

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)
Regal Medtrans LLC
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- 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)
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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?** Yes
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 0014545039
(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).**

_____	_____
Ayman Elshamy	_____
_____	_____
_____	_____

6. **Mailing Address**

940 Tatmy Rd

Street Address	
EASTON PA 18045	
_____	_____
City, State and Zip Code	Northampton
_____	_____
9047555868	County
_____	_____
Telephone Number	E-mail Address
_____	_____
	AYMANEM512512@GMAIL.COM

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	
940 Tatamy Rd	
_____	_____
City, State and Zip Code	Northampton
_____	_____
Easton PA 18045	County
_____	_____
Telephone Number	E-mail Address
_____	_____
	AYMANEM512512@GMAIL.COM

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).
-

Paratransit service from points in the counties of Northampton and Lehigh, to points in Pennsylvania, 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.

Ayman Aelshamy

(Print Name)

06/26/2025

Ayman Elshamy

(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.

Regal Medtrans LLC

Legal Name of Applicant			
Trade Name, if any			
940 Tatamy Rd	Easton	PA	18045
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.

Ayman Elshamy
9047555868
940 Tatamy rd Easton PA 18045
Director Of Operation

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.

01 - Mr Ayman Elshamy Managed and owned Castillo medical transportation for 12 years Handling All aspects of Scheduling billing, Compliance and day to Day operation

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.

Our office countian 2 desk, Filing Cabin ate Computer, Printer and all office supplies
 Order will be received through State broker through portal application, that will be dispatched to driver through Ann Application will be provided to the driver(driver will receive trips as well as instructions messages through this) as well as utilizing Mobile devices for extra commination

All recorders will be filled and stored in the safe filling cabinmate physically and electronically saved as PDF files in the computer

Parking garage assigned our operation office location

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.

A. we are intend 4 drivers operating 4 Vehicles 8 AM to 5PM(normal Clinics operational Hours)
 our Hiring stander over 21 Clean Driving and back ground check Passing drug test
 and application use and ride with one of the owners _ managers or Senior driver for one week training
 2 sedan and tow wheelchair van

B. Prior to hire Driver we conduct Initial Back ground check Statewide through one of Authorized Background Check company (osceen) that is include federal and states, After His entail background check. we conduct same background check once a year and maintain all records In our office

C. Our training Program includes three courses (safe drive, defensive driving, CPR and First Aid
 all done through LogistiCare program and all driver has to complete this courses before starting
 the job as well as HIPPA course. Also driver Receive on road training by one of the manager for one week before start perform and drive solo. Once a year we give refresh course

D. prior to start driving We obtained and reviewed a driver history from the appropriate agency of every state in which that person held a motor vehicle operator's license or permit during the preceding 3 years. Following receipt of the initial driver history report, at least once every 12 months from the date of the last report, obtain a driver history for each driver operating under its authority from the appropriate agency of the state in which the driver held an operator's license during the time period. we check driver license once a month to ensure it is a current, valid driver's license.

E. Prior to hire Driver we conduct Initial drug test, After His entail drug test . we conduct random drug test once a year and maintain all records In our office.

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>
2017	TOYOTA	CAMRY	4	4T1BF1FK3HU272015	139000
2016	Chrysler	TOWN & COUNTRY	6	1GNDV33E75D149296	146000
2012	Chrysler	town & country	6	3C4R1BGXCR387682	124000
2005	TOYOTA	SEINA	4	5TDZA23C44S198445	187000

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

2 sedan and tow wheelchair van

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).

our periodic maintenance plane will be done once every three month through contracted garage shop will also conduct PA emission and slaty Inspection which is required by state OF PA we will also contract t AAA as road services

we Enforce post trip Inspection and end of day Inspection to insure Vehicles are up to standers with states regulations

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

we have contacted several insurance Agent to obtain quotes and we have received several offers that are

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.

