

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 _____).
- 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, 2ND 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 _____ 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.nicins.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)

Helping Hands Warming Hearts Transportation 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?** Yes NO **Previous Authority?** NO

If YES, at PUC No. A- 2022-3032252

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 7386128
(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).

Leikichea Phillips
CANDICE RAY

6. Mailing Address

3732 Wallace STREET
Street Address
Philadelphia, Pa. 19104 Philadelphia
City, State and Zip Code County
267-233-8881 Kichaphillips@yahoo.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.)

611 North 33rd Street
Street Address
Philadelphia, PA 19104 Philadelphia
City, State and Zip Code County
445-800-2888 KPhillips@hhwbtranspo.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)

Christopher P. Fiore
Attorney's Name & Telephone Number for this Filing
418 Main ST. Harleysville, Pa. Cfiore@fiorebarber.com
Attorney's Address 19438 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?

X 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).

Application of Helping Hands Warming Heart Transportation LLC for Paratransit Authority, 611 N. 33rd St. Phila, Phila. County, Pa. 19104 to transport as common carrier, by motor vehicle, persons in paratransit service from points in the counties of Berks, Bucks, Chester + Delaware Counties 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.

Leikicha Phillips
(Print Name)

Leikicha Phillips 4/21/2025
(Signature) (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.

Helping Hands Warming Hearts Transportation LLC.
Legal Name of Applicant

Trade Name, if any
611 North 33rd St Phila PA 19104
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.

Leikicha Phillips : owner / Vice President
611 North 33rd Street
Phila, Pa. 19104
267.233.8881

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

NONE

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.

SEE Attached

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 Attached

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.

See 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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2015	FORD	TRANSIT	11	See Attached	142,557
2013	FORD	ECONOLINE	9	See Attached	83,365

*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 Attached

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

SEE Attached

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.

Leikisha Phillips
(Signature)

Leikisha Phillips: owner/vp
(Name and Title, printed or typed)

4/21/25
(Date)

**LEIKICHA PHILLIPS
PERSONAL INCOME STATEMENT
DECEMBER 31, 2024**

ASSETS

Cash - checking accounts	\$10,062
Cash - savings accounts	290,000
Automobile	35,000
Real estate (market value)	<u>380,000</u>
Total Assets	<u>\$ 715,062</u>

LIABILITIES

Current Debt (Credit cards, Accounts)	\$ 42,211
Real estate mortgages	<u>210,000</u>
Total Liabilities	<u>\$ 252,211</u>

Net Worth	<u><u>\$ 462,851</u></u>
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**CANDICE RAY
PERSONAL INCOME STATEMENT
DECEMBER 31, 2024**

ASSETS

Cash - checking accounts	\$26,921
Cash - savings accounts	187,500
Automobile	275,620
Real estate (market value)	418,000
Total Assets	<u>\$ 908,041</u>

LIABILITIES

Current Debt (Credit cards, Accounts)	\$ 66,984
Real estate mortgages	261,014
Total Liabilities	<u>\$ 327,998</u>

Net Worth	<u><u>\$ 580,043</u></u>
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Helping Hands Warming Hearts Transportation LLC

Application for Motor Common Carrier of Persons in Paratransit Service

- 1. Helping Hand Warming Hearts Transportation LLC**
- 2. N/A**
- 3. Currently hold PUC Authority: Yes A-2022-3032252**
- 4. Registered w/ PA Dept. of State: Yes, Corporation Entity ID: 7386128**
- 5. Owners: Leikicha Phillips and Candice Ray**
- 6. Mailing Address:**
3732 Wallace Street Philadelphia, PA 19104
County: Philadelphia
Cell Phone: 267-233-8881
Email: Kichaphillips@yahoo.com
- 7. Physical Address:**
611 North 33rd Street Philadelphia, PA 19104
County: Philadelphia
Work Phone: 445-800-2888
Email: Kphillips@hhwhtranspo.com
- 8. Attorney: Christopher P. Fiore**
Address: 418 Main Street Harleysville, PA 19438
Phone: 215-256-0205
Email: Cfiore@fiorebarber.com
- 9. USDOT Number: No**
- 10. Service area proposed: Application of Helping Hand Warming Hearts Transportation LLC for Paratransit Authority, 611 North 33rd Street, Philadelphia, Philadelphia County, PA 19104. to transport as a common carrier, by motor vehicle, persons in paratransit service from points in the counties of Berks, Bucks, Chester and Delaware counties and return.**

