

## 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)

OSD Trucking 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)

Gentle Journey Transport

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** ~~84-424-3848~~

(See checklist and indicate type of business entity registered)

6997980 and 14568478- jbs 9/18/25

DATE OF DEPOSIT

SEP 08 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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

Oscar Santiago  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

1625 Hoffnagle St Apt 202  
Street Address  
Philadelphia, PA 19152 Philadelphia  
City, State and Zip Code County  
267-581-5076 Greeneagle3611@gmail.com  
Telephone Number 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.)

1625 Hoffnagle St Apt 202  
Street Address  
Philadelphia, PA 19152 Philadelphia  
City, State and Zip Code County  
267-581-5076 Osd Trucking llc@gmail.com  
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. 324 6621

**10. Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

I propose to provide non-emergency (NEMT) services to individuals including elderly persons, persons with disabilities, Medicaid recipients, and other members of the general public who require transportation to and from medical appointments, dialysis clinics, rehabilitation centers, pharmacies, and other related destinations. I intend to operate within and between points in Philadelphia County and all surrounding counties.

*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.

Oscar Santiago  
\_\_\_\_\_  
(Print Name)

  
\_\_\_\_\_  
(Signature) 8-5-25  
(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

SEP 08 2025

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# 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.

Oscar Santiago  
Legal Name of Applicant

Gentle Journey Transport  
Trade Name, if any

1625 Hoffnagle St apt 202 Philadelphia PA 19152  
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.

Oscar Santiago - Business owner

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

N/A

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.

Please see attached verified statement.

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SEP 08 2025

PA PUBLIC UTILITY COMMISSION  
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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.

-Please see attached verified Statement.

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.

Please see attached verified Statement.

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.

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

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

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).

Please see attached ~~document~~ document.

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

I currently have commercial insurance for my trucking business, that will include and cover NEMT business.

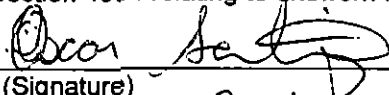
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES  NO I, Oscar Santiago was previously convicted of a non violent felony many years ago. The felony conviction was unrelated to Public Safety or transportation. Since that time I have completed all legal obligations, including and have remained in full compliance with all applicable laws. Since the conviction, I have worked diligently to rebuild my professional life. I currently hold a valid U.S. DOT and MC number and operate a compliant trucking business.

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)

Oscar Santiago, Business owner

(Name and Title, printed or typed)

8-5-25

(Date)

as off today date

**Statement of Financial Position (Balance Sheet)**  
**As of (date) \_\_\_\_\_**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	<u>10,000</u>	
Other Current Assets (specify)	<u>0</u>	
Total Current Assets		<u>10,000</u>
Tangible Assets		
Motor Vehicle Equipment	<u>110,000</u>	
Property (buildings, land, etc.)	<u>0</u>	<u>110,000</u>
Office Equipment	<u>0</u>	
TOTAL ASSETS		<u>110,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>0.00</u>	
Credit cards/revolving credit	<u>15,000</u>	
Other Liabilities (Attach schedule)	<u>0.00</u>	
Total Current Liabilities		<u>15,000</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>0.00</u>	
Long term commercial loan	<u>0.00</u>	
Other Liabilities (Attach Schedule)	<u>0.00</u>	
Total Long-Term Liabilities		<u>0.00</u>
TOTAL LIABILITIES		<u>0.00</u>

## **VERIFIED STATEMENT OF OSCAR SANTIAGO**

Gentle Journey Transport

July 31, 2025

## **VERIFIED STATEMENT OF OSCAR SANTIAGO**

Gentle Journey Transport

July 31, 2025

I, Oscar Santiago, hereby submit this Verified Statement as part of my application for authority to operate as a motor common carrier of persons in paratransit service in Pennsylvania.

### **1. Proposed Service Description:**

I propose to provide non-emergency medical transportation (NEMT) services to individuals including elderly persons, persons with disabilities, Medicaid recipients, and other members of the general public who require transportation to and from medical appointments, dialysis clinics, rehabilitation centers, pharmacies, and other related destinations.

### **2. Geographic Scope:**

I intend to operate within and between points in Philadelphia County and all surrounding counties.

