

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)

Kindness Services 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)

N/A

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 6652756

(See checklist and indicate type of business entity registered)

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 paratransit services from points in the counties of Dauphin, Cumberland and Perry to points in Pennsylvania and return.

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.

Naïma Witherspoon
(Print Name)


(Signature)

11/17/25
(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.

| | | | |
|--|----------------------|----------------------|----------|
| Kindness Services LLC | | | |
| Legal Name of Applicant | | | |
| N/A | | | |
| Trade Name, if any | | | |
| 900 S Arlington Ave. Suite 129 | | Harrisburg, PA 17109 | |
| 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.

Naima Witherspoon, CEO
900 S Arlington Ave Suite 129
Harrisburg, PA 17109
717-525-9571

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

No affiliations with any other carrier.

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 am the owner and Chief Executive of Kindness Services, a human service agency providing various lines of service. The business was formed in 2018 and has grown each year. As clients request service needs, I dispatch staff to clients' homes or other places of service and monitor their progress. In the transportation service, I will accept requests for rides and dispatch staff drivers to fulfill the request.

Prior to this I worked for 6 years as a Direct Support Professional at an agency supporting people with disabilities. Transporting clients to appointments, community events, visits, etc. was a large part of the job. Loading and unloading clients, securing wheelchair equipment, etc. was involved.

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.

Office equipment includes desktop computers, printers, copiers/scanner and telephone. There is ample parking to maintain all vehicles for the business as well as staff's personal vehicles. All records and documents for staff and passengers will be kept in the Kindness Service office in a locked file cabinet. Transportation services will be arranged via contracts with County Case Management Unit (CMU) personnel working with people with disabilities. This will result in transporting individuals to and from providers of Day programs, Prevocational services, Life Sharing, Homes and Community Habilitation, etc. These contracts will include the names of individuals to be transported, to and from addresses, times for pick up and drop off, frequency of services (daily, weekly, etc.) and any special needs of the individual. As contracts are secured, the Office Manager will coordinate the drivers' schedules to assure all riders can be serviced as per contract or request call. Each vehicle will have an assigned cell phone through which driver and office will have continuous communication.

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:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

Kindness Services currently has 4 staff (including the owner) who will be drivers. We feel this roster will be sufficient as we anticipate the transportation service line will be slow to develop. At the time that additional requests for transporting individuals are taken on, that warrant the hiring of another driver, ads will be placed.

For items a. - e., please see the Question 5a-e document that is attached.

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> |
|-------------|-------------|----------------|--------------------------|---------------------|----------------|
| 2017 | Honda | Civic | 5 | 2HGFC2F79HH522295 | 54,068 |
| 2008 | Hyundai | Sonata | 5 | 5NPET46C38H402910 | 272,671 |
| 2014 | Jeep | Grand Cherokee | 5 | 1C4RJFCG8EC465356 | 141,130 |
| 2007 | Chrysler | Aspen | 5 | 1A8HW58207F511289 | 111,197 |
| | | | | | |
| | | | | | |
| | | | | | |

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

We believe these four vehicles will be efficient for this start-up company and plan to add vehicles as requests for more services increases.

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).

All vehicles will be inspected weekly using a company-created checklist that includes checking: 1. Cabin and truck/hatch areas are clean/sanitary. 2. Heat and A/C work. 3. Tires and wheel coverings. 4. Exterior for damage. 5. Lights, horn. 6. Pending routine maintenance due. 7. Paperwork valid (Ins card, registration, inspection sticker)
 Checklists are signed and kept on file. Regular maintenance appointments kept on log (oil changes, etc.)

All vehicles will be inspected annually at an official inspection center per the sticker date.

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

Kindness Services has been in business since 2018 and generates ample revenue to cover the necessary premiums for insurance as well as staff salary + benefits, vehicles, office equipment, advertising, etc. Clientel has consistently increased since forming the business and we anticipate this continuing into the future.

