

# **The Sphinx Transportation LLC**

PUC Docket No.: A-2025-3056692

Business Name:	The Sphinx Transportation LLC
Business Address:	2207 Pineford Dr, Middletown, PA 17057
Phone:	717-908-9251
Email:	thesphinxtransportation@gmail.com
PUC Docket No.:	A-2025-3056692
Date:	August 31, 2025

## Final Compliance Response Packet

1. Driver Qualification & Criminal History Policy The Sphinx Transportation LLC complies with 52 Pa Code § 29.505. All drivers undergo pre-employment and biennial criminal history and driving record checks, retained for at least 3 years. Disqualification criteria include felony convictions, DUI/DWI offenses, and repeated at-fault accidents. An appeal process is available, and all records are securely stored and accessible to the PUC upon request.
2. Equal Opportunity & Non-Discrimination The Sphinx Transportation LLC is an Equal Opportunity Employer. We ensure all employment decisions are based on qualifications, background check results, and performance, without regard to race, color, religion, gender, disability, or any other protected class under federal and state law.
3. Drug & Alcohol Testing Policy In compliance with DOT and PUC rules, The Sphinx Transportation LLC enforces pre-employment, random, post-accident, and reasonable suspicion testing. Refusal or positive tests result in removal from duty and possible termination. All records are confidential. Employees are encouraged to seek assistance voluntarily.
4. Driver Training Requirements All drivers complete initial and annual training, including: Defensive Driving, CPR & First Aid, HIPAA & Privacy, Wheelchair Securement, Diversity Awareness, and Crisis Management. Ongoing refresher training is required, with records retained.
5. Daily Vehicle Inspections The company requires daily pre- and post-trip inspections using a standardized checklist. Items include tires, brakes, lights, steering, mirrors, fluid levels, and emergency kits. Inspections are signed by drivers and verified by management.
6. Insurance Coverage & Form E Filing The company has secured a commercial auto insurance policy quote from GEICO/BHHC for the 2016 Dodge Grand Caravan. Coverage includes liability, UM/UIM, and first party benefits. Annual premium: \$5,179. Down payment: \$1,038.80. Monthly installments: \$414.32. The insurer supports electronic Form E filing with the PUC.
7. Financial Statement

Assets	Amount (\$)
Truist Business Checking Account	1,067.10
Truist Business Savings Account	19,030.82
2016 Dodge Grand Caravan (ADA Accessible)	15,000.00
Business Equipment (medical kits, straps, uniforms, etc.)	2,000.00
<b>Total Assets</b>	<b>37,097.92</b>

Liabilities	Amount (\$)
Business Loans	0.00

Vehicle Loans	0.00
Credit Cards/Other Payables	0.00
Total Liabilities	0.00

Equity	Amount (\$)
Owner's Equity (Assets - Liabilities)	37,097.92

8. Supporting Documentation Truist Business Bank Statement (June 30, 2025) showing \$20,097.92  
 Vehicle Title (2016 Dodge Grand Caravan, ADA Accessible) Vehicle Registration (2016 Dodge Grand  
 Caravan) Receipts for Equipment Purchases Insurance Quote and (Optional) Insurance Card

Verification Statement I, Amgd Omer, 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).

Signature: Amgd Omer Date: \_\_\_\_\_

# The Sphinx Transportation LLC

4414 Ontario Dr Apt, Harrisburg, PA 17111

Phone: 717-908-9251 | Email: thesphinxtransportation@gmail.com

PUC Docket No. A-2025-3056692

## Drug & Alcohol Testing Policy

**Purpose:** Ensure a safe, drug- and alcohol-free workplace for drivers, passengers, and the public.

**Scope:** Applies to all drivers employed by The Sphinx Transportation LLC.

**Prohibitions:** No possession or use of illegal drugs/alcohol while on duty, in company vehicles, or on company premises.

**Testing Requirements:**

- Pre-Employment
- Random Testing
- Post-Accident
- Reasonable Suspicion
- Return-to-Duty

**Consequences:** Positive tests or refusal may result in termination. Drivers may be referred to rehab at their expense.

**Confidentiality:** All test results confidential, only shared with authorized personnel.

**Employee Assistance:** Drivers are encouraged to seek help voluntarily for substance issues.

**Acknowledgment:** I agree to follow this policy. Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

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## Driver Training Requirements

All drivers must complete training in the following areas:

- Defensive Driving Techniques
- Passenger Assistance & Wheelchair Securement
- CPR & First Aid (Red Cross or AHA Certified)
- HIPAA & Privacy (Confidentiality of Passenger Information)
- Cultural Sensitivity & Diversity Awareness
- Crisis Management & Stress Handling

Regulatory Compliance:

- 52 Pa. Code § 29.504 – Driver History (maintain license records)
- 52 Pa. Code § 29.505 – Criminal History (initial & biennial checks, retain 3 years)
- 67 Pa. Code Chapter 175 – Vehicle Equipment & Inspection Standards

Ongoing Training: Annual refresher, updates for law changes, and continuous education.

Driver Acknowledgment: I certify I have completed the above training and understand my duties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **The Sphinx Transportation LLC Employee Handbook and PUC Compliance Manual**

PUC Docket No.: A-2025-3056692

Address: 4414 Ontario Dr Apt, Harrisburg, PA 17111

Phone: 717-908-9251

Email: [thesphinxtransportation@gmail.com](mailto:thesphinxtransportation@gmail.com)

Date: September 01, 2025

## **Legal Disclaimer**

This Employee Handbook and PUC Compliance Manual is issued by The Sphinx Transportation LLC as a policy guide for employees, contractors, and affiliates. It is not a contract and does not alter the at will employment relationship recognized under Pennsylvania law.