### **3. Types of Vehicles:**

I will operate safe, clean, and well-maintained vehicles under the name Gentle Journey Transport, including both wheelchair-accessible vans and sedans for ambulatory passengers. All vehicles will comply with applicable safety and accessibility standards and will be regularly maintained and inspected.

## **Vehicle Safety Program for Gentle Journey Transport**

### **Vehicle Safety Program for Gentle Journey Transport**

Gentle Journey Transport is committed to operating all vehicles in a safe, reliable, and fully compliant manner. We have established a structured vehicle safety and maintenance program that includes the following:

#### **a) Periodic Vehicle Maintenance Plan:**

All vehicles will undergo a scheduled preventative maintenance inspection every 3,000 to 5,000 miles or every 30 days, whichever comes first. Maintenance services include:

- Oil changes, fluid checks, and filter replacements
- Brake inspections and replacements
- Tire rotations, pressure checks, and tread depth evaluations
- Steering and suspension system checks

- Battery and electrical system diagnostics
- HVAC system checks for passenger comfort

Additionally, each driver is required to complete a daily vehicle inspection checklist before and after service. Any issues found are reported immediately and resolved before the vehicle is used again.

b) Compliance with Pennsylvania Vehicle Equipment Standards (67 Pa. Code, Chapter 175): Gentle Journey Transport ensures full compliance with PA vehicle safety inspection regulations. Each vehicle will be:

- Inspected annually at a certified PA inspection station as required by law
- Maintained to ensure all systems—brakes, lights, tires, windshield wipers, mirrors, horns, emissions controls, and accessibility features (for wheelchair vans)—meet or exceed the standards in 67 Pa. Code § 175
- Kept up to date with all required documentation, including inspection certificates and maintenance logs

All inspection and repair records will be retained for a minimum of 12 months and made available to the Commission or law enforcement upon request.

## **Facilities, Record Maintenance, and Communication Network**

Facilities, Record Maintenance, and Communication Network for Gentle Journey Transport

Facilities:

Gentle Journey Transport will operate from a home-based administrative office located in Philadelphia County. The office is equipped with essential business tools including a desktop computer, printer/scanner, high-speed internet access, and a dedicated business phone line. A secure, locked filing cabinet will be used to store physical copies of important records.

Vehicles will be housed at a designated off-street parking location with sufficient space for current and future fleet growth. This location is monitored and secured to protect vehicles during non-operating hours.

Record Maintenance Plan:

Gentle Journey Transport will maintain all business and compliance records in both digital and physical formats. This includes:

- Daily trip logs
- Vehicle maintenance records
- Driver background checks and certifications
- Insurance documents
- Annual inspection reports
- PUC-required records and correspondence

Records will be stored for the duration required by the PUC (minimum of 12 months) and backed up electronically using cloud storage to ensure data integrity and retrieval.

#### Communication Network:

We will receive transportation requests via:

- Phone line
- Email
- Online reservation form (to be implemented)

Dispatching will be managed using a centralized scheduling software (e.g., Route4Me, Google Calendar, or similar), which allows real-time vehicle and driver coordination.

Drivers will remain in continuous communication via:

- Company-issued mobile phones
- GPS-enabled dispatching apps
- Text messaging and phone calls

This system ensures rapid response to customer needs, route adjustments, and emergency support if required.

### **Driver Staffing and Safety Program**

Driver Staffing and Safety Program for Gentle Journey Transport

Gentle Journey Transport will begin operations with 2 qualified drivers, which is appropriate for covering Philadelphia County and the surrounding areas. This number allows for flexibility in scheduling, accommodates a variety of NEMT appointments throughout the week, and ensures adequate coverage while maintaining high service standards. As demand increases, we plan to hire additional drivers to scale with business growth.

#### a) Hiring Standards for Drivers:

All drivers must meet the following criteria to be considered for employment:

- Possess a valid Pennsylvania driver's license (Class C minimum)
- Have a clean driving record with no major violations in the past 3 years
- Be at least 23 years old
- Have experience in passenger transport or customer service, preferably in medical or paratransit settings
- Be courteous, professional, and able to assist passengers with special needs

#### b) Criminal Background Checks:

All prospective drivers will undergo a comprehensive criminal background check through the Pennsylvania State Police, as well as any additional background check systems required by the state or Medicaid/NEMT contract providers.

