

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

DATE OF DEPOSIT

JUN 17 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

## Application for Motor Common Carrier of Persons upon Call or Demand (Taxi Service)

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE PROVIDING LOCAL TRANSPORTATION ON EITHER EXCLUSIVE OR NONEXCLUSIVE BASIS, AND SERVICE IS CHARACTERIZED BY PASSENGERS HIRING THE VEHICLE AND ITS DRIVER EITHER BY TELEPHONE CALL OR BY HAIL, OR BOTH. **THIS APPLICATION CANNOT BE USED TO APPLY FOR TAXI SERVICE WITHIN THE CITY AND COUNTY OF PHILADELPHIA.**

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Ibrahim Umarou

- 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)

Ibrahim Umarou

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 Trucking" 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 Trucking" or "J. Doe Trucking" 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 \_\_\_\_\_  
(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).

/	/
/	/
/	/

6. **Mailing Address**

226 N. Union Street #2  
Street Address

Middletown Pa 17057      Dauphin  
City, State and Zip Code      County

717-503-8004  
Telephone Number

KennyDumencow@yahoo.com  
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 from Mailing Address)

226 N Union Street #2  
Street Address

Middletown Pa 17057      Dauphin  
City, State and Zip Code      County

717-503-8004  
Telephone Number

KennyDumencow@yahoo.com  
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).

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Taxi will be driven at airport. For transportation to and from on demand, and for all available airlines. Transportation for passengers to and from airport to requested location.

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*Examples:*

- *To transport people upon call or demand in the city of Reading, Berks County.*
- *To transport people upon call or demand in Spring Township, Centre 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 upon Call and Demand (Taxi 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.

Jordan Omar

(Print Name)

[Signature]

(Signature)

6/16/2025

(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).

Revised 7/17/17



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.

- Vehicle will be housed at Present address.
- A-1 garage Auto garage, located at 1330 N. 3rd St. Hbg, PE 17102.
- records + maintenance will be kept by office assistant and taxes on computer all located at 140 N. Duke St.
- I will sit at airport for trips + on phone at

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:

217-503  
8004

- 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.

1 driver to start.

- a) must be clean, non smokers, and have excellent driving history.
- b) two criminal checks per year (July + Jan)
- c) 200 hrs. with myself to train.
- d) 110 year history to start and every 6 months after. e) no drug or alcohol use.

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. (Taxicabs may not be used if the vehicle's age is greater than ten model years, or the vehicle mileage is greater than \$350,000.)

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2014	Dodge	Caravan	4	204RD603 D7742472	203,000.00

\*Vehicles with seating capacity of more than eight passengers including the driver cannot be used for taxi 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).
  - Your system for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage requirements shall be replaced in a timely fashion.

- Oil changes every 3,000 miles
  - Vehicle checked for safety weekly and immediately when/if problem occurs.
  - tires kept above safety standards.
  - all vehicles checked safety on Saturdays or not allowed to be driven. Vehicle dates kept on file + computer
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the ~~costs~~ required insurance premiums.

have financial means, also inquired to insurance company of Erie Insurance to provide policy.

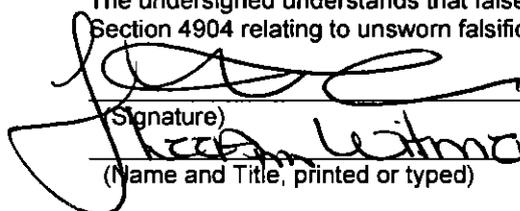
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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

1/26/2025  
 \_\_\_\_\_  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
 As of (date) 4/15/2025  
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash		30,000.00
Other Current Assets (specify)		25,000.00 (car)
Total Current Assets		<u>55,000.00</u>
Tangible Assets		
Motor Vehicle Equipment		10,000.00
Property (buildings, land, etc.)		5,000.00
Office Equipment		450.00
	<b>TOTAL ASSETS</b>	<u>14,550.00</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		.00
Credit cards/revolving credit		.00
Other Liabilities (Attach schedule)		.00
Total Current Liabilities		<u>.00</u>
Long Term Liabilities (Due after one year of date)		
Mortgage		.00
Long term commercial loan		.00
Other Liabilities (Attach Schedule)		.00
Total Long-Term Liabilities		<u>.00</u>
	<b>TOTAL LIABILITIES</b>	<u>.00</u>

US POSTAGE PAID

\$10.10

Origin: 17057  
06/17/25  
4153280057-17

PRIORITY MAIL®

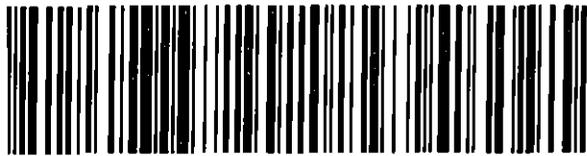
0 Lb 3.20 Oz  
RDC 03

EXPECTED DELIVERY DAY: 06/20/25

C000

FL 2  
400 NORTH ST  
HARRISBURG PA 17120-0202

USPS TRACKING® #



9505 5124 1808 5168 8076 52



PS00001000014

EP14F Oct 2018  
OD: 12 1/2 x 9 1/2

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JUN 18 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

*PMC*

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P.A 17120

Label 228, December 2023

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