Laws, regulations, and company policies may change. The Sphinx Transportation LLC may revise, supplement, or rescind any policy contained herein at any time, with or without notice, to remain compliant with applicable requirements issued by the Pennsylvania Public Utility Commission, the U.S. Department of Transportation, the Federal Motor Carrier Safety Administration, the Americans with Disabilities Act, the Health Insurance Portability and Accountability Act, and the Centers for Medicare and Medicaid Services. If any provision conflicts with applicable law, the law governs. Employees must comply with legal obligations regardless of whether they are explicitly stated herein.

Each employee must sign the Acknowledgment Form (Appendix C) confirming receipt of this handbook and agreement to follow all policies.

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## **1. Introduction**

The Sphinx Transportation LLC operates under Pennsylvania PUC authority as a Common Carrier of Persons in Paratransit Service. The mission is to provide safe, reliable, ADA compliant non emergency medical transportation while protecting passenger dignity, privacy, and on time access to care.

This handbook defines standards for conduct, safety, compliance, documentation, and service quality. It also serves as evidence of compliance with PUC, DOT and FMCSA, ADA, HIPAA, and CMS rules.

Scope. This manual applies to all employees and contractors, to all vehicles owned, leased, or operated by the company, and to all trips regardless of payer.

### **How to Use This Manual**

Read Section 8 Safety and Operations and Appendix F ADA Securement before operating any vehicle.

Complete and return Appendices A, B, and E at the end of every shift per Section 20.

## **2. Regulatory Compliance**

PUC Rules. Title 52 Pa. Code Chapter 29 applies to paratransit operations. The company maintains insurance filings, financial fitness, and cooperates with audits and investigations.

Specific PUC sections used in the company training materials include 52 Pa. Code Section 29.504 and Section 29.505.

PennDOT standards in 67 Pa. Code Chapter 175 are observed for maintenance and vehicle inspection practices.

DOT and FMCSA. 49 CFR Parts 40, 382, 391, and 395 require a controlled substances and alcohol testing program, driver medical fitness, driver qualification files, and Hours of Service controls.

ADA. 42 U.S.C. Section 12184 and 49 CFR Part 38 require accessible equipment and assistance for passengers with disabilities.

Medicare and Medicaid. 42 CFR Part 455 requires accurate documentation and prohibits false claims. Records must be retained for seven years.

- When rules conflict, follow the stricter standard unless otherwise required by law.
- Compliance is a condition of employment and continued operation.

### **3. Equal Opportunity and Non Discrimination**

The company is an Equal Opportunity Employer and Service Provider under Title VII, ADA, ADEA, and the Pennsylvania Human Relations Act. Discrimination, harassment, and retaliation are prohibited in all aspects of employment and service delivery.

Reasonable accommodations are provided for qualified employees and passengers with disabilities through an interactive process with the Compliance Officer.

- Employment decisions are based on qualifications, performance, and compliance history.
- Violations may result in discipline up to and including termination.

## **4. Staff Roles and Responsibilities**

### **Owner or CEO**

Ensures PUC filings, insurance compliance, financial fitness, approves major policy decisions and final disciplinary actions.

### **Compliance Officer**

Maintains driver files, manages drug and alcohol program, conducts audits, investigates complaints, oversees HIPAA and ADA compliance, liaises with regulators and brokers.

### **Dispatcher**

Assigns trips, monitors schedules and duty limits, maintains real time communication, records trip data, reports delays, missed trips, or incidents.

### **Drivers**

Provide safe, courteous transportation, complete daily inspections, secure mobility devices, maintain accurate logs, follow all policies, and report incidents immediately.

### **Administrative Staff**

Process billing, maintain records, manage payroll, prepare materials for audits and investigations.

- All staff must cooperate with audits, inspections, and lawful information requests.
- Refusal to cooperate with a lawful investigation is grounds for discipline.

## **5. Driver Qualification Standards**

Minimum requirements. Age 21 or older. Valid Pennsylvania driver license. CDL if required. Clear state police and FBI background checks. Clean motor vehicle record. Current DOT medical certificate. Pre employment drug test clearance before transporting passengers.

Disqualifications. DUI or DWI within seven years. Felony convictions for violence, abuse, or fraud. Three or more at fault accidents within five years. Suspended or revoked license. Refusal or failure of required testing.

### **Driver File Contents**

License copy, medical certificate, background checks, drug and alcohol test results, training certificates, incident and complaint reports, performance evaluations.

## **6. Driver Training Requirements**

Initial training includes defensive driving, CPR and First Aid, HIPAA and Privacy, passenger assistance and transfers, ADA securement four point tie down and occupant restraints, cultural sensitivity and de escalation, crisis and emergency response, and documentation procedures.

Annual refresher training is required and covers updates to ADA securement, HIPAA, customer service, fraud prevention, and safety bulletins.

Training curriculum references 52 Pa. Code Section 29.504 and Section 29.505, and PennDOT 67 Pa. Code Chapter 175.

### **Training Records**

Attendance logs, certificates, and any test scores are retained in driver files and are subject to audit.