Verified Statement of Applicant Section

- 1. My Name is Leikicha Phillips, and my business address is 611 North 33rd Street Philadelphia, PA 19104. I am one of the two owners of Helping Hand Warming Hearts Transportation LLC. My Phone number is 267-233-8881.**
- 2. Affiliations with other carriers: None**
- 3. Helping Hands Warming Hearts Transportation LLC has been operating as a Non-Emergency Medical Transportation (NEMT) company for the past two years. During**

this time, we have successfully provided paratransit services to our clients in Philadelphia and Montgomery counties, where we hold PUC Authority. Our experience includes safe and reliable transporting of individuals with mobility challenges to medical appointments, rehabilitation centers, and other essential destinations, ensuring they receive the care they need with comfort and efficiency.

4. Helping Hands Warming Hearts Transportation LLC operates from two office locations:

Primary Office: 611 North 33rd Street, Philadelphia, PA 19104

Secondary Office: 301 Montgomery Ave, Bala Cynwyd, PA 19004

Both offices are equipped with modern business essentials, including computers, fax machines, copiers, and telephone communication systems, ensuring smooth and efficient operations. These locations serve as our headquarters, dispatch center, and storage facilities for supplies and vehicles, allowing us to effectively manage and coordinate our transportation services.

5. Helping Hands Warming Hearts Transportation LLC currently employs a team of 5 drivers. This number is well-suited for effectively serving our current territory, which includes Philadelphia and Montgomery counties. Our fleet and staffing levels allow us to meet the ongoing demand for Non-Emergency Medical Transportation (NEMT) services while maintaining high standards of reliability and punctuality for our clients.

Additionally, we have the extra drivers available to accommodate fluctuations in demand and ensure seamless service delivery. As our operations continue to grow, we are prepared to expand both our fleet and workforce to meet increasing requests for service, including potential expansion into neighboring counties that require additional transportation providers. Our goal is to remain adaptable and responsive to the evolving needs of our community.

6. Helping Hands Warming Hearts Transportation LLC currently operates a fleet of two vehicles, which are well-suited to provide reliable and efficient service within our current service areas of Philadelphia and Montgomery counties. Our fleet includes:

- 2015 Ford Transit – 11: seat capacity (including driver) | VIN: #1FBZX2CM7FKB15385 | Mileage: 142,557**
- 2013 Ford Econoline – 9: seat capacity (including driver) | VIN: #1FDEE3FL1DDB30728 | Mileage: 83,365**

These vehicles enable us to accommodate the transportation needs of our clients while maintaining flexibility in scheduling. As our business grows and demand increases, we plan to expand our fleet by adding additional vehicles to ensure continued efficiency and accessibility for our clients. Additionally, we are prepared to scale our operations to meet requests for services beyond our current territory,

allowing us to serve more communities in need of dependable Non-Emergency Medical Transportation (NEMT) services.

7. Our maintenance procedures are documented and currently on file with the Public Utility Commission (PUC), demonstrating our commitment to compliance and operational excellence. By conducting regular inspections and preventive maintenance, we ensure the longevity and efficiency of our vehicles, minimizing downtime and enhancing service reliability.
8. Helping Hands Warming Hearts Transportation LLC maintains Commercial Automobile Insurance through Berkshire Hathaway HomeState Companies under Policy Number: 02APM035766. Our coverage includes Liability Limits of \$1,000,000 combined single limit, along with comprehensive and collision coverage on each vehicle. As well as Professional Liability and workers' compensation policies.

We have consistently upheld these insurance policies for the past two or more years, ensuring that our fleet, passengers, and business operations are fully protected. This level of coverage demonstrates our commitment to safety, compliance, and financial responsibility in providing Non-Emergency Medical Transportation (NEMT) services.

9. Any applicant convicted of Misdemeanor or Felony: No
10. Financial Data: Attached

x Lintia Phillips
4/21/2025