

SEP - 8 2025

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

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Application for Motor Common Carrier of Persons upon Call or Demand (Taxi Service)

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE PROVIDING LOCAL TRANSPORTATION ON EITHER EXCLUSIVE OR NONEXCLUSIVE BASIS, AND SERVICE IS CHARACTERIZED BY PASSENGERS HIRING THE VEHICLE AND ITS DRIVER EITHER BY TELEPHONE CALL OR BY HAIL, OR BOTH. **THIS APPLICATION CANNOT BE USED TO APPLY FOR TAXI SERVICE WITHIN THE CITY AND COUNTY OF PHILADELPHIA.**

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)
Michele Roselli and Feroze Baderuddin

- 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)
Prompt Care Transportation

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 Trucking" 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 Trucking" or "J. Doe Trucking" 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 _____
(see checklist and indicate type of business entity registered)

~~37-4105612~~
0014762590
LLC

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

Michele Roselli - Owner 51%
Feroze Baderuddin - Co Owner 49%

6. **Mailing Address**

285 ellis avenue apartment 3
Street Address
Hermitage, PA, 16148 Mercer
City, State and Zip Code County
724-730-0692 Michele.Roselli@yahoo.com
Fkhan24@hotmail.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 from Mailing Address)

285 ellis avenue apartment 3
Street Address
Hermitage, Pa, 16148 Mercer
City, State and Zip Code County
724-730-0692, 9894939464 Michele.Roselli@yahoo.com
Fkhan24@hotmail.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).
-

NEMT Services will be provided in the following counties
Butler County (southeast)
Crawford County (north)
Lawrence County (south)
Venango County (northeast)
Allegheny County (southeast - bordering through Butler County area)
Mercer County

Examples:

- *To transport people upon call or demand in the city of Reading, Berks County.*
- *To transport people upon call or demand in Spring Township, Centre 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 upon Call and Demand (Taxi 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.

Michele Roselli

Feroze Baderuddin

(Print Name)


(Signature)

09/08/2025
09/08/2025
(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).

Revised 7/17/17

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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.

Michele Roselli & Feroze Baderuddin

Legal Name of Applicant

Prompt Care Transportation LLC

Trade Name, if any

285 Ellis avenue apartment 3

Hermitage Pa 16148

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.

Michele Roselli - Owner
285 ellis avenue apartment 3
Hermitage, Pa 16148
Tel : 724-730-0692

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

Na

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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.

Michele Roselli managed national retail chains and holds a Bachelor's in Marketing from Youngstown State University, providing multi-location operations and customer service experience. Feroze has corporate operations management experience with a PhD in Materials Engineering and MBA, offering process optimization and regulatory compliance expertise. Neither has direct transportation experience, but their combined multi-site management, operations oversight, and customer service backgrounds provide relevant foundational skills. Michele's marketing education supports customer acquisition while Feroze's engineering background provides technical fleet management expertise. The team will supplement their experience through industry-specific training and consultation with transportation professionals.

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.

Facilities, Record Maintenance Plan, and Communication Network:

Physical Location: Home-based operation with computers, NEMT scheduling software, printer/scanner, and secure filing. Vehicles stored at drivers' residences with maintenance at certified service centers.

Record Maintenance: Digital and physical records per PUC requirements including driver files, vehicle logs, trip records, insurance, and financial documentation with cloud backup and regulatory retention schedules.

Communication Network: NEMT requests from healthcare facilities and brokers (ModivCare, MTM, LogistiCare). Dispatch through scheduling software with GPS tracking and cell phone communication with drivers for real-time coordination.

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.

Number of Drivers and Territory Coverage:

We will hire 4 drivers and purchase 2 vans to serve Mercer County and surrounding counties, allowing two-driver shifts per vehicle for 12-hour daily coverage and backup for the 6-county service area.

- a. **Hiring Standards:** Valid Pennsylvania driver's license, clean driving record with minimal points, high school diploma, professional communication skills, and CPR/First Aid certification.
- b. **Background Checks:** Mandatory state and federal criminal background checks through certified screening services, with annual renewals and automatic disqualification for violent crimes or drug offenses.
- c. **Driver Training:** 40-hour initial training covering defensive driving, patient assistance, wheelchair operation, HIPAA compliance, plus ongoing quarterly safety training and annual recertification.
- d. **License Checks:** Pre-employment Motor Vehicle Record checks and quarterly license verification with immediate suspension for major violations or license issues.
- e. **Alcohol/Drug Policy:** Zero-tolerance policy with mandatory pre-employment drug screening, random quarterly testing, and immediate termination for positive results.

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. (Taxicabs may not be used if the vehicle's age is greater than ten model years, or the vehicle mileage is greater than \$350,000.)

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE

*Vehicles with seating capacity of more than eight passengers including the driver cannot be used for taxi service.

Statement of Financial Position (Balance Sheet)

As of (date) 09/08/2025
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	<u>100,000</u>	
Other Current Assets (specify)	<u>60,000</u>	(stocks + bonds)
Total Current Assets		<u>160,000</u>
Tangible Assets		
Motor Vehicle Equipment	<u>18,000</u>	
Property (buildings, land, etc.)	<u>N/A</u>	<u>2,000</u>
Office Equipment		<u>20,000</u>
TOTAL ASSETS		\$ <u>180,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>0</u>	
Credit cards/revolving credit	<u>2,000</u>	
Other Liabilities (Attach schedule)	<u>950</u>	
Total Current Liabilities		<u>2,950</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>N/A</u>	
Long term commercial loan	<u>N/A</u>	
Other Liabilities (Attach Schedule)	<u>N/A</u>	
Total Long-Term Liabilities		<u>0</u>
TOTAL LIABILITIES		\$ <u>2,950</u>

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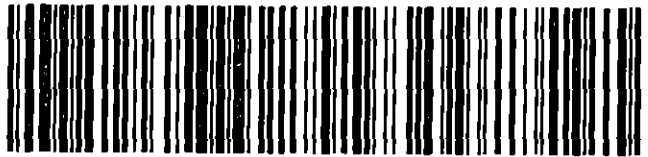
Prompt Care Transportation
285 Ellis Ave Apt 3
Mermitage, PA
16148

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Secretary PA Public Utility Commission
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2ND Floor
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