## **7. Drug and Alcohol Testing Policy**

Standards. 49 CFR Part 40 and Part 382 apply to safety sensitive employees. The company enforces zero tolerance for controlled substances and alcohol misuse during duty.

Testing types. Pre employment, random, post accident, reasonable suspicion, and return to duty or follow up when applicable. Refusal to test is treated as a positive result under federal rules.

Prohibited substances include marijuana including medical marijuana for DOT regulated drivers, cocaine, opioids, amphetamines, PCP, and alcohol within four hours of duty.

Consequences. Immediate removal from duty for positives or refusals, potential termination, and reporting to applicable databases as required. Records are confidential and stored securely.

Employees may be referred to rehabilitation or treatment resources at their own expense, where permitted by law and consistent with applicable regulations.

## **8. Safety and Operations**

### **Daily inspections**

Pre trip and post trip inspections must cover tires, brakes, lights, steering, windshield wipers and washer fluid, ramps or lifts, seatbelts, securement systems, and emergency equipment. Remove unsafe vehicles from service and report defects immediately.

### **Preventive maintenance**

Service intervals follow manufacturer or company schedules. Maintenance logs are retained at least one year and are available for inspection.

### **Sanitation and cleanliness**

Vehicles must be kept clean and sanitized. Wipe high touch surfaces regularly. Smoking and vaping are prohibited.

### **Passenger handling and securement**

Seatbelts are mandatory. Wheelchairs must be secured with four tie downs at solid frame points and occupant restraints must be applied. Oxygen tanks must be stowed and secured.

### **Emergency procedures**

During accidents, illness, fire, or threats, ensure scene safety, call 911, notify dispatch, render basic first aid within training limits, and complete incident reports promptly.

- Tampering with safety equipment or securements is prohibited and may result in discipline.

## **9. Incident Reporting and Police Compliance**

Report accidents, injuries, altercations, suspected abuse, theft, fraud, or illegal activity as soon as safely possible. Complete an incident report within 24 hours.

Notify law enforcement when a crime is suspected, a serious accident occurs, or safety is threatened. Cooperate with lawful investigations.

Certain incidents may require reporting to the PUC, Medicaid or Medicare, the DOT or FMCSA, or insurers. Failure to report may result in discipline.

## **10. HIPAA and Privacy Compliance**

Protected Health Information includes names, addresses, appointment types, and identification numbers. Limit access and disclosure to the minimum necessary.

Keep records in locked cabinets or secure digital systems. Do not leave PHI visible in vehicles. Transmit PHI only through approved secure methods.

Report suspected breaches immediately to the Compliance Officer. The company follows HIPAA breach notification rules.

## **11. Medicare and Medicaid Billing and Fraud Prevention**

### **Documentation requirements**

Each trip must include date, client name or ID, origin, destination, pickup and drop off times, and mileage. Submit accurate logs daily using Appendix B.

### **Prohibited conduct**

Phantom rides, mileage padding, falsified times, duplicate billing, or kickbacks are prohibited and may lead to termination and referral to authorities.

### **Retention and audits**

Trip logs and related documentation are retained for seven years. The company cooperates with audits and implements corrective actions.

## **12. Employee Rights and Responsibilities**

### **Employee rights**

A safe workplace, equal opportunity in employment, protection from discrimination, harassment, and retaliation, and the ability to report concerns without fear of reprisal.

### **Employee responsibilities**

Maintain professionalism, comply with policies and laws, complete required training, protect passenger safety and privacy, promptly report hazards or violations.

### **13. Raising Concerns and Communication**

Report concerns verbally or in writing to the Compliance Officer or Owner. Anonymous reporting is permitted. All reports are reviewed and, where appropriate, investigated.

Retaliation for good faith reporting is prohibited and may result in discipline.

## **14. Time Off, Leave and No Call No Show Policy**

### **Advance notice**

Request planned leave at least two weeks in advance, in writing. The company considers business needs and staffing availability.

### **Emergencies**

Emergency leave requests are evaluated case by case. Documentation may be required.

### **No call no show**

First offense written warning. Second offense final warning or suspension. Third offense termination. Three consecutive no call no shows are treated as voluntary resignation.

## **15. Grounds for Termination**

Grounds include positive drug or alcohol tests or refusal to test, DUI or DWI conviction, theft, fraud, or falsification of records, harassment, abuse, or discrimination, unsafe or reckless driving, HIPAA violations, and more than three valid client verified at fault complaints within a twelve month period.

## **16. Performance Evaluation and Complaints Policy**

### **Monthly evaluations**

Supervisors evaluate on time performance, safety and inspection compliance, documentation accuracy, customer service, and complaint history.

### **Complaint threshold**

All complaints are investigated. If at fault, discipline may include counseling, warning, suspension, or termination depending on severity. No more than three valid at fault complaints are permitted within a twelve month period.

## **17. Passenger and Client Rights and Responsibilities**

### **Rights**

Safe, timely, respectful transportation. ADA accommodations and assistance. Privacy of personal and medical information. Ability to file complaints without retaliation.

### **Responsibilities**

Be ready at pickup. Provide accurate trip details. Comply with seatbelt and securement requirements. Refrain from unsafe or abusive behavior. Respect staff and other passengers.

## **18. Complaint and Grievance Procedure**

Submit complaints by phone, email, or in writing using Appendix E. Drivers must submit Appendix E daily whether or not a complaint occurred, with a no complaint sign off when applicable.