 Ayman Elshamy
 (Signature)

 06/26/2025
 (Date)

 (Name and Title, printed or typed)
 AYMAN ELSHAMY DIRECTOR OF OPERATION

Statement of Financial Position (Balance Sheet)
As of (date) _ 06/26/2025 _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	15000	
Other Current Assets (specify)		
Total Current Assets		
Tangible Assets		
	21000	
Motor Vehicle Equipment		
Property (buildings, land, etc.)		
Office Equipment	4500	
TOTAL ASSETS		40500

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		6600
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
TOTAL LIABILITIES		_ 6600



Regal Medtrans LLC

Thank you for providing biBERK the opportunity to quote your Commercial Auto insurance. Our mission is to protect your business so you have the peace of mind to do what you do best.

Commercial Auto: 9511788

\$447.34

\$447.34 per month, 12 monthly payments

Yearly: \$4,836.00 (Save 10.00%)

Policy Start Date **07/01/2025** Coverage for one year
Quote pricing is valid if purchased before the policy start date.

Save \$8 per payment by selecting autopay or by paying the total policy cost.

COVERAGES

- ✓ **Bodily Injury Property Damage**
- ✓ **Uninsured/Underinsured Motorists**
- ✓ **1 Vehicles Have Comprehensive/Collision**

VEHICLE LIMITS

\$1,000/\$1,000

AUTO LIABILITY LIMITS

Bodily Injury and Property
Damage Liability **\$300,000**

Questions?

Your licensed team is here to help.



experts@biberk.com



1-844-472-0967

Mon-Fri, 8AM-9PM EST

Why biBERK insurance?

We're part of Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$35 billion a year to resolve claims.

- Outstanding claims service
- Online certificates of insurance
- Affordable payment plans

Customer Reviews

★★★★★ 4.9/5

Calculated from customer reviews over the past 12 months.

Policy Details of Your Plans



Your Commercial Auto Quote ID: 9511788

Coverages

Specific events trigger coverage by this policy. Coverage applies even if your vehicle is used for personal activities.

Vehicle Coverage

Comprehensive

Comprehensive pays for vehicle and glass damage due to, among other causes, theft, vandalism, explosion, and fire.

Collision

Collision pays for damages to your vehicle caused by a collision or when it overturns.

Auto Liability

Auto liability coverage pays out to other parties if the accident is your fault. Accidents can cause bodily injury or property damage.

Bodily Injury Liability

Bodily injury liability pays if you are responsible for another person's injury or death in an auto accident. It also pays for your legal defense.

Property damage liability

Property damage liability pays if you are responsible for damage to another person's property, and also pays for your legal defense.

Uninsured/Underinsured Motorist

Uninsured/Underinsured Motorist coverage pays for your injuries caused by an Uninsured/Underinsured driver or a hit-and-run driver.



Your Commercial Auto Quote ID: 9511788

Medical Single Limit

Covers medical costs.

Work Loss Benefit

Covers wage reimbursement from an accident.

Funeral Expense

Covers funeral costs if an insured driver dies due to injuries from an accident within 2 years.

Accidental Death

Paid if an insured driver dies due to injuries from an accident within 2 years.

Other Coverages Not Selected

You did not choose to include these coverages in your policy.

Cargo Liability

Cargo liability covers claims against your business for damage caused to non-owned goods while they were in your care, custody, or control. Incorrect loading or improper transport is not covered. Fine art or jewelry is not covered.

Medical Payments

This covers you, drivers of your scheduled vehicles, and passengers if they are injured in an accident, regardless of fault.



Your Commercial Auto Quote ID: 9511788

Rental Reimbursement

Rental reimbursement pays toward expenses for a comparable rental car, truck, or trailer while repairs are being completed as a result of a covered loss. Only applies to vehicles with physical damage coverage.

Trailer Interchange

Trailer Interchange covers claims against your business for damage caused to non-owned trailers while they were in your care, custody, or control.

In-Tow/On Hook

In-Tow/On Hook liability covers claims against your business for damage caused to non-owned vehicles while they were in your care, custody, or control. Customer cargo (goods inside the towed vehicle) is optional coverage. Incorrect loading or improper transport is not covered.

Personal Injury Protection

Personal Injury Protection pays out medical expenses and lost income to anyone in your vehicle during an accident regardless of who is at fault.

Benefits

This policy provides specific benefits in the event of covered loss.

