

## 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)

Familiar Roads Home Healthcare Agency, Inc.

- 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)

Familiar Roads Transportation Service

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-     X    

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     7933079    

(See checklist and indicate type of business entity registered)

4134743

per PA Corp Bur Website rw/SEC 8/27/2025

5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

Tanya Ferguson, President + CEO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Physical Address** (do not use PO Box)

880 Town Center Drive, Suite 884A

Street Address

Langhorne, PA 19047

City, State and Zip Code

(215) 526-1251

Telephone Number

Bucks

County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. **Mailing Address** (if different from Physical Address)

880 Town Center Drive, Suite 884A

Street Address

Langhorne, PA 19047

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

Donald Wilford, Esq. 215-785-3241 don.wilford@comcast.net

Attorney's Name & Telephone Number for this Filing

\_\_\_\_\_  
Attorney's 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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*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.

Tanya Ferguson, President + CEO  
(Print Name)

Tanya Ferguson  
(Signature)

07/15/2025  
(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

## 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.

**Tanya Ferguson** **President, Familiar Roads Home Healthcare Agency,**

Legal Name of Applicant

**Familiar Roads Transportation Service**

Trade Name, if any

**880 Town Center Drive, Suite 884A,**

**Langhorne,**

**PA**

**19047**

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.

***Tanya Marsha Ferguson***

***President and CEO***

***Familiar Roads Home Healthcare Agency, Inc.***

***880 Town Center Drive, Suite 884A, Langhorne, PA 19047***

***Phone: (215) 526-1251***

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

*Familiar Roads Home Healthcare Agency, Inc. operates home and community-based services under Pennsylvania's waiver programs (CHC, ODP) but is not affiliated with any other transportation carrier. The transportation division (Familiar Roads Transportation Services) is a newly created DBA to serve non-emergency paratransit needs in the same communities.*

3. 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.

*The business is headquartered at 880 Town Center Drive, Suite 884A, Langhorne, PA 19047. The facility includes office space for administrative staff, storage for records, and conference/work areas. Office equipment includes secured computers, printers, document scanners, and a cloud-based recordkeeping system.*

*All records, including driver files, trip logs, vehicle inspections, and compliance documents, will be securely stored both electronically and in locked filing cabinets. Records will comply with PUC requirements and HIPAA where applicable.*

*Transportation requests will be received via phone, web form, and scheduled referrals from partner organizations. A transportation coordinator will manage*

*dispatch using Route4Me or a similar routing platform. Communication with drivers will be maintained in real-time via mobile devices using Google Voice*

*and secure transportation apps. Drivers will be trained to report issues, delays, or emergencies immediately through direct contact with dispatch*

4. 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.

We plan to hire and maintain a pool of 5 to 7 qualified drivers. This number is appropriate for the five-county territory we intend to serve (Bucks, Montgomery, Chester, Philadelphia, and Lehigh Counties) as it provides adequate staffing for staggered shifts, weekday and weekend coverage, and backup personnel for call-outs, training, and administrative time. This will allow us to deliver consistent and timely non-emergency transportation services to our clients on an advance reservation basis.

**a. Hiring Standards for Drivers:**

All driver applicants must:

Be at least 21 years of age

Possess a valid Pennsylvania driver's license with a clean driving record for the past 3 years

Demonstrate customer service competency and sensitivity to vulnerable populations (seniors, persons with disabilities)

Pass a DOT-compliant pre-employment physical and drug screening

Provide verifiable work history and references

**b. Criminal Background Checks:**

We conduct state and FBI background checks using the Pennsylvania Access to Criminal History (PATCH) system and fingerprinting through Identogo. Drivers must also undergo a PA Child Abuse History Clearance. No applicant with a disqualifying offense under state or federal guidelines will be eligible for hire.

**c. Driver Training Program:**

Drivers will complete a structured onboarding program which includes:

Passenger assistance and wheelchair securement training

CPR and First Aid certification

Defensive driving techniques

Sensitivity and HIPAA training

Emergency response procedures. Ongoing training is provided annually and following any safety-related incident.

**d. Driver License Checks:**

We will subscribe to the PA DMV Driver Record Monitoring Program or manually conduct Motor Vehicle Record (MVR) checks at the time of hire and every 6 months thereafter to ensure continued eligibility.

**e. Alcohol and Drug Use Policy:**

Familiar Roads Transportation Services enforces a zero-tolerance policy regarding alcohol and drug use. Pre-employment testing, random testing, and post-accident testing are conducted in accordance with federal DOT guidelines. Any driver who fails a drug or alcohol test will be immediately removed from duty and terminated in compliance with company policy and federal/state regulations.

5. 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.

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SEATING CAPACITY*</b>	<b>VEHICLE ID #</b>	<b>MILEAGE</b>
2017	Nissan	Murano	6	5N1AZ2MHN142750	42,527

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

6. 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).

**a. Periodic Vehicle Maintenance Plan:**

Each vehicle will undergo:

Pre-trip safety inspections by the driver

Monthly inspections by a certified mechanic

Routine oil changes, tire rotations, brake checks, and fluid top-offs every 3,000 to 5,000 miles

Comprehensive annual safety inspections in accordance with PA law

Maintenance is logged digitally and reviewed monthly by management.

