

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

AUG 29 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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)

Huada Transport 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 14736847
(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).**

Mike Ou, CEO, 132 Cyprus Lane, East Fallowfield, PA 19320

Mike B Lu, Operation Supervisor, 708 S Juniper St, Philadelphia, PA 19147

6. **Mailing Address**

132 Cyprus Lane
Street Address

East Fallowfield, PA 19320
City, State and Zip Code

Chester
County

2672071688
Telephone Number

mike.ou@hdsenior.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.)

39 Wolf Street
Street Address

Philadelphia, PA 19148
City, State and Zip Code

Philadelphia
County

2672071688
Telephone Number

mike.ou@hdsenior.com
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 primarily serve the greater Philadelphia area by meeting the needs of Chinese seniors residing at adult assisted facilities, with a specialty in multilingual (i.e., Mandarin, Cantonese, Fuzhou Dialect, Taishan Dialect, Kejia Dialect) supports.
 - To transport seniors from points at residences to points at adult assisted living facilities.
 - To pick-up and drop-off seniors at residences, adult assisted living facilities, and designated locations.
 - To transport seniors who use wheelchairs and other mobility devices, ensuring full compliance with ADA standards and a commitment to safety and accessibility.
-

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.

Huada Transport LLC

(Print Name)



(Signature)

08/29/2025

(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).

DATE OF DEPOSIT

AUG 29 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Huada Transport LLC

Legal Name of Applicant

Trade Name, if any

39 Wolf Street	Philadelphia	PA	19148
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.

My name is Mike Ou. I am the owner/ Chief Executive Officer (CEO) of Huada Transport LLC and making the Verified Statement on behalf of the applicant.

Business address: 39 Wolf Street, Philadelphia, PA 19148
Phone: 267 207 1688

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

No other carrier initiate application for motor common carrier certificate.

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.

Owner/CEO Mike Ou, holds Master's Degree in Applied Statistics and Bachelor's Degree in Mathematics- Computer Science. Mike has 20 years of experience in people and project management and has held multiple positions at the health and pharmaceutical organizations, including Senior Director of Biostatistics. Mike currently serves as an Executive Director for two adult assisted living facilities, overseeing their operations, financial stewardship, and ensuring regulatory compliance and high standards of care.

Co-owner/Operation/Fleet Supervisor, Mike Lu, possesses over 20 years of experience in running business on the wholesale distribution of kitchen, flooring, and furniture materials, complemented by extensive knowledge in transportation operations.

DATE OF DEPOSIT

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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.

Our facility located at 39 Wolf Street, Philadelphia consists of two distinct levels, each spanning 18,000 square feet, and will house the vehicle fleet, offering:

- The ground level features secure, climate-controlled parking for up to 10 vehicles, with potential future expansion.
- Maintenance bay equipped for routine cleaning and inspections.
- Driver lounge, training area, and administrative offices.
- Advanced security systems for asset protection.

All records including business records and client data will be securely maintained on Google Drive with restricted access privileges and routinely back up records on external drive, ensuring full adherence to HIPAA compliance and Business Association Agreement requirements.

Communications/scheduling will be managed through an intuitive online secure platform, email, and dedicated phone line.

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
- a. Your hiring standards for drivers;
 - b. Your system for conducting criminal background checks;
 - c. Your driver training program;
 - d. Your system for conducting driver license checks;
 - e. Your policies regarding alcohol and drug use by your drivers.

The business will initially employ three drivers, with plans to expand the team to ten or more in order to accommodate and serve all senior residing in the adult assisted living centers.

- a. All drivers undergo rigorous vetting (i.e., criminal background check, drug testing), hold appropriate credentials (CPR, PASS), and receive training on wheelchair safety and lift operations.
- b. Use PA State Police - PATCH system and FBI fingerprint if live in PA less than 2 years.
- c. Drivers receive training from organizations like America Heart Association, Red Cross, and Community Transportation Association, and internal management.
- d. Use TruDiligence (<https://trudiligence.bgsecured.com>) to conduct driver license check.
- e. All drivers are prohibited from consuming alcohol or drugs.

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

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE

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

To deliver reasonable and efficient transportation services for the adult assisted living centers, our operational plan initiates with a deployment of three vehicles. This fleet size is strategically chosen to accommodate routine scheduling requirements, address client needs, and maintain service continuity during vehicle maintenance or unforeseen circumstances.

Anticipating future growth in service demand and when funding permits, we plan to expand our fleet to ten vehicles. This increase will allow us to provide prompt, flexible, and high-quality transportation while optimizing cost efficiency and operational effectiveness.

