

AUG 28 2025

Application for Motor Common Carrier of Persons in Paratransit Service

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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)

Rampart Care, 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)

Rampart Home Care

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 7379102
(See checklist and indicate type of business entity registered)

707207

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

Dieuseul Joseph _____

6. **Mailing Address**

4023 Meridian Street
Street Address

Philadelphia, PA 19136 Philadelphia
City, State and Zip Code County

267 777 3378 Dyess 509 @ 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.)

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 in wheelchair and Special accommodation Van from points in the City of Philadelphia to points in ~~Allegheny~~ Philadelphia County and Surrounding Counties in PA, and Return.

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.

Dieuseul Joseph

(Print Name)

Dieuseul Joseph

(Signature)

~~7/11/2025~~

(Date)

9/20/2025

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

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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.

Rampart Care, LLC
Legal Name of Applicant

Rampart Home Care
Trade Name, if any

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.

Dienseul Joseph, owner
4023 Meridian St, Philadelphia, PA 19136

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

None

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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.

Dienseul Joseph has been the owner of Rampart Care, LLC for 5 years or so. Dienseul Joseph holds a CDL Class B with P and S endorsements. Dienseul Joseph earned a B.S. degree from Temple.

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.

See attached

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.

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.

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

attached

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

attached

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.

Dioneseul Joseph
 (Signature)
Dioneseul Joseph
 (Name and Title, printed or typed)

9/20/2025
~~*7/26/2026*~~
 (Date)

DATE OF DEPOSIT

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

ASSETS

Current Assets		
Cash	5000	
Other Current Assets (specify)		
Total Current Assets		
Tangible Assets		
Motor Vehicle Equipment	10 000	
Property (buildings, land, etc.)	155 000	
Office Equipment		
TOTAL ASSETS		170 000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit	2500	
Other Liabilities (Attach schedule)		
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
TOTAL LIABILITIES		2500

Verified Statement of Applicant

1. Name of person submitting the Verified Statement and title:

Dieuseul Joseph, Managing Member, Rampart Care LLC

4023 Meridian Street, Philadelphia, PA 19136, PA

Phone: 267-777-3378

Email: Ramparhomecare@gmail.com

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2. Do you have any affiliations with other transportation carriers?

No, Rampart Care LLC is not affiliated with any other transportation company at this time.

3. Describe your transportation or business experience:

I have over 10 years of experience as a licensed school bus driver, specializing in transporting children with disabilities and special needs. I currently operate Rampart Care LLC, a licensed non-skilled home care and DME provider, approved by Pennsylvania Medicaid. I have hands-on experience coordinating transportation for elderly and disabled clients, ensuring safe, timely, and compassionate service. I also hold a Class B CDL with School Bus Endorsement, and I am certified in CPR and First Aid.

4. Facilities & recordkeeping plan:

The business will operate from my home office located in Philadelphia, which is equipped with a desktop computer, printer/scanner, and high-speed internet access. I will maintain both electronic and hard-copy records, including trip logs, maintenance schedules, insurance documents, and driver files, in accordance with PUC requirements. The van will be kept on a private driveway at my residence. Client calls will be received via business cell phone and Google Voice, and trips will be scheduled using calendar and dispatch software (e.g., Google Calendar, TripMaster or Modivcare portal). I will manage dispatching directly until additional staff is added.

Dieuseul Joseph
8/28/2025

5. Drivers:

I will begin as the sole driver. As the business expands, I plan to hire 1–2 additional drivers. All drivers will be required to:

- Hold a valid PA Driver's License (CDL preferred)
- Pass a PA State Police background check, Child Abuse Clearance, and FBI fingerprint clearance
- Submit to a pre-employment drug test, with random testing thereafter
- Maintain current CPR and First Aid certification
- Complete internal training on passenger assistance, safety, HIPAA, and emergency protocols

Driver records will be reviewed semi-annually, including license status and MVRs.

6. Vehicles:

I currently own one (1) wheelchair-accessible van, which will be used for the service:

Year: 2006

Make: Toyota

Model: Sienna

Seating Capacity: 5

VIN: 5TDBA22C26S072025

Mileage: 94,000

7. Vehicle Safety Program:

I will follow a preventive maintenance schedule for oil changes, tire checks, brakes, and inspections every 3,000–5,000 miles. The vehicle will be inspected at a PA-certified station every year and will undergo a full safety check monthly. A maintenance log will be kept. I will ensure full compliance with 67 Pa. Code Chapter 175, including emergency equipment, lift operation, lighting, tires, and braking systems.

Joseph Joseph
8/28/2025

8. Insurance Readiness:

I have already begun contacting commercial insurance providers familiar with paratransit and NEMT coverage. I am seeking a policy that meets PUC and broker requirements, Form E electronic filing. I have received initial quotes and am financially prepared to pay the required premiums upon application approval.

9. Criminal Record:

NO — Neither I nor any officers or members of Rampart Care LLC have been convicted of a felony or misdemeanor.

~~Diehard Joseph~~
~~9/28/2025~~

Diehard Joseph
9/20/2025

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

The Law Offices of Kawalski, Fletcher & Kirkpatri
3070 Bristol Pike Building 2, Suite 204
Bensalem PA 19020

Rampart Care LLC

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

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for Business Taxes with the PA Department of Revenue & Labor and Industry or visit www.Business.pa.gov to find answers to most common registration questions.

If you have any questions pertaining to the Bureau, please visit our website at www.dos.pa.gov/BusinessCharities Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC filings can be found on our searchable database at www.corporations.pa.gov/Search/CorpSearch .

Entity number : 7379102

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

- The company is a restricted professional company organized to render the following restricted professional service(s):
 - Chiropractic
 - Dentistry
 - Law
 - Medicine and surgery
 - Optometry
 - Osteopathic medicine and surgery
 - Podiatric medicine
 - Public accounting
 - Psychology
 - Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

- This limited liability company shall have the purpose of creating general public benefit

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

- This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 08 day of October, 2021.

Dieuseul Joseph

Signature



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 10-08-2021

Employer Identification Number:
87-3012490

Form: SS-4

Number of this notice: CP 575 G

RAMPART CARE
DIEUSEUL JOSEPH SOLE MBR
4325 LORING STREET
PHILADELPHIA, PA 19136

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

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-3012490. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

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

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

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

Thank you for your cooperation.

From: Diersert Joseph
40 Rowport Cove LLC
4033 Henderson Street
Andersonville, PA 19136

Retail
RDC 99



17120

U.S. POSTAGE PAID
FCM LETTER
PHILADELPHIA PA 19149 75
SEP 20 2025

\$1.36

S2324E500382-88

To: PUC

400 North Street
Harrisburg, PA 17120

Ready Post

Document Mailer

17121-

