

## 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)

Emo Transportation, 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  14499996

(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).**

Iman Mukhtar \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

1140 Marshall Avenue  
Street Address

Lancaster, PA 17601 \_\_\_\_\_ Lancaster \_\_\_\_\_  
City, State and Zip Code County

717-971-5725 \_\_\_\_\_ imanmukhtar20@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.)

1140 Marshall Avenue  
Street Address

Lancaster, PA 17601 \_\_\_\_\_ Lancaster \_\_\_\_\_  
City, State and Zip Code County

717-971-5725 \_\_\_\_\_ imanmukhtar20@gmail.com \_\_\_\_\_  
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)

Ali M. Audi 717-707-5611  
Attorney's Name & Telephone Number for this Filing

20 Briarcrest Sq., STE 206, Hershey, PA 17033 \_\_\_\_\_ amaudi@audilaw.com \_\_\_\_\_  
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).

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To transport, as a common carrier, by motor vehicle, persons in paratransit service, between points in Adams, Cambria, Cumberland, Dauphin, Franklin, Indiana, Lancaster, Perry and York Counties to points in Pennsylvania 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.

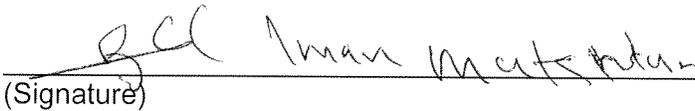
## Verification of Application

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.

Iman Mukhtar

(Print Name)

  
(Signature)

07/08/2025  
(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).

# 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.

Emo Transportation, LLC

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Legal Name of Applicant

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Trade Name, if any

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1140 Marshall Avenue	Lancaster	PA	17601
Street Address (principal place of business)	City or Municipality	State	Zip Code

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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.

Iman Mukhtar - Owner

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

Applicant has been a driver/dispatcher and occasional manager with Discount Cab Service, LLC (A-6310309)

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.

For the last seven years, applicant has been intimately involved in the operation of Discount Cab Service, LLC (A-6310309), including as a driver, dispatcher and manager. She is well versed in the protocols for paratransit service, as well as billing and record-keeping.

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.

Applicant will utilize a primary facility at 1140 Marshall Avenue, Lancaster. This location will be used to perform maintenance and repair of vehicles. Business records in hard copy will be maintained at the location in secure filing cabinets (as needed) as will any digital records kept on a computer. Phone and email will be used to receive requests for transportation. Phone/text will be used to dispatch drivers.

In order to provide service in Western counties, applicant will utilize 3703 Bigler Ave., North Cambria, PA as a local base. This will allow for daily maintenance of vehicles and convenient dispatch for those areas.

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.

The entity will begin with 3 drivers, and will expand as business needs require. This is appropriate until the business is established and business requires more.

- a. Drivers must be at least 25 years of age, and must comply with all other requirements of 52 Pa Code 29.501-509. DUI offenses will be rejected if within the timeframe excluded by the code.
- b. Applicant will utilize a paid service to conduct criminal background checks at hire and every two years. Anything that adversely relate's to drivers suitability (sexual offenses; violent behavior; drugs/alcohol) will be rejected.
- c. Applicant will provide training on customer service, safe driving, confirming passenger ID and destination at regular intervals as needed.
- d. Licenses will be checked by same system as background checks and by insurance carrier.
- e. Drivers are not permitted to use recreational drugs and may not consume alcohol within 12 hours of start of shift.

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>
2015	Honda	CRV	5	2HKRM73FH53458	112862
2007	Honda	CRV	5	JHLRE8367C053540	173965
2012	Ford	Fusion	5	3FAHP0HA0CR103764	83,842
2019	Dodge	Caravan	7	2C4RD6B68KT742105	141,251
2014	Dodge	Caravan	7	5T02K3DC2ES480649	96,718

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



**Statement of Financial Position (Balance Sheet)**  
**As of (date) 7/8/2025**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$50,000	
Other Current Assets (specify)		
Total Current Assets		
Tangible Assets		
Motor Vehicle Equipment	\$ 75,000 (5 vehicles)	
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		\$125,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		0
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		0
TOTAL LIABILITIES		0