

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)

Loving People Alliance Transportation 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)

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?** YES **Previous Authority?**

NO **If YES, at PUC No. A-** A-6427398

4. **Are you a business entity registered with the PA Dept. of State?** yes NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number

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(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).**

Natisha Rogers _____
Ashley Bryant _____

6. **Mailing Address**

5622 Belmar st
Street Address
Philadelphia, PA 19143 Philadelphia
City, State and Zip Code County
267-454-5758 Lpatransportation23@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.)

5622 Belmar st
Street Address
Philadelphia, PA 19143 Philadelphia
City, State and Zip Code County
267-454-5758 Lpatransportation23@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. _____

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

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

- Loving People Alliance Transportation plan to provide Paratransit service between points in Philadelphia county, Montgomery county, Chester County, Bucks County and Delaware County (Transporting ONLY between points in those counties.)
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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.

Natisha Rogers

(Print Name)



(Signature)

9/30/25

(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).

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.

Loving People Alliance Transportation LLC

Legal Name of Applicant

Trade Name, if any

5622 Belmar st	Philadelphia	PA	19143
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.

Natisha Rogers, CEO
Phone number:267-454-5758

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

Natisha Rogers, CEO
Ashley Bryant, Managing Member
Gregory Rogers, Managing Member

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 been trained on wheelchair securement, first aid certified, I have been trained on passenger assistance and safety sensitivity. I have completed Defense driving training and have demonstrated procedures by a certified trainer.

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

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

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>
2014	Chevrolet	Impala LT	5	2G1125S37E9100007	113,951

*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

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

Loving People Alliance Transportation has contacted numerous of insurance agents and plan to be insured with Gotham Insurance Company.

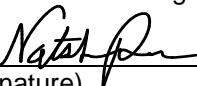
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ 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)
 Natisha Rogers, CEO

 (Name and Title, printed or typed)

 9/30/25
 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) 9/25/25

(Must be less than 6 months old)

ASSETS

Current Assets

Cash

Cash \$17,000.00

Other Current Assets (specify)

Total Current Assets

Bank account \$50,000

Tangible Assets

Motor Vehicle Equipment

vehicle equipment \$10,000

Property (buildings, land, etc.)

Vehicles \$56,000

Office Equipment

Office equipment \$15,000

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

Credit cards/revolving credit

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

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.

Loving People Alliance Transportation LLC is currently renting a small office space at 5622 Belmar st, Philadelphia, Pa 19143. We plan to maintain all business records, government records and PUC record by creating printable files which would be stored in file cabinets and usb files.

Our communication network will be done using Paratransit software to dispatch vehicles/ drivers, fulfill request and to continuously track passengers. Loving People Alliance Transportation will contract with brokers Access to Care, Community Care, Homelink, MTM, Modicare, Hopelink, American Logistics and Pro Care to continuously to maintain steady schedules. All company vehicles will be parked outside the office were employees will be able to access during business operations.

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

Loving People Alliance Transportation will continuously comply with Title 52 Pa. Code § 29

a. Drivers providing paratransit service will be permitted to operate a paratransit vehicle if the person is atleast 21 years of age. If a driver is atleast 18 years of age but under 21 years of age that person will be required to register as certified emergency medical services vehicle operator EMSVO with the Department of Health. They will be required to carry the Department-issued registration of there EMSVO certification on board while operating a paratransit vehicle. Our company will verify that the paratransit driver is in good standing with the Department and maintain records for 4 years to prove each person's EMSVO certification registration. An accident, regardless of the severity of the accident, a driving-related violation such as a moving violation, reckless driving and driving under the influence of alcohol or drugs will be reported to the commission's Bureau of Technical Utility Services within 3 calendar days of the occurrence involving a paratransit driver who is under age 21 years of age.

b. Criminal history checks are required for all employees and drivers. An employee will not be premitted to operate a vehicle until criminal history record from Pennsylvania State Police and every other state in which the person reside for the last 12 months. Criminal history check will be will be obtained from Pennsylvania State Police every 2 years from the date of the last criminal history check. Employees will not be premitted to operate a vehicle if the employee was convicted of a fraud or a misdemeanor under the laws of Commonwealth or under the laws of another jurisdiction, to the extent the conviction relates adversely to that persons suitability to provide service safety and legally. A copy of the criminal history will be maintained for at least 3 years for record retention.

c. All employees will complete two full weeks of training and will understand driving-safety that will include, Defensive driving, Pass training, Accident procedures, Hazardous weather driving, First aid training, Wheelchair securement training, Notification of unsafe vehicle procedures

d. To ensure drivers hold a valid drivers license, drivers will not be premitted to operate a vehicle until driving history is obtained and reviewed from Pennsylvania Department of Transportation in which the driver held a motor vehicle operator's license or permit during the preceding 3 years. Following the receipt of the initial driver history report, once every 12 months from the date of the last report, obtain a driver history for each driver operating from the Pennsylvania Department of Transportation, of the state in which the driver held an operator's license during the time period.

e. Drivers may not use alcohol, be under the influence of alcohol, or have any measured alcohol. Concentration or detection presence of alcohol, while operating Vehicle in passenger service. A driver may not use a controlled substance, be under the influence of a controlled substance, or have a measured concentration or detected presence of a controlled substance, while operating a vehicle in passenger 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).

a. Loving People Alliance Transportation LLC plan to do pre trip and post trip inspections prior operating each vehicle. Safety inspections features: Road Test, Horn, Head tail, Signals for Lights, Windshield Wipers, Tire pressure, Visual check, Brakes, Steering control, Mirrors, Check for warning lights, Accident kit in glove compartment, Fire extinguisher, Check for broken glass.

Loving People Alliance Transportation will comply with vehicle equipment standards (67 Pa. Code, Chapter 175).

b. Loving People Alliance Transportation LLC will annually inspect each vehicle every 6 months this will be preformed at an automotive facility, by qualified mechanics. Inspections and maintenance include, Road test, visual inspections of brake system, Battery condition, Filter replacement, Oil changes, Tire thread, Emissions system, Break pad wear and Lubrication.

Loving People Alliance Transportation LLC will maintain all documents on each vehicle and will use a online spreadsheet for further documentation and record keeping, The records will include the following.

Make of vehicles

Model of vehicies

Vehicle ID number

Last dey of maintenance

Mileage at the time of maintenance

Work performed

Name of mechanic

Cost for work completed