

Secretary PA Public Utility Commission
 400 North Street, Second Floor Harrisburg,
 PA 17120
 717.787.3834 www.puc.pa.gov

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)

Community Cozy Transport 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)

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 0013441667 __

(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).**

Moussa Sidibe

Abdoul Aziz Sidibe

6. **Mailing Address**

6448 haverford ave

Street Address

Philadelphia PA 19151

City, State and Zip Code

County

2157584475

cozysupport@cozytransport.org

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. 4098615

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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- Paratransit service between points in the counties of Philadelphia Delaware.
 - Paratransit service from points in the counties of Philadelphia, Delaware, 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.

Moussa sidibe
(Print Name)



(Signature) 06/05/25

(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).

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.

Community Cozy Transport LLC

Legal Name of Applicant

Trade Name, if any

6448 Haverford ave Pennsylvania PA 19151 1

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.

Name: Moussa Sidibe

Title: Co-Owner, Community Cozy Transport LLC

Business Address: 6448 Haverford Avenue, Philadelphia, PA 19151 **Telephone Number:** 215-758-4475

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

The applicant, **Community Cozy Transport LLC**, and its owners **Moussa Sidibe** and **Abdoul Aziz Sidibe**, have **no current affiliations, ownership, managerial control, or operational involvement with any other passenger or property carrier regulated by the Pennsylvania Public Utility Commission or any other transportation authority.**

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.

Although Community Cozy Transport LLC is a newly established business, the co-owners, **Moussa Sidibe** and **Abdoul Aziz Sidibe**, bring transferable skills and practical knowledge relevant to operating a non-emergency medical transportation (NEMT) service.

Moussa Sidibe has experience in managing business operations, including scheduling, client communication, logistics coordination, and financial reporting — all of which are essential to running a reliable transportation business. He has also completed NEMT business training modules and familiarized himself with Pennsylvania Department of Transportation (PennDOT) and PUC regulatory requirements.

Abdoul Aziz Sidibe has worked in customer service roles and has received training in safety, documentation management, and HIPAA awareness. Both partners have studied industry best practices and intend to undergo additional continuing education on topics like ADA-compliant transportation, defensive driving protocols, and dispatch software systems.

The company has also consulted with professionals in the NEMT and paratransit sector to develop a compliant and scalable operating model.

4. Describe your facilities, record maintenance plan and your communication network. Please include a

The location listed on our application — 6448 Haverford Avenue, Philadelphia, PA 19151 — is a commercial property, not a residence. Our company, Community Cozy Transport LLC, occupies the first-floor front office space as our business headquarters. The remaining portion of the building is occupied by a licensed childcare center, operating in the rear and second-floor areas.

For vehicle storage, we currently utilize on-street parking in front of the business. In addition, we own a nearby property at 6500 Haverford Avenue, which includes three private parking spaces at the rear of the lot. These parking spaces are reserved and available for use if needed, although we currently park our vehicles on the street.

This arrangement provides us with sufficient and flexible parking options for our fleet as it grows.

Record Maintenance Plan:

The business will maintain both digital and physical record as required by PUC.

- Trip logs, vehicle inspections, driver files, incident reports, and maintenance records will be securely stored digitally using encrypted cloud storage (e.g., Google Workspace or OneDrive).
- Hard copies of all essential regulatory and financial documents will be kept in a locked file cabinet on site.
- All records will be retained for a minimum of three years as required by law.

Communication Network:

Customer transportation requests will be received by:

- Phone at 215-758-4475
- Email at cozysupport@cozytransport.org
- A digital scheduling system will be implemented (e.g., RoutingBox, OnTime360) to manage and dispatch trips.

Dispatchers or managers will assign drivers through mobile dispatch apps or direct calls/texts. Each driver will carry a company-issued mobile phone to remain reachable at all times during shifts. GPS tracking will be used to monitor routes, manage service quality, and ensure safety and timely service.

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:

Community Cozy Transport LLC intends to begin operations with **two (2) professionally hired drivers**. This number is appropriate based on the business's initial service area — covering **Philadelphia County and four adjacent counties (Delaware, Montgomery, Bucks, and Chester)** — as well as the initial vehicle fleet size (starting with one minivan, with plans to add a second vehicle as business grows). Two drivers will allow for flexible coverage of shifts, accommodate both weekday and weekend scheduling, and ensure availability for recurring medical transportation routes.

a. **Age Restrictions – Compliance with § 29.503**

- All drivers will be at least 21 years of age at the time of hire. This requirement is verified through a valid Pennsylvania driver's license and date of birth documentation, which is retained in the driver's personnel file. No driver will be scheduled or permitted to operate a vehicle if under the legal age defined in § 29.503.

