applicable to the NEMT field. Additionally, I have experience in implementing operational procedures, improving efficiencies, and maintaining safety and quality standards, all of which are vital to the success of an NEMT operation.

While I may not have hands-on experience with NEMT services, I am committed to leveraging my managerial skills and undergoing any necessary NEMT-specific training to ensure I am fully equipped to contribute to the success of the company.

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 Physical Location: 5007 N SYNDENHAM ST. PHILADENPHIA, PA 19141-2209. The administrative office is located at the physical location with no waiting area. It will have a desk, chair, computer, phone, fax, and locked file cabinet. The storage facility for the vehicle will be at the physical location. Recordkeeping will be in locked file, and digital files will be on password protected computer and protected cloud storage, according to all federal, state, and local regulations. The communication network will be an NEMT Scheduling and Dispatch software utilized to fulfill requests and maintain continuous communication with our drivers.

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.

**SEE ATTACHMENT A (pgs 1-3)**

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>
2013	Dodge	SXT SUV	5	0001	142,307

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



**Statement of Financial Position (Balance Sheet)**  
**As of (date) 12/31/2024**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$12,015.00	
Other Current Assets (specify)		
Total Current Assets		\$12,015.00
Tangible Assets		
Motor Vehicle Equipment	\$7,098.00	
Property (buildings, land, etc.)	\$3,771.00	\$10,869.00
Office Equipment		
TOTAL ASSETS		\$22,882.00

LIABILITIES

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

# TRIUMPH TRAVELS INC

## ATTACHMENT A

5. Triumph Travels plans to hire 3 to 5 drivers with plans to increase as demands grows.

- a. **HIRING STANDARDS FOR DRIVERS;**

Our hiring standards for drivers at our NEMT (Non-Emergency Medical Transportation) company include:

1. **Valid Driver's License:** A current, unrestricted driver's license with a clean driving record for the past 3 years.
2. **Background Check:** Successful completion of criminal background checks, including checks for any history of violent offenses or drug-related crimes.
3. **Drug Testing:** Negative results on pre-employment drug screening and ongoing random drug tests.
4. **Experience:** A minimum of 1-2 years of professional driving experience, preferably in healthcare or transportation services.
5. **Customer Service:** Strong communication skills and a compassionate, professional attitude toward passengers, particularly elderly and disabled individuals.
6. **Vehicle Inspection:** Ability to perform basic vehicle inspections to ensure safe and comfortable transportation for clients.
7. **Training:** Completion of required safety, medical assistance, and patient transport training before working with clients.

These standards ensure the safety, reliability, and comfort of our passengers while maintaining high-quality service.

# TRIUMPH TRAVELS INC

## **b. SYSTEM FOR CONDUCTING CRIMINAL BACKGROUND CHECKS;**

Our system for conducting criminal background checks for NEMT drivers follows a thorough and compliant process to ensure safety and security:

1. **Pre-Employment Screening:** All potential drivers undergo a comprehensive criminal background check through a certified third-party provider. This includes searching local, state, and national databases for criminal history, with a focus on violent crimes, drug offenses, and any offenses related to abuse or neglect.
2. **Ongoing Monitoring:** Periodic background checks throughout employment are conducted to ensure ongoing compliance and safety. This may include random checks or checks triggered by certain events, such as traffic violations or legal issues.
3. **Exclusion Criteria:** Any applicant or current employee with a history of violent crimes, child or elder abuse, or serious drug-related offenses within the last 5-7 years is automatically disqualified from employment.
4. **Confidentiality & Compliance:** All background check information is handled with strict confidentiality in accordance with federal and state laws, including the Fair Credit Reporting Act (FCRA) and Equal Employment Opportunity Commission (EEOC) guidelines.

This system ensures that we hire only qualified, trustworthy drivers who prioritize the safety and well-being of our passengers.

## **c. DRIVER TRAINING**

Our driver training is designed to ensure safety, professionalism, and compassion on every trip. The training covers safe driving techniques, defensive driving, vehicle maintenance, HIPAA compliance, and proper handling of passengers with medical needs or mobility challenges. Drivers are also trained in customer service skills, communication, and emergency response protocols to ensure a comfortable, safe, and reliable transportation experience for all clients. This comprehensive training helps our drivers deliver the highest standard of care and service in NEMT.

# TRIUMPH TRAVELS INC

## **d. SYSTEM FOR CONDUCTING DRIVER LICENSE CHECKS**

Our company implements a comprehensive driver license verification system to ensure the safety and reliability of our services. All drivers undergo routine checks of their driving records through state DMV databases to confirm that they maintain a valid, unexpired license, with no disqualifying violations such as DUI or reckless driving. This system is conducted during the hiring process and on a regular basis throughout employment. Additionally, we monitor any changes in driver status to ensure compliance with both company standards and regulatory requirements, maintaining the highest level of safety for our passengers.

## **e. POLICIES REGARDING ALCOHOL AND DRUG USE BY YOUR DRIVERS.**

Our company has a strict zero-tolerance policy regarding alcohol and drug use for all drivers. Drivers are prohibited from consuming or being under the influence of alcohol, illegal drugs, or any prescription medication that impairs their ability to safely operate a vehicle during their shift. Random and scheduled drug and alcohol testing is conducted to ensure compliance with this policy. Any violation of this policy will result in immediate disciplinary action, up to and including termination, to ensure the safety and well-being of our passengers and the community.

# TRIUMPH TRAVELS INC

## ATTACHMENT B

### 7. VEHICLE SAFETY PROGRAM

Our vehicle safety program prioritizes the safety, reliability, and compliance of all vehicles in our fleet.

a. **Periodic Vehicle Maintenance Plan:** We implement a proactive, scheduled maintenance plan for all vehicles, which includes regular inspections, servicing, and repairs at certified service centers. Maintenance checks cover essential systems such as brakes, tires, lights, steering, and engine performance to ensure vehicles remain in optimal working condition. Preventative maintenance is performed at intervals specified by the manufacturer and regulatory requirements.

b. **Compliance with Pennsylvania Vehicle Equipment Standards (67 Pa. Code, Chapter 175):** Our vehicles are regularly inspected and maintained to meet or exceed the Pennsylvania vehicle equipment standards. We ensure continuous compliance through routine inspections, as outlined in 67 Pa. Code, Chapter 175, which include checks for safety equipment, emissions, lighting, and general mechanical integrity. All maintenance records are kept on file and reviewed periodically to ensure full compliance with state regulations. Additionally, we perform thorough pre-trip inspections to verify that vehicles meet safety standards before each trip.

This combined approach guarantees that our fleet operates safely and reliably while fully adhering to state regulations.