

Hospitrans Corporation – PUC Application Checklist

DATE OF DEPOSIT

PA Public Utility Commission – Paratransit Carrier License

JUN - 4 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

- Completed Application Form with original signature.
- Verified Statement of Applicant.
- Certified check or money order for \$350 payable to “Commonwealth of Pennsylvania”.
- List of corporate officers and title (**Salomon Lopez – President**).
- PA Corporation Bureau Entity ID Number: **13974613**.
- Business address: **334 Windsor St, Reading, PA 19601**.
- Email contacts: **info@hospitrans.org / slvargasjr@hospitrans.org**.
- Phone number: **646-305-8157**.
- Operational plan including use of **Limosys** software for GPS, dispatch, and recordkeeping.
- Initial vehicle list: **7 vehicles**.
- Driver hiring policies, background checks, and training for **7 drivers**.
- Weekly visual vehicle inspections and external maintenance plan.
- Confirmation of commercial insurance availability (**Form E required**).
- Preparation to comply with equipment and inspection standards under **67 Pa. Code, Chapter 175**.

This checklist should accompany your submission or serve as a guide to prepare the complete application package required by the Pennsylvania Public Utility Commission (PUC).

Mailing address:

Secretary
PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120

Hospitrans Corporation

334 Windsor St
Reading, PA 19601
info@hospitrans.org
646-305-8157

6/2/2025

Secretary
PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120

DATE OF DEPOSIT

JUN - 4 2025

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

Dear Secretary,

Please find enclosed the application for a Certificate of Public Convenience submitted by Hospitrans Corporation. We respectfully request authorization to operate as a motor common carrier providing paratransit transportation services within Berks County and surrounding counties in Pennsylvania.

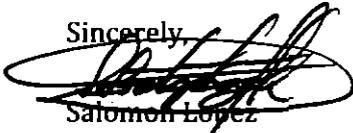
Included with this submission are the following documents:

- Completed application form
- Verified Statement of Applicant
- Statement of Financial Position
- Application checklist
- Corporate officer information
- Operational plan and procedures
- Certified check for \$350 payable to "Commonwealth of Pennsylvania"

Hospitrans Corporation is fully prepared to meet the regulatory and safety standards of the Commission. We are committed to providing reliable, compliant, and professional non-emergency medical transportation (NEMT) services to the residents of Pennsylvania.

Should you require any further information or documentation, please do not hesitate to contact us.

Sincerely,



Salomon Lopez

President
Hospitrans Corporation

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)

Hospitrans Corporation

- 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)

Hospitrans Corp

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 NO **Previous Authority?** no NO

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** Yes NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 13974613

(See checklist and indicate type of business entity registered)

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10. Describe the service area proposed by this application.
(Use the space below or attach additional sheet if space provided is not sufficient).

Hospitrans Corp proposes to provide non-emergency medical transportation (NEMT) services to individuals requiring ambulatory and wheelchair-accessible transport. The service area includes Berks County, Philadelphia, and the surrounding counties within the Commonwealth of Pennsylvania, with transportation offered both to and from these locations.

Hospitrans Corp will transport patients to their respective medical appointments at medical facilities, residences, and other authorized destinations, ensuring safe, reliable, and timely service tailored to patients with varying mobility needs.

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.

Salomon Lopez

(Print Name)



(Signature)

6/2/2025

(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).

DATE OF DEPOSIT

JUN -4 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

DATE OF DEPOSIT

Hospitrans Corporation

JUN - 4 2025

Legal Name of Applicant

Hospitrans Corp

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Trade Name, if any

334 Windsor st

Berks

PA

19601

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 delays 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.

Salomon Lopez, President
Hospitrans Corporation
334 Windsor St, Reading, PA 19601
Phone: 646-305-8157

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

The applicant, Salomon Lopez, is the owner and operator of A&S Limousine Service Corp, a transportation company based in New York City. He manages daily operations, oversees fleet management, and ensures regulatory compliance at A&S Limousine.