#### c) Driver Training Program:

Before beginning service, each driver will complete the following training:

- Passenger sensitivity and ADA compliance
- Defensive driving and safe transport practices
- First Aid and CPR certification (through a recognized provider)

- Proper loading, securing, and unloading of passengers with mobility devices (wheelchairs, walkers, etc.)
- Use of communication and dispatch systems

Ongoing training and refresher courses will be provided semi-annually or as regulations evolve.

**d) Driver License Checks:**

Driver licenses will be verified prior to hiring and monitored quarterly through the Pennsylvania Department of Transportation (PennDOT) or a third-party motor vehicle record (MVR) service. Any violations or suspensions will be addressed immediately.

**e) Drug and Alcohol Policy:**

Gentle Journey Transport maintains a strict zero-tolerance policy regarding drug and alcohol use. All drivers will be subject to:

- Pre-employment drug screening
- Random drug testing
- Reasonable suspicion and post-incident testing

Failure to comply with this policy will result in immediate termination. This ensures passenger safety and compliance with PUC and DOT standards.

**4. Business Structure:**

I am the owner of a limited liability company registered in Pennsylvania. Gentle Journey Transport is a registered fictitious name (DBA) under this LLC. My company holds an active Employer Identification Number (EIN) from the IRS and complies with all state registration and licensing requirements.

**5. Experience and Qualifications:**

I currently hold a valid U.S. DOT number and MC number for my trucking business, which demonstrates my familiarity with transportation compliance, vehicle safety standards, and regulatory filings. My experience managing that operation has prepared me to extend those standards of professionalism and compliance to the non-emergency medical transportation field. I am committed to providing timely, respectful, and professional transportation services, and I will ensure that all drivers, including myself, meet the necessary background checks, medical certifications, and licensing standards.

**6. Public Need:**

There is a growing demand for dependable NEMT services in the Philadelphia area and surrounding regions. Many residents experience delays or lack of access to consistent transportation. Gentle Journey Transport is committed to closing that gap by offering reliable, accessible, and compassionate service to individuals in need.

**7. Commitment to Compliance:**

I will maintain all required insurance coverage and comply fully with the regulations of the Pennsylvania Public Utility Commission.

**Verification Statement:**


I verify that the statements made in this Verified Statement are true and correct to the best

**Continuation of question #9**

I am now expanding into non-emergency medical transportation (NEMT) to serve my community with dignity, respect, and professionalism. I have taken steps to ensure full compliance with all safety and service standards required by the Pennsylvania Public Utility Commission.

Documentation related to the conviction and rehabilitation can be provided upon request.

of my knowledge, information, and belief. I understand that false statements made herein are subject to penalties under 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Signature: 

Printed Name: Oscar Santiago

Title: Owner

Date: 8-5-21

DATE OF DEPOSIT

SEP 08 2025

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PRESS FIRMLY TO

Retail



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9/10/2025 8:43:59 AM

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1625 Hoffnagle St.  
apt. 202  
Phila PA 19152

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: (1) Requires the addressee's signature; (2) Purchases additional insurance; (3) Purchases COD service; OR (4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

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  - Sunday/Holiday Delivery Required (additional fee, where available\*)
  - 10:30 AM Delivery Required (additional fee, where available\*)
- \*Refer to USPS.com or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE ( )

Secretary PA Public Utility  
Commission  
400 North St. 2nd Fl  
Harrisburg, PA 17120

ZIP + 4® (U.S. ADDRESSES ONLY)

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PO ZIP Code Schedule Delivery Date Postage

9106 9/11/25 \$ 31.40

Date Accepted (MM/DD/YYYY) Schedule Delivery Time Insurance Fee COD Fee

9/8/25 10:30 AM 10:30 AM 12:00 NOON \$ \$

Time Accepted 10:30 AM Delivery Fee Return Receipt Fee Live Animal Transportation Fee

10:45 AM \$ \$ \$

Special Handling-Fragile Sunday/Holiday Premium Fee Total Postage & Fees

\$ \$ \$ 31.40

Weight Insurance Employee Signature

3.8 lbs \$ 31.40

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Delivery Attempt (MM/DD/YYYY) Time Employee Signature

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PS10001000006

EP13F October 2023  
OD: 12 1/2 x 9 1/2



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