

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)

AFFECTIONATE HOME CARE SERVICES 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)

N/A

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 6947425

(See checklist and indicate type of business entity registered)

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

TATYANA PETRASHKEVICH

6. **Mailing Address**

5745 N BROAD STREET SUITE B

Street Address

PHILADELPHIA PA 19141

City, State and Zip Code

PHILADELPHIA

County

610-212-9952

Telephone Number

AFFECTIONATEHCPUC@GMAIL.COM

E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

Street Address

City, State and Zip Code

County

Telephone Number

E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

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).

TO TRANSPORT PEOPLE BETWEEN POINTS IN PHILADELPHIA COUNTY
VIA PARATRANSIT FOR NON MEDICAL TRANSPORTATION. THIS INCLUDES OUR OWN PATIENTS
BUT NOT LIMITED TO AS WE PLAN TO CONTRACT WITH MANAGED CARE ORGANIZATIONS
AS WELL AS BROKERS TO EXPAND THIS SERVICE TO ALL PHILADELPHIANS

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.

TATYANA PETRASHKEVICH

(Print Name)

TATYANA PETRASHKEVICH

09/07/2025

(Signature)

(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.

AFFECTIONATE HOME CARE SERVICES LLC			
Legal Name of Applicant			
Trade Name, if any			
5745 N BROAD STREET SUITE B	PHILADELPHIA	PA	19141
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.

I, TATYANA PETRASHKEVICH, AM THE PRESIDENT AND SOLE OWNER OF "AFFECTIONATE HOME CARE SERVICES LLC" AND MAKING THIS VERIFIED STATEMENT ON BEHALF OF MYSELF AND MY COMPANY.
MY BUSINESS ADDRESS IS 5745 NORTH BROAD STREET SUITE B PHILADELPHIA PA 19141.
BUSINESS TELEPHONE NUMBER IS 610-212-9952.

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

I, TATYANA PETRASHKEVICH, AM THE PRESIDENT OF AFFECTIONATE HOME CARE SERVICES LLC
, OR AND DO NOT HAVE ANY AFFILIATION WITH ANY OTHER COMPANY OR CARRIER.

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 OVER THREE YEARS EXPERIENCE IN THE MEDICAL AND WELL AS TRANSPORTATION FIELD. I HAVE SHADOWED AND HAVE SEEN ALL ASPECTS ON THE VEHICLES AS WELL AS IN THE OFFICE OF AN NREMT COMPANY AS WELL AS MARKETING STRATEGIES.
I WILL BE COMPLETING AN EMSVO PA TRAINING WITHIN THE NEXT THIRTY(30) DAYS.

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.

MY OFFICE IS IN A SECURED BUILDING WITH TWO COMPUTERS, A PHONE, FAX LINE, PRINTER/SCANNER, AS WELL AS A VISUAL SCREEN THAT WILL BE ATTACHED TO TRACK MY VEHICLE FOR LOCATION AS WELL AS BEING ABLE TO KEEP UP WITH ANY CHANGES THAT MAY OCCUR DURING THE DAY. WE PLAN TO KEEP OUR TRIP SHEETS IN A LOCKED SECURE CABINET AS WELL AS IN THE COMPUTER ON "MEDIROUTES", WHICH IS AN ONLINE DISPATCHING SYSTEM THAT CAN PROVIDE EACH TRANSPORT AND INCLUDE BUT NOT LIMITED TO TIME, DATE, LOCATION, AND SIGNATURES; THESE TRIPS WILL ALSO BE DOWNLOADED ON A DRIVE AS WELL AS A USB. WE WILL BE ABLE TO PROVIDE ALL INFORMATION NECESSARY IN EVENT OF A SPOT INSPECTION. COMMUNICATION IS RECEIVED THRU TELEPHONE, TEXT, OR ELECTRONIC DEVICES AS WELL AS OUR ONLINE PLATFORM THRU MEDIROUTES. EMPLOYEE INFORMATION AND BACKGROUND CHECKS WILL ALSO BE KEPT ELECTRONICALLY AS WELL AS IN A LOCKED SECURED LABELED CABINET AND AVAILABLE UPON REQUEST IF NECESSARY.