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).

Our vehicle safety program will be structured to ensure all fleet vehicles are maintained in optimal operating condition and in full compliance with the applicable Pennsylvania vehicle equipment requirements, as set forth in 67 Pa. Code, Chapter 175.

- a. We will implement a rigorous, preventative maintenance program that prioritizes both the safety and reliability of our vehicles and the fulfillment of all regulatory obligations. Our maintenance strategy encompasses the following key elements: Scheduled Inspections, Preventive Maintenance, Immediate Repairs and Maintenance Records.
 - b. To ensure ongoing compliance with 67 Pa. Code, Chapter 175, our program incorporates the following procedures: Routine Compliance Checks, Operator Training and Reporting, and Annual State Inspections.
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

To obtain insurance coverage and fulfill the associated premium obligations, we have taken the following systematic steps:

- Consulted with licensed insurance agents to gain expert insight into policy selection and payment logistics.
 - Conducted comprehensive research into reputable insurance providers to identify suitable policy options and confirm eligibility requirements.
 - Assessed my financial resources to ensure sufficient capability for meeting ongoing premium payments.
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ YES NO

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.

(Signature)

Mike Ou, CEO

(Name and Title, printed or typed)

08/29/2025

(Date)

DATE OF DEPOSIT

AUG 29 2025

Statement of Financial Position (Balance Sheet)
As of (date) 8/28/2025
(Must be less than 6 months old)

ASSETS

Current Assets			
Cash	\$300,000		
Other Current Assets (specify)	\$18,000 (Inventory)		
Total Current Assets			\$318,000
Tangible Assets			
Motor Vehicle Equipment	\$0		
Property (buildings, land, etc.)	\$0		
Office Equipment			\$38,000
TOTAL ASSETS			\$356,000

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans	\$0		
Credit cards/revolving credit	\$0		
Other Liabilities (Attach schedule)	See Attached Below		
Total Current Liabilities			\$135,000
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			\$135,000

Schedule of Liabilities within 1 Year			
Liability	Amount	Due Date	Notes
Vehicle Lease Payments	\$30,000	6/30/2026	Quarterly payments of \$7,500
Insurance Premiums	\$15,000	8/28/2026	Annual payment
Accounts Payable	\$15,000	9/30/2025	Payments to rent, suppliers, etc...
Employee Salaries	\$25,000	8/28/2026	Monthly payroll
Maintenance Costs	\$20,000	8/28/2026	Estimated costs for vehicle maintenance
Fuel Expenses	\$25,000	8/28/2026	Estimated costs for fuel
Miscellaneous Expenses	\$5,000	8/28/2026	Other operational expenses

ORIGIN ID:NMZA (267) 207-1688
HUADA TRANSPORT LLC

SHIP DATE: 29AUG25
ACTWGT: 0.20 LB
CAD: 6570544/RCSA2650

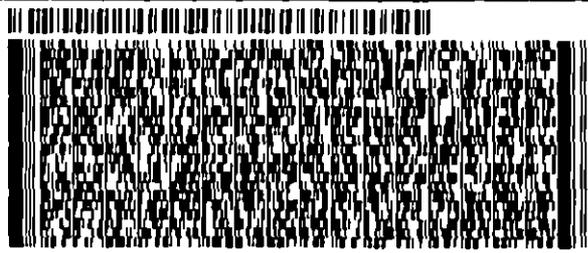
132 CYPRUS LANE

COATESVILLE, PA 19320
UNITED STATES US

Part # 156297-68451989/250912/25

TO **SECRETARY'S BUREAU
PA PUBLIC UTILITY COMMISSION
400 NORTH STREET
2ND FLOOR, ROOM - N201
HARRISBURG PA 17120**

(000) 000-0000 REF: DEPT:
INVT PD:



**FedEx
Express**

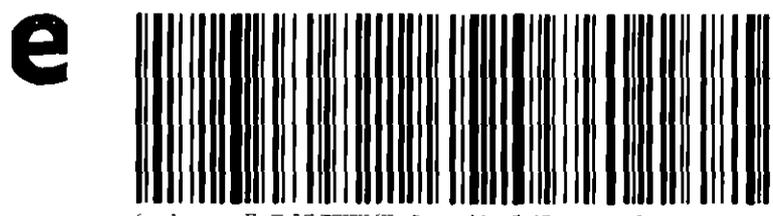


**TUE - 02 SEP 5:00P
STANDARD OVERNIGHT**

TRK# 8839 7159 3176
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**17120
PA-US MDT**



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SEP 02 2025

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SECRETARY'S BUREAU**