

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)

Angela K. Transportation 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)

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 14009066

(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).**

Magdalena Tejada
128 Deborah Drive, Reading, PA 19610

6. **Mailing Address**

117 N Kenhorst Blvd
Street Address
Reading, PA 19607 Berks
City, State and Zip Code County
610) 478-5415 angelaktransportationservices@gmail.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.)

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).

The service area will include Berks County and surrounding areas such as parts of Lancaster, Lebanon, Schuylkill, Montgomery, Chester, and Lehigh counties. We will focus on providing local and regional transportation for medical appointments, employment, and essential errands.

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.

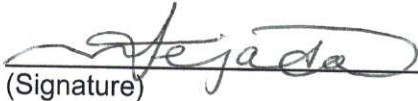
Verification of Application

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.

Magdalena Tejada

(Print Name)



(Signature)

06/26/2025

(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).

Answers to – **VERIFIED STATEMENT OF APPLICANT**

1. Person making Verified Statement is Magdalena Tejada who is the Chief Executive Officer of Angela K. Transportation Services, LLC with a business address at 117 N Kenhorst Blvd, Reading, PA 19607, phone number is (610) 478-5415.
2. Applicant is owner of the company.
3. I currently own and operate a licensed Home Care agency in Pennsylvania. Through this role, I've gained extensive experience in managing day-to-day operations, coordinating staff schedules, and ensuring the delivery of high-quality care services to clients in their homes. In addition to managing home care services, I also provide limited transportation support. While we are not a formal transportation provider, I have personally offered rides—free of charge—to both employees and clients when needed. This includes transporting employees to client homes to ensure uninterrupted care, especially when they face transportation challenges. For clients, I have also assisted with transportation to essential appointments, grocery stores, and other necessary errands when no other options were available. These efforts have given me hands-on experience with scheduling, route planning, and ensuring safe and respectful transport for individuals—many of whom are elderly or have mobility issues. Although I don't have formal experience running a full-scale transportation company, my experience coordinating these rides as part of my home care services has provided valuable insight into what's required to operate a reliable and client-focused transportation service. I also bring a strong understanding of customer service, compliance with state and health regulations, and a commitment to meeting the needs of vulnerable populations with care and professionalism.
4. My business operates from a physical office located in Pennsylvania, which currently serves as the headquarters for my licensed Home Care agency. This office is equipped with standard office equipment including computers, printers, fax machine, scanner, secure filing cabinets, and high-speed internet access. These tools allow us to manage scheduling, communication, and administrative tasks efficiently. The office space will also be used to support the administrative functions of the transportation service. For vehicle storage, I plan to utilize a secured lot adjacent to our office, which can safely house the transportation vehicles when not in use. The area is well-lit and monitored for security, and additional parking arrangements will be made as the fleet grows. All records required by the Pennsylvania Public Utility Commission (PUC) will be maintained in compliance with state regulations. This includes trip logs, vehicle maintenance records, driver qualifications, complaint logs, and incident reports. These records will be stored both physically in secure, locked cabinets and digitally on an encrypted, backed-

up cloud storage system with restricted access to authorized personnel only. In addition to PUC-required documentation, we will maintain standard business records such as invoices, payroll, and schedules, in accordance with state and federal retention policies. As for our communication network, we will receive transportation requests via secure email or vendor-specific portals. We plan to partner with agencies and organizations that serve seniors, persons with disabilities, and Medicaid recipients, and these entities will send trip requests directly to our administrative staff. Once requests are received, they will be logged and scheduled using route management software or a secure spreadsheet system initially, depending on the volume. Dispatching will be handled from the office, where we will communicate assignments to drivers via mobile devices. All drivers will be issued company phones or be required to use an approved mobile app to stay in constant contact throughout their shifts. This will allow for real-time updates, route changes, and communication in the event of emergencies or delays. We will also implement a policy for regular check-ins to ensure all rides are progressing safely and on time. Overall, our facility and communication infrastructure are well-prepared to support safe, reliable, and well-documented transportation services in compliance with PUC standards.

5. To start, I plan to use one driver, as we will be operating with a single vehicle initially. This approach allows us to focus on building the service in a manageable way, maintaining high quality, and ensuring all compliance and safety protocols are firmly in place. As demand increases and partnerships with vendors grow, we will gradually expand both our fleet and driving staff to meet the needs of the territory we serve. The one-driver model is appropriate at this stage, as we plan to serve a limited geographic area initially, focusing on local trips within a reasonable radius. This will allow us to ensure timely, reliable service without overextending our resources.

a. Hiring Standards for Drivers:

All drivers must have a valid Pennsylvania driver's license and a clean driving record. We will require at least two years of professional driving experience, preferably in a similar field (e.g., paratransit, NEMT, delivery, or customer service). Drivers must demonstrate professionalism, good communication skills, and the ability to assist passengers who may have mobility issues.

b. Criminal Background Checks:

We will conduct comprehensive criminal background checks on all drivers through a reputable third-party provider or through Pennsylvania State Police access. These checks will include state and national criminal databases, sex offender registries, and motor vehicle records.