Hospitrans is a separate entity operating in Pennsylvania, owned and controlled solely by Mr. Lopez. While both companies operate in the non-emergency medical transportation (NEMT) sector, they function independently, with no shared ownership or operational control beyond Mr. Lopez's involvement.

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.

The applicant, **Salomon Lopez**, has over **15 years of experience in the non-emergency medical transportation (NEMT) industry**, primarily as the owner and operator of **A&S Limousine Service Corp** in New York City. Under his leadership, A&S has successfully provided transportation services to elderly, disabled, and Medicaid-covered patients, including wheelchair and stretcher transports.

Throughout his career, Mr. Lopez has developed deep expertise in:

- **Fleet operations and maintenance**
- **Driver recruitment, training, and safety compliance**
- **Medicaid and insurance billing**
- **Regulatory compliance at city and state levels**
- **Customer service tailored to sensitive medical populations**

This hands-on experience equips him with the operational, regulatory, and administrative skills necessary to launch and manage **Hospitrans**, a new NEMT company in Pennsylvania.

With a strong track record in providing safe, reliable, and compassionate transportation, Mr. Lopez is well-prepared to expand his service model into the Pennsylvania market.

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.

Hospitrans operates from a centrally located office in Pennsylvania equipped with essential office machines including computers, printers, and telephones. This office serves as the administrative hub for scheduling, dispatch, and record-keeping. Vehicles will be independently owned and operated, housed securely by their respective owners, ensuring flexibility and cost efficiency.

Record Maintenance Plan:

Hospitrans maintains all records digitally using fleet management software and secure cloud storage. Records include vehicle maintenance logs, driver files, trip manifests, customer requests, billing, and compliance documents. Regular backups and audits are conducted to ensure accuracy and compliance with PUC requirements and standard business practices.

Communication Network:

Customer transportation requests will be received through the LimoSys system, integrated directly with insurance companies. This allows brokers and insurers to send all relevant trip and patient information straight into our system, streamlining booking and dispatch. Hospitrans works closely with multiple brokers to provide timely and appropriate services.

Dispatchers assign trips using centralized dispatch software based on driver availability and location. Drivers are equipped with company cell phones and GPS devices for continuous two-way communication and real-time updates. Dispatchers monitor vehicle locations and maintain contact to quickly resolve any issues.

This system ensures efficient service, clear communication, and regulatory compliance.

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.

5. Drivers and Safety Overview

Hospitrans will start with five (7) drivers, which is appropriate for the initial fleet size and expected demand in the service area. This allows for full coverage and flexibility.

a. Hiring Standards

Drivers must be at least 25 years old, have a valid PA license, a clean driving record, and at least 2 years of professional driving experience.

b. Background Checks

State and federal criminal background checks will be conducted through a certified screening service.

c. Driver Training

All drivers will receive training in CPR/first aid, defensive driving, wheelchair securement, passenger assistance, and HIPAA compliance.

d. License Checks

Motor Vehicle Records (MVR) will be reviewed at hiring and every quarter to ensure valid, clean licenses.

e. Drug and Alcohol Policy

Hospitrans enforces a zero-tolerance policy, including pre-employment and random drug and alcohol testing.

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.

Hospitrans plans to operate with six (6) vehicles, including four SUVs and two standard cars. This fleet size is appropriate to provide reliable and efficient non-emergency medical transportation (NEMT) services across the designated service area in Pennsylvania. It allows flexibility for scheduling, vehicle maintenance, and meeting varying demand levels.

All vehicles will comply with Pennsylvania's safety and equipment standards for NEMT.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2019	TOYOTA	HIGHLANDER	7	5TDDZRFH5KS705353	41000
2017	HONDA	ACCORD	5	1HGCP2F57HA1461454	140000
2018	TOYOTA	RAV4	5	JTMBFREV9JD232316	42000
2018	HONDA	CR-V	5	2HKRW2H81JH697212	35000
2021	TOYOTA	HIGHLANDER	7	5TDFZRBH4MS077352	38000
2015	HONDA	CR-V	5	5J6RM4H9XFL010512	55000
2007	TOYOTA	CAMRY	5	4T1BE46KX7U145183	75000

*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:
- 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).

a. Periodic Maintenance Plan

Hospitrans follows a preventive maintenance schedule that includes:

Daily inspections by the driver before and after each shift.