b. **Driver History – Compliance with § 29.504**

- Prior to employment, each driver must provide a 3-year Motor Vehicle Record (MVR), obtained through the Pennsylvania Department of Transportation or a third-party screening service. The record must show:
 - No more than three moving violations in the last 12 months
 - No DUI or reckless driving convictions in the last 5 years
 - MVRs will be:
 - Reviewed at hire
 - Retained in the driver's file
 - Re-evaluated annually and randomly checked as needed

c. **Criminal History – Compliance with § 29.505**

- All applicants must undergo a state and federal criminal background check prior to employment. Background reports will be obtained through a certified screening provider (e.g., Checkr, Sterling).
- Community Cozy Transport LLC will not hire any driver who has been convicted of:
 - A felony or misdemeanor related to violence, sexual assault, fraud, or drugs
 - Any offense that poses a risk to passenger safety or violates § 29.505
 - A copy of each report will be reviewed, signed, and filed in the driver's personnel file.

d. **Driver Training Program**

- All drivers must complete a standardized NEMT driver training program including:
 - CPR and First Aid Certification
 - HIPAA compliance and passenger confidentiality
 - Defensive driving and safety procedures
 - Proper handling of wheelchair passengers, use of lifts/securement systems
 - Customer service and emergency protocol
 - Training completion certificates are maintained in each driver's personnel file.

e. Drug & Alcohol Policy

- Community Cozy Transport LLC enforces a zero-tolerance policy on drug and alcohol use. All drivers are:
- Required to pass a pre-employment drug screening
- Subject to random drug and alcohol tests annually
- Immediately removed from service for any confirmed violation
- Policy documentation is acknowledged in writing by each driver and stored in their file.

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.

Community Cozy Transport LLC plans to begin operations with **one (1)** paratransit-ready van, and expand to **two (2)** vehicles within the first 6 to 9 months of service. This number is appropriate for the size of our service territory — Philadelphia, Delaware, Montgomery, Bucks, and Chester Counties — and will allow us to efficiently schedule trips across a mix of urban and suburban routes. The first vehicle will serve all advance reservation trips, particularly for individuals with medical appointments or mobility-related needs.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2016	Dodge	Grand Caravan SXT	4 passengers + driver	23060018	~145,953 miles

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

Upon PUC approval, the vehicle will be financed through a business vehicle loan and titled in the name of **Community Cozy Transport LLC**. It will be registered and insured for paratransit use, and will comply with ADA and Pennsylvania DOT safety regulations.

7. Describe your vehicle safety program. Please include the following in your explanation

a. Your periodic vehicle maintenance plan

- Vehicles will undergo **routine maintenance every 5,000 miles or once every 3 months**, whichever comes first. This includes oil changes, fluid checks, tire rotations, brake inspections, and overall system diagnostics.
- A **Certified ASE mechanic** or reputable local commercial fleet shop will handle all service and repairs.
Pre-trip and post-trip inspections will be conducted by drivers daily to check lights, tires, brakes, horns, mirrors, and wheelchair lifts or ramps (if applicable). Any defects noted will be reported immediately, and the vehicle will be removed from service until repairs are completed.
- Maintenance records will be logged digitally and kept on file for inspection, as required by the PUC.

b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

- All company vehicles will undergo **Pennsylvania's annual safety inspection** at a licensed inspection station, as required by Chapter 175.
- Vehicles will not be used for passenger service unless they have a valid **inspection sticker** and meet all equipment standards, including brakes, tires, seat belts, emissions, lighting, suspension, and body condition.
- For any ADA-equipped vehicles, we will ensure all wheelchair securement devices and lifts/ramp mechanisms meet both **federal ADA** and **state safety standards**.
- Vehicles will also be randomly inspected internally to ensure ongoing compliance between official inspections.

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

Community Cozy Transport LLC has conducted extensive outreach to several licensed insurance providers that specialize in non-emergency medical transportation (NEMT) and paratransit coverage. We have reviewed quotes and policy structures from carriers such as Progressive Commercial, Lancer Insurance, and The Hartford, and we are currently evaluating our options to select the provider that best meets our operational and financial needs.

We understand that the Pennsylvania Public Utility Commission requires a minimum of \$1.5 million in liability coverage for vehicles seating between 9 and 15 passengers, along with the filing of Form E and Form H by the insurer.

Insurance premiums have been factored into our startup financial planning, and we are prepared to initiate coverage immediately upon vehicle acquisition and PUC certification. Our final selection will ensure full compliance with all Commission requirements, and our chosen insurer will file the required documentation directly with the PUC before service begins.

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.

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.

Community Cozy Transport LLC is a privately funded startup jointly operated by **two co-owners, Moussa Sidibe and Abdoul Aziz Sidibe**, who are personally investing their resources and time into building a safe and sustainable transportation service.

While our financials reflect the lean, early-stage nature of the business, we have made responsible preparations for the initial phase of operations, including budgeting for:

- Vehicle purchase or financing
- PUC licensing fees
- Insurance premiums
- Startup administrative costs

We are actively pursuing the most cost-effective vehicle and insurance options and have **intentionally kept our expenses low** until approval is secured. Once certified, the business will begin operating with one vehicle and scale up quickly as contracts and client relationships are developed.

As co-founders, we are fully committed and have jointly contributed funds. We believe in the long-term growth and public value of this project and have additional personal resources available if needed to ensure safe, consistent, and professional service.

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.

06/05/2025

(Signature)



Moussa Sidibe, owner

(Date)

(Name and Title, printed or typed)