The Compliance Officer investigates within ten business days, documents findings, and implements corrective actions. Unresolved complaints may be escalated to the PUC or Medicaid broker.

## **19. Recordkeeping and Retention**

### **Retention periods**

Driver files minimum three years. Vehicle maintenance logs minimum one year. Drug and alcohol testing records per DOT. Trip logs and billing documentation minimum seven years. Complaint and incident records minimum three years.

### **Availability and legal holds**

Records must be available to regulators on lawful request. Routine destruction is suspended when a legal hold is issued.

## **20. Daily Submission Policy**

At the end of each shift, submit a packet to dispatch or the Compliance Officer including Appendix A vehicle inspection, Appendix B trip log, and Appendix E complaint or daily review. If no complaints occurred, Appendix E must be signed by the driver and a client or witness noting no complaints today.

- Missing or incomplete packets may result in discipline, up to termination for repeated non compliance.

## **21. Verification and Acknowledgment**

Each employee must sign Appendix C acknowledging receipt of this handbook, understanding of the policies contained herein, and agreement to comply as a condition of employment. Refusal to sign may result in removal from duty.

## Appendix A - Pre and Post Trip Vehicle Inspection Checklist (Yes No Format)

Item	Pre Trip Yes	Pre Trip No	Post Trip Yes	Post Trip No
Brakes function properly				
Tires inflated or tread OK				
Lights and signals working				
Horn operational				
Mirrors clean or adjusted				
Windshield wipers or washer fluid OK				
Ramp or Lift operational				
Securement equipment present				
Seatbelts functional				
Fire extinguisher charged				
First Aid kit stocked				
No fluid leaks				
Interior or Exterior clean				

Driver: \_\_\_\_\_ Vehicle #: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 \_\_\_\_\_ Supervisor: \_\_\_\_\_

## Appendix B - Trip Log and Mileage Record (Daily)

### Trip 1

Client Name or ID: \_\_\_\_\_  
Pickup Address: \_\_\_\_\_  
Drop Off Address: \_\_\_\_\_  
Pickup Time: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_ Mileage Start: \_\_\_\_\_  
Mileage End: \_\_\_\_\_ Total Miles: \_\_\_\_\_  
Client Signature: \_\_\_\_\_

### Trip 2

Client Name or ID: \_\_\_\_\_  
Pickup Address: \_\_\_\_\_  
Drop Off Address: \_\_\_\_\_  
Pickup Time: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_ Mileage Start: \_\_\_\_\_  
Mileage End: \_\_\_\_\_ Total Miles: \_\_\_\_\_  
Client Signature: \_\_\_\_\_

### Trip 3

Client Name or ID: \_\_\_\_\_  
Pickup Address: \_\_\_\_\_  
Drop Off Address: \_\_\_\_\_  
Pickup Time: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_ Mileage Start: \_\_\_\_\_  
Mileage End: \_\_\_\_\_ Total Miles: \_\_\_\_\_  
Client Signature: \_\_\_\_\_

### Trip 4

Client Name or ID: \_\_\_\_\_  
Pickup Address: \_\_\_\_\_  
Drop Off Address: \_\_\_\_\_  
Pickup Time: \_\_\_\_\_ Drop Off Time: \_\_\_\_\_ Mileage Start: \_\_\_\_\_  
Mileage End: \_\_\_\_\_ Total Miles: \_\_\_\_\_  
Client Signature: \_\_\_\_\_

Driver Certification: I certify the above trips were completed as logged and information is accurate.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix C - Employee Acknowledgment Form

I acknowledge that I have received a copy of The Sphinx Transportation LLC Employee Handbook and PUC Compliance Manual.

I understand it is my responsibility to read, familiarize myself with, and follow the policies, rules, and procedures described in this manual.

I understand that failure to comply may result in disciplinary action, up to and including termination, and that the company may revise policies to comply with law.

This handbook does not constitute an employment contract or guarantee of employment.

Employee Name print: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix D - Client Acknowledgment Form

I acknowledge that I have received a copy of the Client Rights and Responsibilities Guide from The Sphinx Transportation LLC.

I understand my rights to safe, timely, respectful service, ADA accommodations, and privacy, and I understand my responsibilities to be ready at pickup, provide accurate information, and comply with safety instructions.

Client Name print: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# **The Sphinx Transportation LLC Client Handbook and Service Guide**

PUC Docket No.: A-2025-3056692

Address: 4414 Ontario Dr Apt, Harrisburg, PA 17111

Phone: 717-908-9251

Email: [thesphinxtransportation@gmail.com](mailto:thesphinxtransportation@gmail.com)

Date: September 01, 2025

# Table of Contents

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## 1. Welcome and About Our Service

The Sphinx Transportation LLC provides non emergency medical transportation. Our goal is safe, on time, and respectful service for every client.

We follow Pennsylvania PUC rules, ADA requirements, and all applicable safety standards. We coordinate with medical offices and brokers as needed to complete authorized trips.

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## 2. Eligibility and How Trips Are Authorized

Trips may be authorized by a Medicaid or Medicare broker, a medical provider, or booked as private pay. Your eligibility and trip type determine how rides are scheduled and billed.

If a broker authorizes your trip, we follow the broker instructions. If you self pay, we will explain pricing and terms at booking.