Monthly inspections by a certified mechanic (brakes, lights, tires, fluids, suspension, etc.).

Oil changes and tire rotations as recommended by the manufacturer.

Annual state inspections at a PennDOT-authorized inspection station.

All maintenance activities are documented in a digital fleet management system for tracking and follow-up.

b. Ongoing Compliance with Chapter 175 (67 Pa. Code)

All vehicles are inspected at PennDOT-certified facilities.

Staff are trained on up-to-date vehicle safety regulations.

We use fleet management software to monitor maintenance, inspections, and expiration dates.

Internal audits are conducted quarterly to ensure full compliance.

Our goal is to ensure every vehicle always operates safely and in full compliance with Pennsylvania standards.

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

The applicant has proactively taken the necessary steps to ensure compliance with Pennsylvania's insurance requirements for transportation providers:

Obtained multiple insurance quotes from licensed commercial vehicle insurance brokers that specialize in non-emergency medical transportation (NEMT) coverage.

Confirmed the ability to secure liability, auto, and workers' compensation insurance at the required minimum coverage levels.

Reviewed insurance costs and incorporated premium payments into Hospitrans' s operating budget and financial projections.

Maintains a strong personal and business credit history, which supports favorable underwriting terms and payment plans.

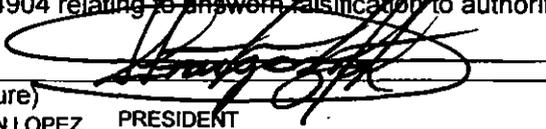
- 9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

___ YES NO 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 sworn falsification to authorities.



(Signature)
SALOMON LOPEZ PRESIDENT

6/2/2025

(Date)

(Name and Title, printed or typed)

DATE OF DEPOSIT

JUN - 4 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Statement of Financial Position (Balance Sheet)

As of (date) 06/02/2025

(Must be less than 6 months old)

ASSETS

Current Assets			
Cash	10000.00		
Other Current Assets (specify)	5000.00		
Total Current Assets			<u>10000.00</u>
Tangible Assets			
Motor Vehicle Equipment			
Property (buildings, land, etc.)			
Office Equipment			
	TOTAL ASSETS		<u><u>15000.00</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans	24000.00		
Credit cards/revolving credit	12500.00		
Other Liabilities (Attach schedule)			
Total Current Liabilities			<u>36500.00</u>
Long Term Liabilities (Due after one year of date)			
Mortgage			
Long term commercial loan			
Other Liabilities (Attach Schedule)			
Total Long-Term Liabilities			
	TOTAL LIABILITIES		<u><u> </u></u>

DATE OF DEPOSIT

JUN - 4 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



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JUN 04, 2025

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RECEIVED

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) *Salomon Lopez* **PHONE:** *610 305-8157*
Hospitans Corp
334 Windsor St Reading
PA 19601

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

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 *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) **PHONE:** ()
Secretary
PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120

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PAYMENT BY ACCOUNT (if applicable)
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JUN - 5 2025

ORIGIN (POSTAL SERVICE USE ONLY) **PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU**

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PO ZIP Code <i>19612</i>	Scheduled Delivery Date (MM/DD/YY) <i>6/5/25</i>	Postage <i>\$ 31.40</i>
Date Accepted (MM/DD/YY) <i>6/4/25</i>	Scheduled Delivery Time <i>2:00 PM</i>	Insurance Fee \$
Time Accepted <i>3:30</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees <i>\$ 31.40</i>
Weight lbs. ozs.	Flat Rate <input checked="" type="checkbox"/>	Acceptance Employee Initials <i>MS</i>

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Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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LABEL 11-B, NOVEMBER 2023 PSN 7890-02-000-9996