

## 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)

EX 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)

EX Transportation NEMT

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 \_\_\_\_\_

(See checklist and indicate type of business entity registered)

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

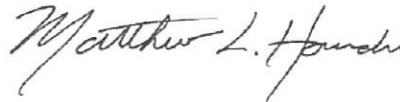
I, John Norman, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). 

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to Jerome Elliott, Bureau of Technical Utility Services at 717-214-7155. Faxed or emailed filings are **not** accepted.

Sincerely,



Matthew L. Homsher  
Secretary

Enclosure



0014713671



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0014713671  
 Date Filed: 8/12/2025

B0910-7474 08/12/2025 1:32 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name  
 Fictitious name **EX TRANSPORTATION NEMT**

Additional Information  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: **NON EMERGENCY MEDICAL TRANSPORTATION**

**The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.**

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address **JOHN NORMAN  
 3804 BRIGHTON ROAD  
 PITTSBURGH, PA 15212  
 ALLEGHENY**

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
EX TRANSPORTATION LLC Domestic Limited Liability Company Registered Office Address 9806 Braewick Dr., PITTSBURGH, PA 15212 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*JOHN E NORMAN*

*08/12/2025*

EX TRANSPORTATION LLC

Date