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## 3. Scheduling a Ride

- Call or email to request a ride. Provide your full name, pickup address, destination, date, and appointment time.
  - Tell us about any mobility devices or assistance needs so we can send the right vehicle.
  - Be ready at least 15 minutes before your scheduled pickup window. We will confirm your pickup window when you book.
  - For return rides, confirm your pickup location and a call back number.
-

## **4. Day Of Ride Expectations**

- The driver will confirm your name and destination.
  - Please wear a seatbelt at all times. If you use a wheelchair, the driver will secure it using a four point tie down and apply lap and shoulder belts.
  - The driver will assist with getting in and out of the vehicle when safe. If you need additional assistance, please tell us at booking.
  - No smoking, vaping, or open alcohol in the vehicle.
- 

## **5. Accessibility and Mobility Devices**

- We accommodate wheelchairs and other mobility devices within vehicle capacity. If your device has unique size or weight limits, tell us during booking.
  - Oxygen tanks must be secured during transport. Please bring your own equipment and supplies.
  - Service animals are welcome. See Section 6 for details.
- 

## **6. Service Animals and Support Persons**

- Service animals are permitted.
  - You may ride with a personal care attendant or support person when authorization allows or when space permits.
  - Emotional support animals may be subject to different rules. Tell us during booking so we can advise you.
- 

## **7. Safety Rules and Conduct**

- Respectful behavior is required. Abusive or threatening conduct is not permitted.
  - Seatbelts are required. Follow driver safety instructions at all times.
  - Weapons, illegal substances, and smoking or vaping are not allowed.
  - If you feel unsafe or have a concern, tell the driver and contact our office as soon as possible.
- 

## **8. Cancellations, Late Cancel, and No Show Policy**

- Please cancel at least 2 hours before pickup if your plans change. Some brokers require more advance notice. Follow your broker rules if applicable.

- A late cancel or no show may affect future eligibility with a broker and may result in a fee for private pay rides. We will explain any fee at booking.
- 

## **9. Delays, Weather, and Service Interruptions**

- Severe weather or traffic may cause delays. We will communicate updates when possible.
  - If we cannot safely operate, we will work with you and the broker or provider to reschedule.
- 

## **10. Fares and Payment (if applicable)**

- If your trip is broker authorized, do not pay the driver unless instructed by the broker.
  - For private pay rides, pricing and payment terms are provided at booking. We accept standard payment methods allowed by company policy.
- 

## **11. Privacy and Your Information (HIPAA)**

- We protect your personal and health information. We use and share only the minimum information needed to provide transportation.
  - Paper records are stored securely. Electronic records are kept in secure systems. Contact us if you have questions about privacy.
- 

## **12. How to Give Feedback or File a Complaint**

- You can give feedback by phone, email, or by using the form in Appendix B.
  - We review all complaints. If you leave contact information, we will follow up. You may also contact your broker or the PUC if you prefer.
- 

## **13. Lost and Found**

- Call or email our office if you lose an item. Describe the item, the date, the time, and your trip details.
  - We log found items and store them for a limited time. Government IDs, medications, or medical devices are prioritized for immediate return.
- 

## **14. Your Rights and Your Responsibilities**

- You have the right to safe, timely, and respectful service, reasonable ADA accommodations, and privacy of your information.
  - You are responsible for being ready at pickup, providing accurate trip details, wearing a seatbelt, securing your belongings, and following safety instructions.
- 

## **15. Contact Information**

The Sphinx Transportation LLC

Address: 4414 Ontario Dr Apt, Harrisburg, PA 17111

Phone: 717-908-9251

Email: [thesphinxtransportation@gmail.com](mailto:thesphinxtransportation@gmail.com)

PUC Docket: PUC Docket No.: A-2025-3056692

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# Appendix A - Client Acknowledgment Form

I acknowledge that I received the Sphinx Transportation LLC Client Handbook and Service Guide.

I understand my rights and responsibilities as a client, including safety rules, cancellation policies, privacy practices, and how to contact the company with questions or complaints.

Client Name print: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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4414 Ontario Dr Apt, Harrisburg, PA 17111  
Phone: 717-908-9251 | Email: thesphinxtransportation@gmail.com  
PUC Docket No. A-2025-3056692

## Driver Hiring Form

Position Applied For: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_ CDL: Yes/No

CDL Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Medical Cert Attached: Yes/No

Employment History: Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Driving Record (attach MVR): Traffic Violations/Accidents (last 5 years): Yes/No

Education: \_\_\_\_\_ Criminal Convictions: Yes/No (If Yes, explain):  
\_\_\_\_\_

References: 1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ 2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Availability (Days/Hours): \_\_\_\_\_ Preferred Shift: \_\_\_\_\_ Preferred Service Area: \_\_\_\_\_

Certifications: CPR/First Aid Yes/No Defensive Driving Yes/No Other: \_\_\_\_\_

NEMT Experience? Yes/No Motivation to Apply: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Phone: 717-908-9251 | Email: thesphinxtransportation@gmail.com  
PUC Docket No. A-2025-3056692

## Pre & Post Vehicle Inspection Form

Driver Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_ Vehicle No:  
\_\_\_\_\_

Instructions: Complete inspection BEFORE (Pre-Trip) and AFTER (Post-Trip). Write 'Yes' or 'No' in the boxes provided.