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 X 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)
 Naima Witherspoon

 (Name and Title, printed or typed)

 3/18/2025

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) March 1, 2025
(Must be less than 6 months old)

ASSETS

| | | |
|----------------------------------|----------|----------|
| Current Assets | | |
| Cash | \$45,000 | |
| Other Current Assets (specify) | \$0 | |
| Total Current Assets | | \$45,000 |
| Tangible Assets | | |
| Motor Vehicle Equipment | \$28,418 | |
| Property (buildings, land, etc.) | \$0 | |
| Office Equipment | | \$5,784 |
| TOTAL ASSETS | | \$79,202 |

LIABILITIES

| | | |
|--|----------|-------------|
| Current Liabilities (Due within one year of date) | | |
| Loans | \$0 | |
| Credit cards/revolving credit | \$0 | |
| Other Liabilities (Attach schedule) | \$0 | |
| Total Current Liabilities | | \$0 |
| Long Term Liabilities (Due after one year of date) | | |
| Mortgage (Office space monthly rent) | \$625.34 | |
| Long term commercial loan | \$0 | |
| Other Liabilities (Attach Schedule) | \$0 | |
| Total Long-Term Liabilities | | \$0 |
| TOTAL LIABILITIES | | \$625.34/mo |

I, Naima Witherspoon, 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).



Signature

Kindness Services, LLC

900 S Arlington Ave. Suite 129

Harrisburg, PA 17109

Question 5a. Hiring standards for drivers

Per our Recruitment and Hiring policy, candidates for employment must meet the following:

1. All drivers must be at least 21 years old
2. All candidates must have a valid driver's license
3. We require all candidates to have at least one year experience driving passengers
4. Candidates must pass a drug screen
5. A Pennsylvania State Police, or FBI, Background Check is run on all candidates
6. Candidates must produce a doctor's note stating they are free from any communicable diseases

Question 5b. System for Criminal Background Checks

Per our Criminal Background Screen policy:

1. Candidates who have lived in Pennsylvania for the previous 2 years will submit for a Pennsylvania State Police background check.

The candidate's identifying information is submitted online to the Pennsylvania Access to Criminal History (PATCH) at <https://epatch.pa.gov/home>.

2. Candidates who have lived in a state other than Pennsylvania at anytime in the 2 years prior to application will submit for fingerprinted FBI background check.

Candidates are directed to go online at <https://www.identigo.com/> and schedule an appointment at the nearest Identigo Center. At the appointment they have their fingerprints taken digitally which will be used to run the FBI background check.

3. A report showing a conviction will not automatically prevent a person from being hired, unless the conviction can be shown to bring into question the candidate's ability to provide the transportation service safely and legally.
4. Kindness Services conducts background checks on all staff every 2 years (using date of hire as the anniversary date).
5. Background checks are maintained in each employee's personnel file for a minimum of 3 years.

Question 5c. Driver Training Program

Per our Staff Training Policy, drivers will be trained on the following:

1. The Mission and Vision of Kindness Services
2. Kindness Services policies and procedures
3. Expectations of drivers – driving abilities, courteousness/professionalism, helpfulness, etc.
4. Conducting vehicle safety inspections – how to identify and report safety issues
5. Use of all vehicle equipment and safety equipment
6. Passenger needs – assisting with passengers with disabilities, loading and unloading
7. Responses to incidents or emergencies
8. Driving demonstration with supervisor that includes a safety check, driving, loading and unloading passengers and operating all vehicle equipment.

Question 5d. Driver License Checks

Per our Staff Screening policy

1. Prior to onboarding, an employment candidate will complete an Applicant Consent for Employer to Obtain Driver's License Report, giving Kindness Services consent to check their license status and driving record.

License verification will be done for Pennsylvania and any other state a person lives in or has lived in the previous 3 years

2. Supervisor will access the E-Verify online services for driving records at <https://www.e-verify.gov/employers/verification-process/drivers-license-verification> and enter the required information for the candidate.

3. This process will be done at least every 12 months from the date of the most recent report.

4. Driver reports are maintained in each employee's personnel file for a minimum of 2 years.

Question 5e. Policy Regarding Alcohol and Drug Use

Per our Staff Drug-free Workplace policy

1. A drug screen is part of the onboarding process. Any candidate who would test positive for drug use would be disqualified for employment.

2. Employees are informed that under no circumstance can they use or be under the influence of drugs or alcohol while at work.

3. Drug and/or alcohol screens can be utilized at the discretion of the company if suspicion arises that a driver may be under the influence.

Any current employee testing positive during a screening will be terminated per policy