

## 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)

Payne Safe Riders 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?**  **NO**

If NO, you must register (see checklist on how to register)

**If YES, provide your PA Corporation Bureau Entity ID Number** 14686022

(See checklist and indicate type of business entity registered)



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 school aged children, on a prearranged basis, from points in the city of Phila to other points in phila county, and from phila county to surrounding counties of Montgomery, Delaware, and and return. Transportation will be provided to and from school, after- school programs and community educational or enrichment activites.

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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.

Nieema Payne

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(Print Name)

*Nieema Payne*

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(Signature)

8/1/2025

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(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.

Payne Safe Riders LLC

Legal Name of Applicant			
6503 N Uber street		Trade Name, if any	
		phila	PA
		19138	
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.

Nieema Payne  
Sole Member

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.

I have professional experience coordinating and providing transportation services through my previous role with the Department of Human Services, where I was responsible for arranging and facilitating the safe transportation of families through Phila and the surrounding counties. This work required scheduling, routing, and ensuring compliance with confidentiality and safe protocols. In addition, I served as a Dean of Student at a charter school, where I oversaw the daily transportation logistics for bused students including coordinating with drivers, managing students behavior during transit, and ensuring timely arrival and dismissal. These roles have given me direct, hands on experience in managing transportation operation, ensuring passenger safety, and working with both children and families

Although I am newly launching my own transportation business, my combined professional experience in education and human services has provided me with strong organizational, compliance, and logistical skills directly relevant to operating a student transportation services.

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.

I will be using my personal 7 passenger vehicle, which is stored off street in my garage at my home address. This is also where my home office is located and where I managed scheduling, communication, and record keeping for Payne Safe Rider LLC. Routine maintenance and safety checks will be performed by certified local mechanics, and the vehicle will comply with all Pennsylvania inspection and safety requirements.

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.

I will be the only driver for Payne Save Riders LLC. Im using one 7 passenger vehicle, and that is enough for the number of students i will be transoprtng in Philadelphia and nearby areas.

A. Hiring Standards: right now, I dont plan to hire any drivers. If I do in the future I will only hire people with clean driving records and experience working with children.

B. Background Checks: any drrivers will have to pass background checks, including PA State Police, FBI Fingerpringing and Child Abuse Clearances.

C. Training Program: Since I am the only driver, I follow all state rules for driving and safety. If I hire someone later, I will make sure they complete a safe driving and child safety training.

D. License Checks: If I hire drivers I will check they license every year to make sure their valid.

E. Drug and Alcohol Policy: I have zero tolerance policy for drugs and alcohol. If I hire anyone in the future they will need to pass a drug test before starting and could tested randomly after that.

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
2004	Nissan Ar	manda	7	5N1AA08B55N714512	189000

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

I plan to use one 7 passenger Suv for my business. This is the right number of vehicles for the number of students I plan to serve right now in the Phila, and nearby areas. The vehicle is safe, reliable and large enough to transport several students at a time. I already own the vehicle and it os registered and stored safely at my home

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).

I do daily safety checks on my vehicle before and after each trip. I keep up with regular maintenance through a certified mechanic. I will follow all state inspection rules and traffic laws . I have commercial insurance a clean driving record. NO Phone policy. A hands free device will be used in the event of emergency.

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

I am in the process of obtaining commercial auto insurance that meets the PUC requirements. I will make sure the policy includes at least 35000 in liability coverage for a 7 passengerr vehicle, and I will ensure that my insurance company files form E with the PUC before I begin operation.

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

I am financially prepared to begin operation using my personal savings, which will cover starttup espenses such as insurance, fuel, and vehicle maintenance. Since I will operate with one vehivle and no staff, cost will remain manageable. In addition, I plan to apply for local and state small business grants to suppoet future growth , including expenses related to safety upgrades, business development, and expanding service. I also plan to reinvent early profits back into the business to maintain and grow opperations

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.

Nieema Payne

8/1/2025

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Nieema Payne Sole Member  
\_\_\_\_\_  
(Name and Title, printed or typed)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) \_\_\_\_\_**  
**(Must be less than 6 months old)**

ASSETS

Current Assets	2,000	
Cash		
Other Current Assets (specify)		
Total Current Assets		
Tangible Assets	18,000	
Motor Vehicle Equipment		
Property (buildings, land, etc.)	300	
Office Equipment		
TOTAL ASSETS		20,300

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	500	
Other Liabilities (Attach schedule)		
Total Current Liabilities		500
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)	5000	
Total Long-Term Liabilities		5500
TOTAL LIABILITIES		