Vehicle Coverage

VIN#	Year, Make, Model	Coverage	Limit	Deductible
1GNDV33E75D149296	2016 Chrysler TOWN & COUNTRY	Comprehensive and Collision	\$10,000	\$1,000/\$1,000

If a limit is shown above, the most we would pay for that vehicle or trailer in any one covered loss is the lower of the stated limit, actual cash value, or repair or



Your Commercial Auto Quote ID: 9511788

replacement cost. If the actual cash value (also called market value) is shown, the most we would pay is the lower amount of the actual cash value or the repair/replacement cost.

Auto Liability

\$300,000 Combined Single Limit

Uninsured/Underinsured Motorist

Uninsured: \$300,000 per occurrence

Underinsured: \$300,000 per occurrence

Premium

The premium is the amount you pay monthly or yearly to purchase this policy.

Monthly: \$447.34 (12 monthly payments of \$447.34)

Yearly: \$5,368.00 (Save 10.00%)

Risks Not Covered by Commercial Auto Insurance

Costs that result from the risks below are not covered by commercial auto insurance.

Intended or expected property damage or injuries

Property damage or bodily injuries that you cause intentionally or might reasonably expect to occur as a result of your actions are not covered.

Injuries covered under workers' compensation

Injuries addressed by a workers' comp policy are not covered by commercial auto insurance.



Your Commercial Auto Quote ID: 9511788

Hired and non-owned vehicles

Only vehicles listed on the policy are covered. Temporary rental vehicles are covered if your listed vehicle is being repaired, serviced, or suffered a total loss. Other vehicles that you may rent or use are not covered by this policy. If you get a replacement vehicle for a vehicle that is listed on the policy then you have 30 days from when you buy it to replace it on our policy.

Mobile equipment operation

Liability associated with the use of mobile equipment is not covered, for example a forklift or a crane.

Racing

Damage or injuries caused by racing are excluded from coverage.



Your Commercial Auto Quote ID: 9511788

Why You Need Commercial Auto Insurance

Commercial auto vs personal auto insurance

If your vehicle is registered to your business, you'll need commercial auto insurance. If it's your personal vehicle, keep in mind that base personal auto insurance policies won't cover transporting goods or passengers for pay. Upgrade to a commercial auto policy to cover these business exposures. Plus, a commercial auto policy covers your vehicle even if it's used for personal activities.

Required by law

Auto liability coverage at a minimum financial responsibility level is required in all states except New Hampshire. If you transport goods or passengers for hire, you may be required to carry auto liability limits of \$750,000 or more.

Protects your business

If you're found liable for an accident, damages can easily add up to tens of thousands if not hundreds of thousands of dollars.

Protects your vehicles/trailers

Driving involves risk and accidents can happen to anyone. Using an expensive asset like a vehicle or trailer without proper coverage can result in a significant financial setback if an incident occurs.



Your Commercial Auto Quote ID: 9511788

Part of Berkshire Hathaway

You can insure your business with confidence when you work with biBERK. We're part of Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$35 billion a year to resolve claims. From jargon-free policies providing affordable, comprehensive coverage for your operations, people, and property, to attentive customer service, it's easy to understand why more businesses are turning to biBERK.



Your Commercial Auto Quote ID: 9511788

Cancellation Policy

You may cancel your policy with advance written notice or by talking with one of our insurance experts at 1-844-472-0967. Please note that policies cannot be canceled by voicemail or email, and be aware that state regulations or policy language may affect when we are able to offer cancellation. Also, a notice period may apply if you are in the for-hire transportation of goods or passengers industries and we have made a state or federal filing on your behalf. The notice period before your cancellation is subject to the minimums set by state or federal authorities and can be up to 35 days. Your policy is also subject to cancellation by us if a premium payment is not made by the due date. In addition, late payments are subject to a late fee, and a fee also will be assessed for checks that are returned for insufficient funds.

Subject to the Following Terms and Conditions:

Your annual premium is subject to change after coverage has been bound. Please be aware that the information submitted to us by you is subject to verification via an annual audit in accordance with the terms of your policy.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties. (Specific language not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon, Tennessee, or Vermont; in the District of Columbia, Louisiana, Maine, Virginia, and Washington, insurance benefits may also be denied.) For full terms and conditions, please visit biberk.com/terms.