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:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

I WILL BEGIN WITH 1-2 DRIVERS.
 A.) DRIVERS MUST BE OVER 23 YEARS OLD, AND BE ABLE TO PASS A CRIMINAL BACKGROUND CHECK AND HAVE A CLEAN DRIVING RECORD. THEY MUST BE ABLE TO PROVIDE REFERENCES UPON REQUEST.
 B.) CRIMINAL BACKGROUND FOR STATE OF PA AS WELL AS CHILD ABUSE AND FBI PRINGERPRINTS
 C.) DRIVERS WILL COMPLETE AN EMSVO CLASS PRIOR TO HIRE AT A LOCAL EMS AGENCY.
 D.) PENNDOT ONLINE SYSTEM
 E.) ANY DRIVER WHO DOES THAT NOT PASS A DRUG AND ALCOHOL SCREENING WILL NOT BE HIRED. WE WILL CONDUCT RANDOM DRUG AND ALCOHOL SCREENING AND ANYONE FOUND WITH ILLICIT SUBSTANCES IN THEIR SYSTEM, WILL BE FIRED AND WE DO NOT PROVIDE AFTERCARE

"PLEASE ALSO SEE ATTACHED"

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

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

I WILL START WITH ONE VEHICLE, I PLAN TO LOOK FOR A SECOND ONCE I AM STARTED. I HAVE THE RESOURCES NEEDED TO OBTAIN

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).

A.) VEHICLES WILL HAVE A DAILY CHECKSHEET FOR DRIVERS TO COMPLETE PRE AND POST TRIP. WE ARE PARTNERED WITH A LOCAL MECHANIC SHOP TO COMPLETE VEHICLE MAINTENANCE. ANY VEHICLE FOUND WITH AN ISSUE, WILL IMMEDIATELY REMOVED AND REPLACED WITH ANOTHER VEHICLE.
 B.) SUPERVISORS WILL EXAMINE VEHICLES WITH CHECKSHEET AND MECHANIC SHOP WILL BE GIVEN PA PROTOCOLS TO ENSURE REGULATIONS ARE MET.

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

I AM VERY FAMILIAR WITH NREMT COMMERCIAL INSURANCE QUOTES AND HAVE A LICENSED AND INSURED AGENT READY TO INSURE MY VEHICLE UPON PURCHASE. I WILL BE ABLE TO FINANCE MY PREMIUM MONTHLY AND BE ABLE TO INSURE THRU CARDIGAN, NATIONALITY LIABILITY, OR PA ASSIGNED RISK

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 X NO

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.

TATYANA PETRASHKEVICH

09/07/2025

 (Signature)
 TATYANA PETRASHKEVICH, PRESIDENT

 (Date)

 (Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 07/31/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	27000	
Other Current Assets (specify)	0	
Total Current Assets		27,000 (BANK STATEMENT ATTACHED)
Tangible Assets		
Motor Vehicle Equipment	0	
Property (buildings, land, etc.)		
Office Equipment		5000
TOTAL ASSETS		32,000

LIABILITIES

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

The \$27,000 is allocated toward operational costs such as insurance, maintenance, fuel, and other business expenses to ensure compliance and sustainability during the initial phase of operations. We are also actively working to secure additional funding and resources to support the growth of our services, ensuring compliance with all PUC regulations and requirements.



P.O. Box 15284
Wilmington, DE 19850

Business Advantage

Customer service information

📞 1.888.BUSINESS (1.888.287.4637)

🌐 bankofamerica.com

✉️ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

AFFECTIONATE HOME CARE SERVICES LLC

Your Business Advantage Fundamentals™ Banking

for July 1, 2025 to July 31, 2025

Account number:

AFFECTIONATE HOME CARE SERVICES LLC

Account summary

Beginning balance on July 1, 2025	\$29,000.00
Deposits and other credits	0.00
Withdrawals and other debits	-2,000.00
Checks	-0.00
Service fees	-0.00
Ending balance on July 31, 2025	\$27,000.00

of deposits/credits: 0

of withdrawals/debits: 1

of items-previous cycle¹: 0

of days in cycle: 31

Average ledger balance: \$27,580.64

¹Includes checks paid, deposited items and other debits

Available in English and Spanish

Send wire transfers in the Mobile Banking app

Use our app or Online Banking to send domestic wires or international wires in 140+ currencies to over 200 countries.

Scan the code or visit [bofa.com/wiretransfers](https://www.bankofamerica.com/wiretransfers).

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply. Fees or other costs may apply to wire transfers. See the Online Banking Service Agreement at [bankofamerica.com](https://www.bankofamerica.com). Data connection required. Carrier fees may apply.



SSM-12-24-0270 C | 7457437

IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and  Equal Housing Lender

Withdrawals and other debits

Date	Description	Amount
07/10/25	Online Banking transfer to CHK 3737 Confirmation# 1914952756	-2,000.00
Total withdrawals and other debits		-\$2,000.00

Service fees

The Monthly Fee on your primary Business Advantage Fundamentals Banking account was waived for the statement period ending 06/30/25. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

- \$500+ in new net purchases on a linked Business debit card has not been met
- \$5,000+ combined average monthly balance in linked business accounts has been met
- Become a member of Preferred Rewards for Business has not been met

For information on Small Business products and services or to link an existing account, please call 1.888.BUSINESS. For more information about the Preferred Rewards for Business program and which fees can be waived based on account eligibility and enrollment, see the Business Schedule of Fees located at bankofamerica.com/businessfeesataglance.

Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)
07/01	29,000.00	07/10	27,000.00

Help prevent check fraud

Consider writing fewer checks and paying bills in our Mobile app, Online Banking, or setting up automatic payments directly on utility sites.

Scan the code to learn more or visit: bofa.com/HelpPreventFraud

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.



ADDITIONAL RESPONSES TO QUESTIONS

AFFECTIONATE HOME CARE SERVICES LLC

The Paratransit Driver should have a high school education. Those with a GED equivalent will be considered. • Must have a current, valid driver's license. • Must be knowledgeable of safe moving and lifting techniques to ensure safety of self and others. • Must be knowledgeable in the correct use of hydraulic wheelchair lift. • Must be knowledgeable in the correct use of safety straps used in securing patients while in the vehicle. • Must successfully complete the Company's probationary program. a) Common or contract carriers. (1) A common or contract carrier may not permit a person to operate a vehicle in its authorized service until it has obtained and reviewed a driver history from the appropriate agency of every state in which that person held a motor vehicle operator's license or permit during the preceding 3 years. (2) Following receipt of the initial driver history report, a common or contract carrier shall, at least once every 12 months from the date of the last report, obtain a driver history for (2) Following receipt of the initial driver history report, a common or contract carrier shall, at least once every 12 months from the date of the last report, obtain a driver history for each driver operating under its authority from the appropriate agency of the state in which the driver held an operator's license during the time period. Compliance with this subsection does not relieve a common or contract carrier of the responsibility to ensure its drivers hold a current, valid driver's license. (3) A copy of the driver history shall be maintained by the common or contract carrier for at least 2 years. Prior to permitting a person to act as a driver, a carrier shall obtain and review a driving history research report for the person from the Department of Transportation and other relevant sources. A person with more than three moving violations in the 3-year period prior to the check or a major violation in the 3-year period prior to the check may not be a driver. (2) One year after engaging a driver and every second year thereafter, a carrier shall conduct the driving history check required under this subsection and verify that a driver continues to be eligible to be a driver. (3) A copy of the driver's history shall be maintained for each driver for at least 2 years.

Age restrictions. (a) A common or contract carrier may permit a person to operate a vehicle in its authorized service if that person is at least 23 years of age. (b) A common or contract carrier providing paratransit service may permit a person to operate a paratransit vehicle in its authorized service if that person is at least 23 years of age if the following conditions are met: (1) The person shall be registered as a certified emergency medical services vehicle

operator (EMSVO) with the Department of Health (Department). (2) The person shall carry the Department-issued registration of their EMSVO certification on board while operating a paratransit vehicle under 28 Pa. Code § 1023.21(h) (relating to general rights and responsibilities). (3) The carrier shall verify that the paratransit driver is in good standing with the Department and maintain records for 4 years to prove each person's EMSVO certificate registration. The records must be available for inspection by Commission upon request. (4) The carrier shall notify the Commission's Bureau of Technical Utility Services within 3 calendar days of the occurrence of the following events involving a paratransit driver: (i) an accident, regardless of the severity of the accident. (ii) a driving-related violation such as a moving violation. (iii) reckless driving. (iv) driving under the influence of alcohol or drugs. AFTERCARE IS NOT PROVIDED. DRUG AND ALCOHOL SCREENING WILL BE PERFORM VIA LABCORP. DRIVER MINIMUM AGE IS 23. • § 29.505. Criminal history. PRIOR TO PROVISIONAL OFFER OF EMPLOYMENT, THE PROSPECTIVE EMPLOYEE, OF WHOM, IS 23 YEARS OR OLDER MUST GO THROUGH THE FOLLOWING PRESCREENING PROCESS:

- MEDICHECK EXCLUSION LIST -FBI FINGERPRINTS (IF HAVE NOT LIVED IN PA FOR TWO (2) YEARS) -CHILD ABUSE CLEARANCE -DRIVING RECORD After hire, employees will be screened monthly to ensure they do not appear on exclusion list for Medicare, Medicaid, or any other federal health plan program. If determined, they appear on this list, or do not pass background check and/or any other clearance, the person will be terminated from their position within thirty (30) days. We will perform self-audits on a quarterly basis to ensure proper handling and to comply with regulations as per Policy.

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