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).**
- ❑ **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 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 . 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).

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

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)

   UNITED CARE MEDICAL 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?** ___NO **Previous Authority?** X NO

   If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** X NO
   If NO, you must register (see checklist on how to register)

   If YES, provide your PA Corporation Bureau Entity ID Number 3623036
   (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).**

MOHAMMAD AHMAD

6. **Mailing Address**

179 W BERKS STREET SUITE 407
Street Address

PHILADELPHIA PA 19122 — City, State and Zip Code
PHILADELPHIA — County

215-983-5760 — Telephone Number
UNITEDCAREUCA@YAHOO.COM — 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?**

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).

TO TRANSPORT PEOPLE BETWEEN POINTS IN PHILADELPHIA COUNTY
VIA PARATRANSIT FOR NON MEDICAL TRANSPORTATION

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.

MOHAMMAD AHMAD

(Print Name)

Mohammad Ahmad 04/27/2025

(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.

UNITED CARE MEDICAL TRANSPORTATION LLC

Legal Name of Applicant

Trade Name, if any

179 W BERKS STREET SUITE 407	PHILADELPHIA	PA	19122
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.

   MOHAMMAD AHMAD, SOLE OWNER OF UNITED MEDICAL TRANSPORTATION LLC
   179 W BERKS STREET SUITE 407 PHILADELPHIA PA 19122

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

   UNITED CARE MEDICAL TRANSPORTATION LLC IS NOT AFFILIATED 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, MOHAMMAD AHMAD, HAVE OVER TEN YEARS EXPERIENCE, MANAGING A NON MEDICAL TRANSPORTATION AND PRIVATE BLS AMBULANCE COMPANY. I HAVE WORKED ON THE VEHICLES AS WELL AS IN THE OFFICE AND HAVE MANAGED ALL ASPECTS OF THE COMPANY. I HAVE ALSO COMPLETED IN OFFICE TRAININGS AS WELL AS LEARNED MARKETING STRATEGIES.

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.

MY OFFICE IS IN A SECURED BUILDING WITH TWO COMPUTERS, A PHONE, FAX LINE, PRINTER/SCANNER, AS WELL AS A VISUAL SCREEN THAT WILL BE ATTACHED TO TRACK MY VEHICLE FOR LOCATION AS WELL AS BEING ABLE TO KEEP UP WITH ANY CHANGES THAT MAY OCCUR DURING THE DAY. WE PLAN TO KEEP OUR TRIP SHEETS IN A LOCKED SECURE CABINET AS WELL AS IN THE COMPUTER ON "MEDIROUTES", WHICH IS AN ONLINE DISPATCHING SYSTEM THAT CAN PROVIDE EACH TRANSPORT AND INCLUDE BUT NOT LIMITED TO TIME, DATE, LOCATION, AND SIGNATURES; THESE TRIPS WILL ALSO BE DOWNLOADED ON A DRIVE AS WELL AS A USB. WE WILL BE ABLE TO PROVIDE ALL INFORMATION NECESSARY IN EVENT OF A SPOT INSPECTION. COMMUNICATION IS RECEIVED THRU TELEPHONE, TEXT, OR ELECTRONIC DEVICES AS WELL AS OUR ONLINE PLATFORM THRU MEDIROUTES. EMPLOYEE INFORMATION AND BACKGROUND CHECKS WILL ALSO BE KEPT ELECTRONICALLY AS WELL AS IN A LOCKED SECURED LABELED CABINET AND AVAILABLE UPON REQUEST IF NECESSARY.

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.

I WILL BEGIN WITH 1-2 DRIVERS.
A.) DRIVERS MUST BE OVER 23 YEARS OLD, AND BE ABLE TO PASS A CRIMINAL BACKGROUND CHECK AND HAVE A CLEAN DRIVING RECORD. THEY MUST BE ABLE TO PROVIDE REFERENCES UPON REQUEST.
B.) CRIMINAL BACKGROUND FOR STATE OF PA AS WELL AS CHILD ABUSE AND FBI PRINGERPRINTS
C.) DRIVERS WILL COMPLETE AN EMSVO CLASS PRIOR TO HIRE AT A LOCAL EMS AGENCY.
D.) PENNDOT ONLINE SYSTEM
E.) ANY DRIVER WHO DOES THAT NOT PASS A DRUG AND ALCOHOL SCREENING WILL NOT BE HIRED. WE WILL CONDUCT RANDOM DRUG AND ALCOHOL SCREENING AND ANYONE FOUND WITH ILLICIT SUBSTANCES IN THEIR SYSTEM, WILL BE FIRED AND WE DO NOT PROVIDE AFTERCARE.

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

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

I AM CURRENTLY IN THE MARKET FOR A VEHICLE. I WILL OBTAIN A VAN WHICH WILL BE ABLE TO ACCOMODATE BOTH WHEELCHAIR AS WELL AS AMBULATORY PATIENTS. I WILL BEGIN WILL ONE VEHICLE WHICH WILL BE SUFFICIENT.

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).

A.) VEHICLES WILL HAVE A DAILY CHECKSHEET FOR DRIVERS TO COMPLETE PRE AND POST TRIP. WE ARE PARTNERED WITH A LOCAL MECHANIC SHOP TO COMPLETE VEHICLE MAINTENANCE. ANY VEHICLE FOUND WITH AN ISSUE, WILL IMMEDIATELY REMOVED AND REPLACED WITH ANOTHER VEHICLE.
B.) SUPERVISORS WILL EXAMINE VEHICLES WITH CHECKSHEET AND MECHANIC SHOP WILL BE GIVEN PA PROTOCOLS TO ENSURE REGULATIONS ARE MET.

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

I AM VERY FAMILIAR WITH NREMT COMMERICAL INSURANCE QUOTES AND HAVE A LICENSED AND INSURED AGENT READY TO INSURE MY VEHICLE UPON PURCHASE. I WILL BE ABLE TO FINANCE MY PREMIUM MONTHLY AND BE ABLE TO INSURE THRU CARDIGAN, NATIONALITY LIABILITY, OR PA ASSIGNED RISK.

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.

Mohammad Ahmad — 04/27/2025

(Signature) — (Date)

MOHAMMAD AHMAD

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) __04/28/2025_____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	$10000.00	
Other Current Assets (specify)		
Total Current Assets		$10000.00
Tangible Assets		
Motor Vehicle Equipment	0	
Property (buildings, land, etc.)	0	
Office Equipment		$3500.00
TOTAL ASSETS		$3500.00

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	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		0
TOTAL LIABILITIES		0