**b. Compliance with PA Equipment Standards (67 Pa. Code, Chapter 175):**

We use a certified inspection station to ensure our fleet complies with Chapter 175 equipment regulations. Each vehicle is checked for:

Proper lighting, signaling, and reflectors

Brake functionality and tire condition

Accessible lift systems and securement straps

Emissions and registration compliance

Drivers are trained to report safety concerns immediately, and no vehicle may operate unless it passes inspection.

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

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8. 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      X   NO

***No officers, members, or shareholders of Familiar Roads Home Healthcare Agency, Inc. have been convicted***

9. 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.

**See The bottom of the form( not enough space**

### **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.

Tanya Ferguson

(Signature)

Tanya Ferguson; President + CEO

(Name and Title, printed or typed)

07/15/2025

(Date)

**Statement of Financial Position (Balance Sheet)**

As of (date) \_\_\_\_\_

ASSETS

Current Assets		
Cash	<u>\$45,000</u>	
Other Current Assets (specify)	<u>\$5,000</u>	
Total Current Assets		<u>\$50,000</u>
Tangible Assets		
Motor Vehicle Equipment	<u>\$85,000</u>	
Property (buildings, land, etc.)	<u>0</u>	<u>0</u>
Office Equipment		<u>\$5,000</u>
<b>TOTAL ASSETS</b>		<b><u>\$90,000</u></b>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>\$7,500</u>	
Credit cards/revolving credit	<u>\$2,500</u>	
Other Liabilities (Attach schedule)	<u>\$2,000</u>	
Total Current Liabilities		<u>\$12,000</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>\$22,500</u>	
Long term commercial loan	<u>\$0</u>	
Other Liabilities (Attach Schedule)	<u>\$0</u>	
Total Long Term Liabilities		<u>\$22,500</u>
<b>TOTAL LIABILITIES</b>		<b><u>\$34,500</u></b>

Net Equity / Owner's Equity: \$105,500  
(Total Assets minus Total Liabilities)

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

*We have obtained formal insurance quotes from multiple carriers, including Progressive and Liberty Mutual, that meet the PUC's minimum coverage requirements. We are prepared to submit Form E through the insurer's national filing system upon approval. Funds are allocated to pay both monthly and annual premiums in advance if necessary to ensure uninterrupted coverage.*

**9. Financial Data & Readiness**

We are financially positioned to begin operations and sustain services during the startup phase. Our company has secured private startup capital and maintains the following asset base:

**Cash on hand:** \$45,000

**Owned vehicle equity:** \$60,000

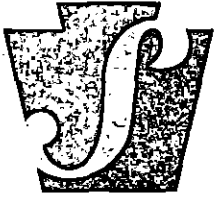
**Available credit:** \$25,000

**Low operating overhead** due to shared administrative space with the healthcare agency

These resources, combined with anticipated NEMT partnerships and long-term Medicaid waiver contracts, provide financial stability for consistent, reliable service.

**10. Describe the service area proposed by this application. (Use the space below or attach additional sheet if space provided)**

*To transport individuals, including but not limited to persons with disabilities, seniors, and individuals requiring non-emergency medical transportation or paratransit assistance, from points in Bucks, Montgomery, Chester, Lehigh, Philadelphia, and Delaware Counties to points throughout the Commonwealth of Pennsylvania, and return. Service will be provided on a nonexclusive, advance reservation basis using wheelchair-accessible and standard passenger vehicles.*



**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717.787.1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

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July 3, 2025

Familiar Roads Transportation Services  
TANYA FERGUSION  
880 TOWN CENTER DRIVE  
SUITE: 884 A  
LANGHORNE, PA 19047

<b>Entity Name:</b>	Familiar Roads Transportation Services
<b>Entity File Date:</b>	June 19, 2025
<b>Entity Number:</b>	0014510172
<b>Filing Type:</b>	Fictitious Name

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Date of this notice: 07-08-2025

Employer Identification Number:  
39-3081801

Form: SS-4

Number of this notice: CP 575 A

FAMILIAR ROADS HOME HEALTH CARE  
AGENCY  
FAMILIAR ROADS TRANSPORTATION SERVI  
% TANYA FERGUSION  
880 TOWN CENTER DR STE 884A  
LANGHORNE, PA 19047

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 39-3081801. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	04/30/2026
Form 940	01/31/2027
Form 1120	07/08/2025

After our review of your information, we have determined that you have not filed tax returns for the above-mentioned tax period(s) dating as far back as 2013. Please file your return(s) by 07/23/2025. If there is a balance due on the return(s), penalties and interest will continue to accumulate from the due date of the return(s) until it is filed and paid. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing you have no liabilities.

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit [www.irs.gov/efbusproviders](http://www.irs.gov/efbusproviders) for a list of companies that offer IRS e-file for business products and services.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is FAMI. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.



2 Familiar Roads  
380 Town Center Drive  
Suite 824A  
Harrisburg PA 17104



To: Secretary, PA Public Utility Commission  
400 North Street, 2nd Floor  
Harrisburg, Pennsylvania 17120