### Pre-Trip Inspection

Item	Result (Yes/No)
Tires & Wheels	
Lights (headlights, brake, turn signals)	
Brakes (pedal feel, responsiveness)	
Steering (smooth operation)	
Windshield & Wipers (clean, no cracks)	
Mirrors (properly adjusted)	
Seatbelts (functioning)	
Horn (working)	
Emergency Brake (engages/disengages)	
Transmission (shifts smoothly)	
Engine (starts properly)	
Fluid Levels (oil, coolant, brake, transmission)	
Fuel Level (sufficient for trip)	
Emergency Kit (present and complete)	

Comments: \_\_\_\_\_  
Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Post-Trip Inspection

Item	Result (Yes/No)
Tires & Wheels	
Lights (headlights, brake, turn signals)	

Brakes (pedal feel, responsiveness)	
Steering (smooth operation)	
Windshield & Wipers (clean, no cracks)	
Mirrors (properly adjusted)	
Seatbelts (functioning)	
Horn (working)	
Emergency Brake (engages/disengages)	
Transmission (shifts smoothly)	
Engine (starts properly)	
Fluid Levels (oil, coolant, brake, transmission)	
Fuel Level (sufficient for trip)	
Emergency Kit (present and complete)	

Comments: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

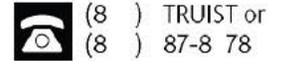
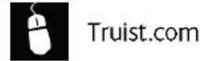


718-27-01-00 10458 0 C 001 30 S 66 002  
THE SPHINX TRANSPORTATION LLC  
2207 PINEFORD DR  
MIDDLETOWN PA 17057-2622

# Your consolidated statement

For 06/30/2025

## Contact us



## Summary of your accounts

ACCOUNT NAME	ACCOUNT NUMBER	BALANCE(\$)	DETAILS ON
TRUIST SIMPLE BUSINESS CHECKING	[REDACTED]	, 67.	page 1
TRUIST SIMPLE BUSINESS SAVINGS	[REDACTED]	, .8	page 2
<b>Total checking and money market savings accounts</b>		<b>\$20,097.92</b>	

## Checking and money market savings accounts

### ■ TRUIST SIMPLE BUSINESS CHECKING 1 [REDACTED]

#### Account summary

Your previous balance as of 6/ /	\$ .
Checks	- .
Other withdrawals, debits and service charges	- .
Deposits, credits and interest	+ , 7 .
<b>Your new balance as of 06/30/2025</b>	<b>= \$1,067.10</b>

#### Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
6/ 6	DEBIT CARD PURCHASE LEGALZOOM* BUSINES 6- 888- CA 77	7 .
6/ 6	DEBIT CARD PURCHASE LEGALZOOM* BUSINES 6- 888- CA 77	7 .
6/ 6	OVERDRAFT ITEM FEE (\$ 6/ITEM) 6	6 .
6/	DEBIT CARD PURCHASE Fiverr 6- 8 8 - 8 6 NY 77	8 .

**Total other withdrawals, debits and service charges = \$302.90**

#### Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
6/	DEPOSIT	.
6/ 8	TRUIST ONLINE TRANSFER MOBILE FROM **** -	.
6/	DEBIT CARD RETURN LEGALZOOM* BUSINES 6- 8 888- CA 77	7 .
6/ 7	TRUIST ONLINE TRANSFER MOBILE FROM **** -	, .

**Total deposits, credits and interest = \$1,370.00**

■ TRUIST SIMPLE BUSINESS SAVINGS [REDACTED]

**Account summary**

Your previous balance as of 6/ /	\$ .
Checks	- .
Other withdrawals, debits and service charges	- , .
Deposits, credits and interest	+ , 8 .8
Your new balance as of 06/30/2025	= \$19,030.82

**Interest summary**

Interest paid this statement period	\$ .8
interest paid year-to-date	\$ .8
Interest rate	. 6%
Annual percentage yield (APY) earned	. %

**Other withdrawals, debits and service charges**

DATE	DESCRIPTION	AMOUNT(\$)
6/ 8	TRUIST ONLINE TRANSFER MOBILE TO **** -	.
6/ 7	TRUIST ONLINE TRANSFER MOBILE TO **** -	, .
<b>Total other withdrawals, debits and service charges</b>		<b>= \$1,250.00</b>

**Deposits, credits and interest**

DATE	DESCRIPTION	AMOUNT(\$)
6/	DEPOSIT	.
6/	TRUIST ONLINE TRANSFER MOBILE FROM ****6 -	, .
6/	INTEREST PAYMENT	.8
<b>Total deposits, credits and interest</b>		<b>= \$20,280.82</b>



## Questions, comments or errors?

For general questions/comments or to report errors about your statement or account, please call us at 1-844-4TRUIST (1-844-487-8478) 24 hours a day, 7 days a week. Truist Contact Center teammates are available to assist you from 8am – 8pm EST Monday-Friday and 8am – 5pm EST on Saturday. You may also contact your local Truist branch. To locate a Truist branch in your area, please visit [Truist.com](http://Truist.com).

### Electronic fund transfers (For Consumer Accounts Only. Commercial Accounts refer to the Commercial Bank Services Agreement.)

Services such as Bill Payments and Zelle® are subject to the terms and conditions governing those services, which may not provide an error resolution process in all cases. Please refer to the terms and conditions for those services.

