

VITAL LINK TRANSPORT LLC  
VITAL LINK TRANSPORTATION  
3517 N 15<sup>th</sup> STREET  
PHILADELPHIA, PA 19140

DATE OF DEPOSIT

JUN 18 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

June 17, 2025

To whom it may concern,

Please find the enclosed documents being submitted in response to the request dated June 4, 2025, on behalf of Vital Link Transport LLC, regarding case number A-2025-3055511.

Thank you for your attention to this matter.

Sincerely,  
Shaniece Hawkins  
Founder Vital Link Transportation

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 and return.

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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.

Shaniece Hawkins

(Print Name)

SH

(Signature)

6/17/25

(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).

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.

5 a. All drivers must be at least 21 years of age, possess a valid driver's license and have a minimum of three years of safe driving experience.

5 b. To conduct criminal background checks Vital Link will obtain criminal history from PA State Police and all states in which drivers resided for the last 12 months. Drivers will be subject to background checks every 2 years and records will remain on file for 3 years.

5 c. Drivers will be required to complete a state approved paratransit training, certified defensive driving program, passenger assistance training and disability awareness. They will also need to complete and obtain CPR and First Aid certification through Red Cross or other state approved programs.

5 d. Driver's license checks will be conducted at the time of hire the annually using the PennDOT system to verify that each driver holds a valid license appropriate for the vehicle they operate.

5 e. Vital Link enforces zero-tolerance drug and alcohol policy. Drivers are prohibited from using or being under the influence of drugs or alcohol while on duty. Any driver convicted of DUI within the preceding 7 years will be disqualified as an applicant.

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.

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.

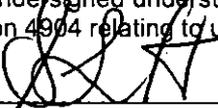
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ 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)

Shaniece Hawkins  
\_\_\_\_\_  
(Name and Title, printed or typed)

6/17/25  
\_\_\_\_\_  
(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 06/17/2025**  
**(Must be less than 6 months old)**

**DATE OF DEPOSIT**

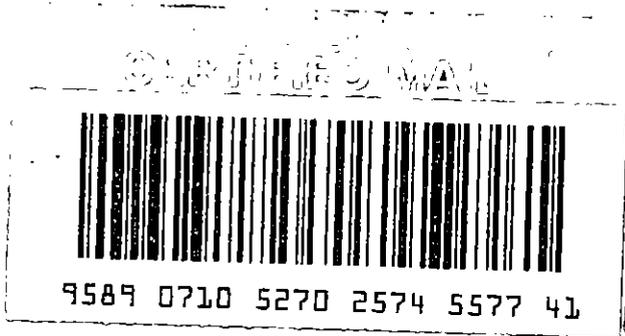
**JUN 18 2025**

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

		<u>ASSETS</u>	
<b>Current Assets</b>			
Cash		\$6,010	
Other Current Assets (specify)		_____	
Total Current Assets			<u>\$6,010</u>
<b>Tangible Assets</b>			
Motor Vehicle Equipment		\$0	
Property (buildings, land, etc.)		\$0	\$1,058
Office Equipment			
	<b>TOTAL ASSETS</b>		<u>\$7,068</u>
 <u>LIABILITIES</u>			
<b>Current Liabilities (Due within one year of date)</b>			
Loans		_____	
Credit cards/revolving credit		_____	
Other Liabilities (Attach schedule)		_____	
Total Current Liabilities			_____
<b>Long Term Liabilities (Due after one year of date)</b>			
Mortgage		_____	
Long term commercial loan		_____	
Other Liabilities (Attach Schedule)		_____	
Total Long-Term Liabilities			_____
	<b>TOTAL LIABILITIES</b>		<u>\$0</u>

FROM:

Vital Link Transport LLC  
3517 N 15th St.  
Philadelphia, PA 19140



Retail



17120

RDC 99

U.S. POSTAGE  
FCM LG ENV  
PHILADELPHIA,  
JUN 18, 2025

\$7.44

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RECEIVED

JUN 23 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

TO:

Matthew L. Hornsby, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
1400 Market Street  
Harrisburg, Pennsylvania 17122



CMPC

717-705-1952

To: PUC MASTER

Agency: PUC

Floor:

External Carrier:

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