

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)
Vango Accessibility LLC
-

- 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 **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 14189875 ydd/sec
(See checklist and indicate type of business entity registered) 4/2/25

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Khayla Dixon

6. **Mailing Address**

6497 Greenhill RD

Street Address
Philadelphia, PA 19151

City, State and Zip Code County
(267)893-8141 Khaylacdixon@gmail.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.)

6947 Greenhill RD

Street Address
Philadelphia, PA 19151

City, State and Zip Code County
(267)893-8141 Khaylacdixon@gmail.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

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).
-

To transport people in wheelchair and stretcher vans from the city and county of Philadelphia and the surrounding counties. Transportation will include the states of Delaware, New Jersey and the surrounding counties.

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.

Khayla Dixon

(Print Name)

Khayla Dixon

(Signature)

03/31/2025

(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.

Khayla Dixon

Legal Name of Applicant			
Vango Accessibility LLC			
Trade Name, if any			
6947 Greenhill RD	Philadelphia	PA	19151
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.

The Verified statement is being completed by Khayla Dixon, Owner of Vango Accessibility LLC. The business will operate from the address 6947 Greenhill Rd Philadelphia, PA19151. The existing business telephone line is (267)893-8141.

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

I, Khayla Dixon, Owner of Vango Accessibility LLC have no ongoing affiliation with any mobile carrier company. As the applicant, I will be responsible for managing the companies daily operations including, overseeing fleet maintenance, driver staffing, company compliance and route management. Vango Accessibility will focus on operational efficiency and service quality within the paratransit sector.

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.

My career in healthcare began in February 2017 where I worked as a personal care aid for years. My experience as an aid has provided me with a deep understanding of patients' physical, emotional and medical needs. I have work with individuals that struggle with mobility challenges, chronic illnesses and cognitive impairments that have shaped my understanding in the importance of care and safety during transportation. In addition to my work in the aid field, I have also worked in Patient registration for three years. As a registrar it is our duty to verify medical and insurance information according to doctor prescribed treatment. This skillset has given me exposure to a variety of outpatients services and the level of transportation that will be required to better assist patients. In addition I will be completing my bachelors degree in business marketing in 2025.

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.

For the first year, Vango Accessibility will operate from my personal residence. This is a single family home with a private driveway that will be used to store a fleet of 1-2 vehicles in our first year of business. Inside the residence, there will be a designated space with multifunctional office machines that will be utilized for printing, scanning and faxing necessary documentation. All telephone communication will be done through a private business line along with a third party communication and scheduling company. This line will be used strictly for the coordination of trips among clients, healthcare providers and drivers. All records, financial, operational, compliance, client billing and Auditing will be stored up to 7 years following each transaction in accordance to the recommended industry standard. Any records that surpass our companies 7 years policy will remain online however, physical copies will be shredded to ensure patient confidentiality. All records will be stored in each patients personal file both manually in a secured file cabinet and online. It is our companies policy to store copies of all documentation, certifications and vehicle information at our primary location.

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.

Pennsylvania is a proud leader in public transportation support with more than \$1.6 billion dollars in capital and operating state funds. The estimated market value in 2023 was \$8.9 billion and is expected to continue expanding at a robust rate. By the end of 2026 we plan to operate 5-10 Non-emergency transportation vehicles with two assisting drivers per vehicle to ensure the safety of patients, fleets and drivers. Per our policy, all drivers are required to be 21+ and must possess a valid, unrestricted Pennsylvania Driver's License. We encourage applicants to have no major violations such as DUI or any form of reckless driving history. All applicants must adhere to a criminal background check along with Drug and alcohol testing prior to any consideration for employment. Vango Accessibility has a zero tolerance policy for drug and alcohol use while on duty. Shall any employee violate this policy, they will be subject to termination immediately and/or termination of application for hire. Vango Accessibility holds the authority to request random drug screening test of any employee at any given moment while employed in accordance to government standards. Applicants must also complete a medical examination requirements to determine driving suitability and specialized NEMT training courses. Driver license and criminal background checks will be conducted by a third party service in addition to common and readily available means.

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>

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

Upon approval of this application, Vango Accessibility will operate a fleet of 1-2 vehicles for motor carrier paratransit services. As a new company we would like to focus our efforts on the quality of passenger care. The demand for NEMT businesses continue to increase along with the aging populations need for accessible healthcare. Our company will be able to establish our name in the paratransit community, increasing the scale of business as our clientel grows.

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).

Each vehicle has a specialized maintenance plan that must be completed on a daily, weekly, monthly and annual basis. Daily vehicle inspections must be completed each day before drivers operate the vehicle. This includes a signed form that all necessary functions for day to day operations are in optimal performance condition to ensure driver and passenger safety. These daily tasks include light and signal testing, windshield and mirror checks, emergency equipment checklist, safety belt function and more. Monthly and annual maintenance requirements include detailed oriented checks and compliance requirements mandated by the state. For example, Annually, all vehicles must undergo the PA state safety inspection, ADA compliance checks, a comprehensive mechanical check and alignment of tires and suspension checks. Per our company policy, we require all vehicles to adhere to the monthly maintenance check every 100-200 miles driven. Maintenance and quality tasks must be done as described above or at the manufacturer's suggested interval.

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

In the state of Pennsylvania, NEMT businesses are required to have commercial auto insurance with a minimum liability limit of \$15,000 per person, \$30,000 per accident for bodily insurance and \$5000 for property damage. I have currently researched and received different quotes from numerous companies. Upon acceptance of the application, I will be using savings to fund the insurance policy for our first company vehicle. For the first year of operation, I will be the driver of the company vehicle. As we expand our operations the company will include Workers compensation insurance upon the addition of my first employee.

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.

Khayla Dixon

03/31/2025

(Signature)

Khayla Dixon (Owner/Applicant)

(Date)

(Name and Title, printed or typed)