In case of errors or questions about your electronic fund transfers, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, IMMEDIATELY call 1-844-487-8478 or write to:

Fraud Management  
P.O. Box 1014  
Charlotte, NC 28201

Tell us as soon as you can, if you think your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and deposit account number (if any)
- Describe the error or transfer you are unsure of, and explain as clearly as you can why you believe it is an error or why you need more information
- Tell us the dollar amount of the suspected error

If you tell us orally, we may require that you also send us your complaint or question in writing within ten (10) business days. We will tell you the results of our investigation within ten (10) business days after we hear from you, and we will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or questions for ATM transactions made within the United States and up to ninety (90) days for new accounts, foreign initiated transactions and point-of-sale transactions. If we decide to do this, we will re-credit your account within ten (10) business days for the amount you think is in error, minus a maximum of \$50. If we ask you to put your complaint in writing, and we do not receive it within ten (10) business days, we may not re-credit your account and you will not have use of the money during the time it takes us to complete our investigation.

Tell us AT ONCE if you believe your access device has been lost or stolen, or someone may have electronically transferred money from your account without your permission, or someone has used information from a check to conduct an unauthorized electronic fund transfer. If you tell us within two (2) business days after you learn of the loss or theft of your access device or the unauthorized transaction, you can lose no more than \$50 if someone makes electronic transfers without your permission.

If you do NOT tell us within two (2) business days after you learn of the loss or theft of your access device or the unauthorized transaction, and we can prove we could

have stopped someone from making electronic transfers without your permission if you had told us, you could lose as much as \$500. Also, if your periodic statement shows transfers you did not make, tell us at once. If you do not tell us within sixty (60) days after the statement was mailed to you, you may not get back any money you lost after sixty (60) days if we can prove we could have stopped someone from taking the money if you had told us in time.

### Important information about your Truist Ready Now Credit Line Account

Once advances are made from your Truist Ready Now Credit Line Account, an INTEREST CHARGE will automatically be imposed on the account's outstanding "Average daily balance." The INTEREST CHARGE is calculated by applying the "Daily periodic rate" to the "Average daily balance" of your account (including current transactions) and multiplying this figure by the number of days in the billing cycle. To get the "Average daily balance," we take the beginning account balance each day, add any new advances or debits, and subtract any payments or credits and the last unpaid INTEREST CHARGE. This gives us the daily balance. Then we add all of the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "Average daily balance."

### Billing Rights Summary

#### In case of errors or questions about your Truist Ready Now Credit Line statement

If you think your statement is incorrect, or if you need more information about a Truist Ready Now Credit Line transaction on your statement, please call 1-844-4TRUIST or visit your local Truist branch. To dispute a payment, please write to us on a separate sheet of paper at the following address:

Card and Direct to Consumer Lending  
PO Box 200  
Wilson NC 27894-0200

We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. You may telephone us, but doing so will not preserve your rights. In your letter, please provide the following information:

- Your name and account number
- Describe the error or transfer you are unsure about, and explain in detail why you believe this is an error or why you need more information
- The dollar amount of the suspected error

During our investigation process, you are not responsible for paying any amount in question; you are, however, obligated to pay the items on your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount in question.

### Mail-in deposits

If you wish to mail a deposit, please send a deposit ticket and check to your local Truist branch. Visit [Truist.com](http://Truist.com) to locate the Truist branch closest to you. Please do not send cash.

### Change of address

If you need to change your address, please visit your local Truist branch or call Truist Contact Center at 1-844-4TRUIST (1-844-487-8478).

How to Reconcile Your Account		Outstanding Checks and Other Debits (Section A)			
		Date/Check #	Amount	Date/Check #	Amount
1.	List the new balance of your account from your latest statement here:				
2.	Record any outstanding debits (checks, check card purchases, ATM withdrawals, electronic transactions, etc.) in section A. Record the transaction date, the check number or type of debit and the debit amount. Add up all of the debits, and enter the sum here:				
3.	Subtract the amount in Line 2 above from the amount in Line 1 above and enter the total here:				
4.	Record any outstanding credits in section B. Record the transaction date, credit type and the credit amount. Add up all of the credits and enter the sum here:				
		Outstanding Deposits and Other Credits (Section B)			
5.	Add the amount in Line 4 to the amount in Line 3 to find your balance. Enter the sum here. This amount should match the balance in your register.	Date/Type	Amount	Date/Type	Amount

For more information, please contact your local Truist branch, visit [Truist.com](http://Truist.com) or contact us at 1-844-4TRUIST (1-844-487-8478). MEMBER FDIC



# COMMONWEALTH OF PENNSYLVANIA

## CERTIFICATE OF TITLE FOR A VEHICLE

FUEL: FLEXIBLE

251998079000062 001

2C4RDGCG7GR309364 VEHICLE IDENTIFICATION NUMBER	2016 YEAR	DODGE MAKE OF VEHICLE	88B13140301 SP TITLE NUMBER
--	--------------	--------------------------	--------------------------------

SW BODY TYPE	0 DUP	SEAT CAP	NY PRIOR TITLE STATE	07/18/25 ODOM. PROCD. DATE	143899 ODOM. MILES	0 ODOM STATUS
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07/18/25 DATE PA TITLED	07/18/25 DATE OF ISSUE	UNLADEN WEIGHT	GVWR	GCWR	TITLE BRANDS
----------------------------	---------------------------	----------------	------	------	--------------

**ODOMETER STATUS**

- 0 = ACTUAL MILEAGE
- 1 = MILEAGE EXCEEDS THE MECHANICAL LIMITS
- 2 = NOT THE ACTUAL MILEAGE
- 3 = NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED
- 4 = EXEMPT FROM ODOMETER DISCLOSURE