c. Driver Training Program:

Our drivers will undergo a structured training program before transporting any passengers. This includes:

Passenger assistance techniques (especially for elderly or disabled clients)

Defensive driving

CPR/First Aid (if not already certified)

HIPAA and confidentiality

Emergency procedures

Familiarity with our company's safety protocols and customer service expectations

Ongoing refresher training will also be required annually or as needed.

d. Driver License Checks:

We will verify each driver's license status at the time of hiring and conduct periodic checks using the Pennsylvania DMV or a third-party monitoring service. Any violations, suspensions, or issues will be grounds for review or termination.

e. Alcohol and Drug Use Policy:

We maintain a strict zero-tolerance policy for alcohol or drug use. All drivers must pass a pre-employment drug test and may be subject to random testing, post-accident testing, and reasonable suspicion testing. Any violation of this policy will result in immediate termination. Drivers will also be required to certify that they are not under the influence of any substance that could impair their ability to drive safely.

6. Vehicle is a 2015 Honda Odyssey, vehicle capacity is 8 including driver, VIN is 5FNRL61FB020949 and mileage as of 06/25/2025 is 160,216.
7. As the safety of our passengers and drivers is our top priority, I have developed a vehicle safety program that ensures all vehicles used in our transportation service are well-maintained, safe, and fully compliant with Pennsylvania regulations.

a. Periodic Vehicle Maintenance Plan:

I will follow a strict, scheduled maintenance plan for our vehicle(s) to ensure optimal performance and safety. Maintenance will be performed by a certified mechanic at regular intervals, including:

Oil changes every 3,000 to 5,000 miles or as recommended by the manufacturer

Brake inspections and replacements as needed

Tire rotations and pressure checks monthly

Full inspections of lights, wipers, belts, hoses, and fluid levels at least once a month

Air conditioning/heating systems checked seasonally

Transmission and cooling systems serviced as required

All maintenance activities will be documented and stored in both digital and physical files for inspection and record-keeping.

b. Compliance with 67 Pa. Code, Chapter 175 (Vehicle Equipment and Inspection Regulations):

To ensure continuous compliance with Pennsylvania vehicle equipment standards, all vehicles will undergo official **state safety inspections annually** as required by law. In addition, I will perform **monthly internal inspections** using a checklist based on Chapter 175 requirements, including:

Brakes, steering, suspension, tires, exhaust system, and lights

Emergency equipment such as fire extinguishers and first-aid kits

Seat belts and wheelchair securement systems (if applicable)

Cleanliness and general condition of the vehicle interior and exterior

Drivers will also complete a **daily pre-trip checklist** before each shift, reporting any issues immediately. No vehicle will be permitted to operate if it fails to meet any required safety standard. Any necessary repairs will be completed immediately before the vehicle returns to service. By adhering to this maintenance and compliance plan, I will ensure that all vehicles remain safe, roadworthy, and meet all applicable Pennsylvania standards at all times.

8. I have already taken steps to ensure that I can meet all insurance requirements necessary to operate a transportation service in Pennsylvania. Insurance coverage for the vehicle has been obtained, and I have confirmed that the policy meets the basic requirements for commercial use. In addition, I have spoken with licensed insurance agents who specialize in transportation services to understand the full scope of coverage required by the Pennsylvania Public Utility Commission (PUC), including liability, property damage, and any additional endorsements that may apply. I am fully prepared to obtain all additional insurance required upon approval from the PUC. Financially, I have budgeted for these costs and am confident in my ability to maintain premium payments as part of my ongoing operating expenses. I understand that insurance compliance is critical for maintaining good standing with the PUC and for protecting both passengers and the business, and I am fully committed to upholding those standards.
9. I have never been convicted of a misdemeanor or felony.
10. At this time, we do not have significant assets aside from the vehicle that will be used to begin operations. The vehicle is owned outright and fully insured. Although the transportation business is a new venture, we are financially supported through funds provided by the owner as well as additional assistance from our established Home Care agency, which is currently active and operating in Pennsylvania. The Home Care agency provides steady revenue and infrastructure support, which gives us a stable foundation as we launch this transportation service. Overhead costs will remain low during the startup phase, as we are operating with one vehicle and one driver. Office space,

administrative tools, and support staff are shared with the Home Care business, which helps keep expenses manageable. Based on our current financial plan and access to existing resources, I am confident that we have sufficient funds to meet insurance requirements, vehicle maintenance costs, driver pay, and all other startup and operational expenses. This will allow us to provide safe and reliable transportation to the public as we gradually expand services and client volume.

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.

Angela K. Transportation Services, LLC

Legal Name of Applicant

Trade Name, if any

117 N Kenhorst Blvd, Reading, Pennsylvania, 19607

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.

**Please see attached document.*

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

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.

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.

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>

*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).

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

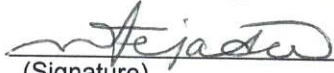
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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.



 (Signature)
 Magdalena Tejada, Owner

 (Name and Title, printed or typed)

06/26/2025

 (Date)