

## **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)

**ADVANTAGE TRANSPORT SOLUTIONS 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** 0014018840

(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**

PO BOX 2782  
\_\_\_\_\_  
Street Address

BALA CYNWYD, PA 19004	MONTGOMERY
_____ City, State and Zip Code	_____ County

215-431-2188	info@advantage transportsolutions.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.)

8227 Provident St  
\_\_\_\_\_  
Street Address

Philadelphia, PA 19150	Philadelphia
_____ City, State and Zip Code	_____ County

215-431-2188	info@advantage transportsolutions.com
_____ 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
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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. \_\_\_\_\_ 4340517

**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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Advantage Transport Solutions Inc will transport individuals originating in Philadelphia/Philadelphia County to destinations within Philadelphia County, and to surrounding counties to include Bucks, Chester, Delaware, Montgomery 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.

DEBORAH R HODGES

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(Print Name)



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(Signature)

2/27/2025

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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.

## ADVANTAGE TRANSPORT SOLUTIONS INC

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Legal Name of Applicant

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Trade Name, if any

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8227 Provident St	Philadelphia,	PA	19150
<b>Street Address (principal place of business)</b>	<b>City or Municipality</b>	<b>State</b>	<b>Zip Code</b>

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.

DEBORAH R HODGES, Owner and President  
8227 Provident St  
Philadelphia, PA 19150  
215-431-2188

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

DEBORAH R HODGES, Owner

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.

Deborah Hodges brings a wealth of experience in sales, marketing, and business management, making her well-equipped to run a Non-Emergency Medical Transportation (NEMT) business. Her background in establishing and managing multiple companies demonstrates her expertise in operations, financial oversight, and strategic growth. Her success in scaling businesses, including her first enterprise at 19, highlights her ability to identify industry needs and create profitable solutions. Her leadership roles at H&R Block and Koons Ford, where she improved efficiency and revenue, showcase her capability in managing large teams, budgets, and customer relations—key skills for running an NEMT business. Additionally, her work with nonprofits and community development indicates a strong understanding of regulatory compliance and service-oriented operations, essential for navigating the complexities of the healthcare transportation industry.

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 EXHIBIT 1**

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 EXHIBIT 2**

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>
2023	Cadillac	XT4	5	100	14,111

\*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).

**SEE EXHIBIT 3**

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

Various quotes have been obtained and premium deposit have been set aside.

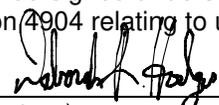
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ 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)  
 Deborah R Hodges, President  
 \_\_\_\_\_  
 (Name and Title, printed or typed)

\_\_\_\_\_  
 2/27/2025  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 01/31/2025**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	6033.00	
Other Current Assets (specify)		
Total Current Assets		6,033.00
Tangible Assets		
Motor Vehicle Equipment	36,536.00	
Property (buildings, land, etc.)	4,778.00	41,314.00
Office Equipment		
TOTAL ASSETS		47,347.00

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	33,970.45	
Other Liabilities (Attach Schedule)	-	
Total Long-Term Liabilities		33,970.45
TOTAL LIABILITIES		33,970.45

# ADVANTAGE TRANSPORT SOLUTIONS

## EXHIBIT 1

Our facility is located at 8227 Provident St, Philadelphia, PA 19150. The facility includes office space for administrative functions, and a dedicated records storage area.

### **Record Maintenance Plan**

To ensure compliance with PUC regulations and maintain normal business records, we will implement a structured record-keeping system that includes both digital and physical documentation.

- **Digital Records:** All critical records, including trip logs, driver qualifications, vehicle maintenance logs, and financial documents, will be maintained using cloud-based storage solutions.
- **Physical Records:** Hard copies of essential documents will be stored in a secured filing system at the facility, with restricted access to authorized personnel.
- **Compliance & Audits:** Regular audits will be conducted to ensure that all records meet PUC requirements, with documents readily available for inspection.

### **Communication Network & Dispatch System**

To manage operations efficiently, we will utilize dispatch software that integrates customer bookings, vehicle tracking, and driver communication.