**TITLE BRANDS**

- A = ANTIQUE VEHICLE
- C = CLASSIC VEHICLE
- D = COLLECTIBLE VEHICLE
- F = OUT OF COUNTRY
- G = ORIGINALLY MFGD. FOR NON-U.S. DISTRIBUTION
- H = AGRICULTURAL VEHICLE
- L = LOGGING VEHICLE
- P = ISWAS A POLICE VEHICLE
- R = RECONSTRUCTED
- S = STREET ROD
- T = RECOVERED THEFT VEHICLE
- V = VEHICLE CONTAINS REISSUED VIN
- W = FLOOD VEHICLE
- X = ISWAS A TAXI

REGISTERED OWNER(S)

THE SPHINX  
TRANSPORTATION LLC  
4414 ONTARIO DR APT D  
HARRISBURG PA 17111



FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED \_\_\_\_\_ DATE

BY \_\_\_\_\_ AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

000000

THE SPHINX  
TRANSPORTATION LLC  
4414 ONTARIO DR APT D  
HARRISBURG PA 17111

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee.

SECOND LIEN RELEASED \_\_\_\_\_ DATE

BY \_\_\_\_\_ AUTHORIZED REPRESENTATIVE



**pennsylvania**  
DEPARTMENT OF TRANSPORTATION

MICHAEL B. CARROLL

Secretary of Transportation

### D. APPLICATION FOR TITLE AND LIEN INFORMATION

TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED.

SUBSCRIBED AND SWORN TO BEFORE ME:

MO DAY YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF A NOTARY

If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (on death of one owner, title goes to surviving owner) CHECK HERE . Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to his/her heirs or estate).

IF NO LIEN, CHECK  IS THIS AN ELT? (IF YES, FIN REQUIRED) YES  NO

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER:

1ST LIENHOLDER NAME

STREET

CITY STATE ZIP

IF NO 2ND LIEN, CHECK  IS THIS AN ELT? (IF YES, FIN REQUIRED) YES  NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER:

2ND LIENHOLDER NAME

STREET

CITY STATE ZIP

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the encumbrances and other legal claims set forth here.

SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

94720641

PENNSYLVANIA VEHICLE REGISTRATION

MV-105AT (07-09)

1

PennDOT is proud to provide you with your new registration credential.

**PLEASE SIGN YOUR CREDENTIAL** - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is in use.

**DID YOU CHANGE YOUR ADDRESS?** - It is important that we have your current address, and the law requires that any changes be reported to PennDOT within 15 days. Please notify PennDOT of any address change by writing to: PennDOT, Bureau of Motor Vehicles, Harrisburg, PA 17104-2516. Please include the following information with your change of address request: your full street address (including P.O. box number, rural delivery, route number or apartment number, if applicable), city, state and zip code. Please remember P.O. box numbers may be used in addition to the actual address, but cannot be used as the only address. You may also change your address online at Online Services Center at WWW.DMV.PA.GOV.

**PENNSYLVANIA'S LITTERING LAWS** - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision.

Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, you may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

**PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP  
MOTOR VEHICLE SALES TAX RECEIPT- KEEP FOR YOUR RECORDS**

**PURCHASED :** JUL 15, 2025  
**RECEIVED :** JUL 18, 2025  
**TITLE :** 88813160  
**MAKE :** DODGE  
**ODOMETER READING :** 143899  
**ODOMETER STATUS :** ACTUAL  
**THE SPHINX  
TRANSPORTATION LLC**

**TAX AMOUNT PAID - \$720.00**  
**NOTE:** If this amount does not agree with the tax shown on your Bill of Sale, forward a copy of it to:  
**Commonwealth of Pennsylvania  
P. O. Box 68296  
Harrisburg, PA 17106-8296**

Detach Here

01 of 01

I

Detach Here

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

**EXPIRY : JUN 30, 2026**      **VALID : 07/18/25**

**PLATE :** MYS8713  
**TITLE :** 88813160501 SP  
**VIN :** 2C4RDGCG7GR309364  
**YR/MAKE :** 2016 DODGE  
**TYPE :** SW  
**WID :** 25199 8079 000062 - 001

\_\_\_\_\_  
**SIGNATURE**

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

THE SPHINX  
TRANSPORTATION LLC  
4414 ONTARIO DR APT D  
HARRISBURG PA 17111



1231 Tech Court  
Westminster, MD 21157  
Phone: (443) 487-9111  
Fax: (410) 386-1131  
www.frconversions.com



Date: January 6, 2022

Re: 2016 Dodge Grand Caravan  
Vin No. 2C4RDGCG7GR309364

To Whom It May Concern:

Please be advised that the above referenced vehicle has been modified by FR Conversions Inc. and meets or exceeds the Americans with Disability Act (ADA) regulations. In addition, the vehicle is in compliance with FMVA 49 CFR 595.6 and all federal motor vehicle safety standards in effect at the time of its original manufacture.

Should you have any questions, please do not hesitate to contact us.

A handwritten signature in black ink, appearing to read 'Jennifer Rosenbloom', written in a cursive style.

Jennifer Rosenbloom  
Corporate Secretary & Treasurer

## Verification Statement

Verification Statement I, Amgd Omer, 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).

Signature: *Amgd Omer* Date: \_\_\_\_\_