

Application is being filed by a Limited Liability Company

Shaniece Hawkins, owner of Vital Link Transport LLC

3517 N 15<sup>th</sup> St Philadelphia, PA 19140

Vital Link Transport LLC EIN: 33-3935175

**DATE OF DEPOSIT**

**MAY 15 2025**

**PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU**

Secretary PA Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

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MAY 15 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

## 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)

Vital Link Transport 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)

Vital Link Transportation

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** 332975175  
(See checklist and indicate type of business entity registered)

Entity ID #'s 14153467 & 14179738.-AEL-6/2/25

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

Shaniece Hawkins

6. **Mailing Address**

3517 N 15th St.

Street Address

Philadelphia, PA 19140

City, State and Zip Code

Philadelphia

County

267 438 4035

Telephone Number

shaniecehawkins@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?**

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).

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*Transporting clients between points in Philadelphia, Delaware and Montgomery Counties. To also transport said clients who prefers transit or those who cant or are unwilling to drive themselves.*

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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.

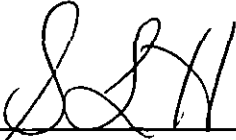
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure 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.

Shamece Hawkins  
(Print Name)

  
(Signature)

5/4/25  
(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).

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## 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.

Vital Link Transport LLC  
Legal Name of Applicant

Vital Link Transportation  
Trade Name, if any

3517 N 15th St.      Philadelphia      PA      19140  
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.

*Shaniece Hawkins*

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

*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.

*While I do not have prior experience operating a transportation service, I bring a strong educational background in psychology that provides a unique and valuable foundation for this work. My academic training has equipped me with a deep understanding of human behavior, communication, and emotional intelligence, skills that are critical in any service-based business, especially one focused on transporting individuals safely and respectfully.*

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.

Vital Link will operate from a home office with a laptop phone and scheduling tools. Vehicle(s) will be kept at owners residence. No storage is needed. Records required by the PUC and business files will be stored securely both digitally and physically. Transport requests will be received by phone/mail, dispatched via scheduling software, and drivers will maintain communication through phone.

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.

Vital Link Transport plans to hire two drivers per vehicle to ensure consistent coverage, accommodate varying client schedules, and provide relief in cases of illness or time off. However at launch only one driver per vehicle will be hired to match current demand and control costs. As trip volume increases a second driver will be added. Interim coverage will be handled through owner support.

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.

Vital Link will launch with one vehicle, appropriate for a new business with no current clientele. Additional vehicles will be added as demand grows, ensuring scalability without unnecessary overhead.

## 2. Hiring Standards:

All drivers will be required to possess a valid driver's license, have a minimum of three years of safe driving experience and demonstrate excellent customer service skills.

### b. System for conducting criminal background checks:

All applicants will undergo a criminal background check through an accredited screening service prior to hire.

Drivers with any conviction(s) related to any sort of violence, theft, drug offenses or crimes involving passenger will NOT be eligible for hire.

### c. Driver training program:

A structured onboarding program that covers defensive driving techniques, passenger assistance procedures, customer service company policies and emergency response protocols will be completed prior to transporting clients.

### d. System for conducting driver's license checks:

Prior to hire driver's license and motor vehicle records will be verified, they will be reviewed annually to ensure continued eligibility. Any major violations or suspensions will result in disqualification or immediate suspension pending investigation.

### e. Policies regarding alcohol and drug use by drivers:

Vital Link Transportation maintains a zero tolerance policy for alcohol and drug use. All drivers will be subject to pre-employment drug screening and may be subject to random, post accident or reasonable suspicion testing. Any violation will result in immediate termination.

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
  - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

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

*I have prior experience securing and maintaining commercial auto insurance, as my current vehicle is insured under another business name. This has provided me with a clear understanding of policy requirements, premium payments and the importance of maintaining continuous coverage. I will apply this experience to ensure VitalLink remains fully insured at all times.*

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.

*Shaniece Hawkins*  
 (Signature)  
Shaniece Hawkins Owner  
 (Name and Title, printed or typed)

5/21/25  
 (Date)

7. Vital Link's vehicle safety program will prioritize routine maintenance and strict adherence to Pennsylvania's vehicle equipment standards. Each vehicle will follow a scheduled maintenance plan based on manufacturer recommendations, including regular oil changes, brake checks, tire inspections and fluid level monitoring.

a. A licensed mechanic will conduct full inspections at least every 3,000-5,000 miles or as needed. Preventative maintenance will be logged and reviewed monthly to ensure no overdue items.

b. To ensure compliance with Chapter 175, vehicles will undergo routine equipment checks, including lights, mirrors, wipers, tires, and safety features, before and after shifts. Any defects or warning indicators will result in immediate removal from service until corrected. Records of all inspections and repairs will be maintained for audit and accountability purposes.

**Statement of Financial Position (Balance Sheet)**  
 As of (date) 5/4/2025  
 (Must be less than 6 months old)

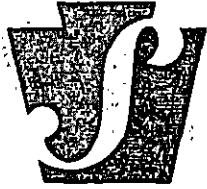
ASSETS

|                                  |              |                |                |
|----------------------------------|--------------|----------------|----------------|
| Current Assets                   |              |                |                |
| Cash                             |              | <u>\$1,200</u> |                |
| Other Current Assets (specify)   |              |                |                |
| Total Current Assets             |              |                | <u>\$1,200</u> |
| Tangible Assets                  |              |                |                |
| Motor Vehicle Equipment          |              | <u>00</u>      |                |
| Property (buildings, land, etc.) |              | <u>00</u>      |                |
| Office Equipment                 |              |                |                |
|                                  | TOTAL ASSETS |                | <u>00</u>      |

LIABILITIES

|  |                   |           |           |
|--|-------------------|-----------|-----------|
| Current Liabilities (Due within one year of date)  |                   |           |           |
| Loans  |                   | <u>00</u> |           |
| Credit cards/revolving credit                      |                   | <u>00</u> |           |
| Other Liabilities (Attach schedule)                |                   | <u>00</u> |           |
| Total Current Liabilities                          |                   |           | <u>00</u> |
| Long Term Liabilities (Due after one year of date) |                   |           |           |
| Mortgage   |                   | <u>00</u> |           |
| Long term commercial loan                          |                   | <u>00</u> |           |
| Other Liabilities (Attach Schedule)                |                   | <u>00</u> |           |
| Total Long-Term Liabilities                        |                   |           | <u>00</u> |
|  | TOTAL LIABILITIES |           | <u>00</u> |

**DATE OF DEPOSIT**  
**MAY 15 2025**  
**PA PUBLIC UTILITY COMMISSION**  
**SECRETARY'S BUREAU**



**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717.787.1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

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March 17, 2025

Vital Link Transportation  
OWNER OF VITAL LINK TRANSPORTATION  
3517 N 15TH ST.  
PHILADELPHIA, PA 19140

**Entity Name:** Vital Link Transportation  
**Entity File Date:** March 12, 2025  
**Entity Number:** 0014179738  
**Filing Type:** Fictitious Name

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

**FROM:**

Shaniece Hawkins  
3517 N 15th St.  
Philadelphia, PA 19140

9589 0710 5270 2574 5499 99

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MAY 19 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Retail

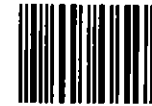


17120

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MAY 15, 2025

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Retail



17120

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MAY 15, 2025

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**TO:**

Secretary PA Public Utility  
Commission  
400 NORTH ST, 2nd Floor  
Harrisburg, PA 17120

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MAY 19 2025

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SECRETARY'S BUREAU

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