### **Vehicle Housing & Storage Facilities**

The facility includes a parking area for vehicles when not in service. This area will be monitored through surveillance cameras to ensure the safety of our fleet.

# ADVANTAGE TRANSPORT SOLUTIONS

## EXHIBIT 2

### **Number of Drivers & Justification**

We intend to start with **2 to 5 drivers**, with plans to expand as demand increases. This number is appropriate for the initial service territory, ensuring coverage for scheduled and on-demand trips while maintaining efficiency. The number of drivers allows for staggered shifts to provide reliable service while accounting for vehicle maintenance, driver breaks, and peak-hour demand.

By maintaining hiring and safety standards, we ensure the highest level of service, reliability, and passenger safety in our operations.

### **Driver Hiring & Compliance Policies**

#### **a. Hiring Standards:**

Our drivers will be required to meet the following criteria:

- Minimum age of 23 years old
- Possession of a valid Pennsylvania driver's license
- At least 1 year of professional driving experience (preferably in NEMT or passenger transportation)
- Clean driving record with no major violations in the past three years
- Strong customer service skills and the ability to assist passengers with mobility challenges

#### **b. Criminal Background Checks:**

To ensure passenger safety, all potential hires will undergo comprehensive criminal background checks, conducted through the Pennsylvania State Police, FBI fingerprint database, and child abuse clearance registry. Any applicant with a history of violent crimes, DUIs, or offenses related to passenger safety will be disqualified.

#### **c. Driver Training Program:**

Before operating a company vehicle, drivers will complete a structured training program that includes:

- Passenger assistance and sensitivity training (including handling passengers with disabilities and special needs)
- Emergency response procedures (CPR, first aid, and accident protocols)
- Navigation and route optimization using GPS and dispatch software
- Compliance with PUC regulations and company policies

## ADVANTAGE TRANSPORT SOLUTIONS

### **d. Driver License Checks:**

Driver records will be checked upon hiring and monitored quarterly through the Pennsylvania Department of Transportation (PennDOT) motor vehicle records (MVR) system to identify any violations, suspensions, or restrictions. Any driver with excessive violations will be subject to disciplinary action, including suspension or termination.

### **e. Alcohol & Drug Use Policy:**

We enforce a strict zero-tolerance policy on drug and alcohol use.

- Pre-employment drug testing is required for all drivers.
- Random drug and alcohol testing will be conducted throughout employment.
- Post-accident and reasonable suspicion testing will be mandatory.
- Any driver who tests positive for illegal substances or exceeds alcohol limits will face immediate suspension and potential termination.

# ADVANTAGE TRANSPORT SOLUTIONS

## EXHIBIT 3

Our proactive approach to our Vehicle Safety Program helps maintain a safe and legally compliant fleet, reducing downtime and enhancing road safety. The program includes the following key components:

### **a. Periodic Vehicle Maintenance Plan**

We implement a routine maintenance schedule based on manufacturer recommendations and industry best practices. This includes:

- **Daily Pre-Trip Inspections:** Drivers conduct daily visual inspections of critical systems (brakes, tires, lights, etc.).
- **Scheduled Preventive Maintenance:** Vehicles undergo regular servicing at designated mileage or time intervals, including oil changes, brake checks, and fluid replacements.
- **Annual State Inspections:** All vehicles are inspected annually by a certified Pennsylvania inspection station to ensure compliance with safety and emissions requirements.
- **Repair & Recordkeeping:** Any identified issues are promptly addressed, and maintenance logs are maintained for compliance tracking.

### **b. Compliance with Pennsylvania Vehicle Equipment Standards (67 Pa. Code, Chapter 175)**

To ensure ongoing compliance with Pennsylvania's equipment regulations, we:

- **Use Certified Inspectors:** Vehicles are inspected by licensed professionals to verify adherence to state requirements.
- **Conduct Internal Compliance Audits:** Regular internal reviews are performed to confirm that vehicles meet regulatory standards.
- **Monitor Equipment Standards Updates:** We stay updated on any changes to Pennsylvania vehicle codes and adjust our maintenance protocols accordingly.
- **Employee Training:** Drivers and maintenance personnel receive training on state regulations to recognize and report compliance issues.