

ZAHIA LLC

PUC Code: 6423234
1102 Bloomfield Ave
Philadelphia, PA 19115
Phone: (267) 261-8189
Email: zahiaca20@gmail.com
Date: 10-03-2025

To:

Secretary
Pennsylvania Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, PA 17120

Re: Zahia LLC – Application for Paratransit Authority (Reinstatement / New Application)

Dear Secretary:

On behalf of **ZAHIA LLC**, I respectfully submit this application for authority to provide **paratransit service** in Pennsylvania.

Our previous certificate was cancelled due to non-payment of the 2024 Annual Assessment. This was unintentional as the billing notice was not received. The balance has now been satisfied, and we are submitting this re-application to restore Zahia LLC's operating authority.

Enclosed please find the following documents for your review:

1. Completed **Application for Motor Common Carrier of Persons in Paratransit Service**
2. **Verified Statement of Applicant** (including insurance details with National Liability & Fire Insurance Company, NAIC 20052)
3. **Statement of Financial Position (Balance Sheet)** showing \$120,026 in assets and no liabilities
4. Proof of payment of the 2024 Assessment (\$397, previously remitted)
5. Required **filing fee of \$350** (certified check / money order payable to "Commonwealth of Pennsylvania")
6. **Entity registration printout** for Zahia LLC from the PA Department of State

Zahia LLC maintains sufficient assets, experienced drivers, and active insurance coverage to provide safe and reliable paratransit services. We respectfully request the Commission approve this application so that Zahia LLC may continue to serve the community.

Thank you for your time and consideration.

Sincerely,



Mawia Hamed
Owner / Member-Manager
ZAHIA LLC

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)

ZAHIA 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- 6423234 (cancelled)

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** 6820861

(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).**

Mawia Hamed — Member/Manager

6. **Mailing Address**

1102 Bloomfield Ave
Street Address
Philadelphia, PA 19115 (Philadelphia County)
City, State and Zip Code County
(267) 261-8189 zahiacare20@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)

N/A

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 persons in paratransit service between points in the City and County of Philadelphia, 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.

Mawia Hamed

(Print Name)



10/03/2025

(Signature)

(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.

ZAHIA LLC

Legal Name of Applicant

Trade Name, if any

1102 Bloomfield Ave,	Philadelphia,	PA	19115
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.

Name: Mawia Hamed, Member/Manager
Business Address: 1102 Bloomfield Ave, Philadelphia, PA 19115
Phone/Email: (267) 261-8189, zahiicare20@gmail.com

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

None. ZAHIA LLC is an independent carrier and is not owned by or controlling any other motor carrier.

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.

ZAHIA LLC has operated non-emergency transportation and student transport services in the Philadelphia area, coordinating wheelchair-accessible and ambulatory trips, scheduling, dispatch, and safety oversight. Management experience includes driver onboarding, compliance, route planning, and customer care.

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.

Office: 1102 Bloomfield Ave, Philadelphia, PA 19115. Records (trips, maintenance, driver files, incident logs, insurance) are kept electronically with secure cloud backup and printed upon request. Vehicles are housed at designated off-street parking near the office. Requests are received by phone/text/email; trips are dispatched via mobile apps and phone; continuous communication is maintained with drivers by phone and in-app messaging. Records will be retained per PUC requirements.

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.

Initial drivers: 6–10, appropriate for Philadelphia & adjacent counties.
 Hiring standards: valid PA license, clean MVR consistent with insurer requirements, right-to-work verification, prior experience preferred.
 Background checks: state criminal history and, if required by contracts, child abuse and FBI checks. Training: onboarding on policies, passenger assistance, wheelchair securement, sensitivity/ADA, defensive driving, incident reporting. License checks: MVR at hire and at least annually (or more frequently per insurer). Drug/alcohol policy: zero tolerance while on duty; post-incident and reasonable-suspicion testing in accordance with company policy and applicable law.

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>
2017	FORD	TRANSIT	5	1FTBW2XM3HKA11750	223796
2014	FORD	E150	7	1FTNE1EW6EDA51044	176468

*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).

Preventive maintenance every 5,000–7,500 miles and prior to PA inspection; daily pre-trip checks (brakes, tires, lights, ramp/lift). Repairs logged with date/mileage/vendor. We ensure compliance with 67 Pa. Code, Chapter 175 equipment standards. Wheelchair lifts/ramps and tie-downs are inspected daily and serviced per manufacturer guidance.

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

We maintain commercial auto liability and first-party benefits consistent with PUC requirements. Current insurance is in effect with:
 Company Name: National Liability & Fire Insurance Company
 NAIC Number: 20052
 Insured: ZAHIA LLC, 1102 Bloomfield Ave, Philadelphia, PA 19115
 Our insurer will also file Form E electronically via NIC to place proof of coverage on record with the Commission.


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.

 <hr style="border: 0.5px solid black;"/> (Signature)	10/03/2025 <hr style="border: 0.5px solid black;"/> (Date)
<hr style="border: 0.5px solid black;"/> Mawia Hamed — Member/Manager (Name and Title, printed or typed)	

Statement of Financial Position (Balance Sheet)
As of (date) 09/30/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	15,620	
Other Current Assets (specify)	\$0	
Total Current Assets		\$15,620
Tangible Assets		
Motor Vehicle Equipment	104,056	
Property (buildings, land, etc.)	\$350	\$104,756
Office Equipment		
TOTAL ASSETS		\$120,376


LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0	
Credit cards/revolving credit	\$1,000	
Other Liabilities (Attach schedule)	\$0	
Total Current Liabilities		\$1,000
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		
TOTAL LIABILITIES		\$1,000

**PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:
 Joseph John Console
 Name
 1 West Third Street, Suite 204
 Address
 Media PA 19063
 City State Zip Code
 Return document by email to: _____

Certificate of Organization Domestic
 Limited Liability Company
 DSCB:15-8821(rev. 2/2017)



8821

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125.00 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., “company”, “limited” or “limited liability company” or abbreviation):
 Zahia LLC

2. Complete part (a) or (b) – not both:

(a) The address of the limited liability company’s initial registered office in this Commonwealth is:
 (post office box alone is not acceptable)

937 disston street	philadelphia	PA	19111	Philadelphia
Number and Street	City	State	Zip	County

(b) name of its commercial registered office provider and the county of venue is:

c/o: _____
 Name of Commercial Registered Office Provider County

3. The name of each organizer is (all organizers must sign on page 2):

Name	Address
Console Matison LLP	1 West Third Street , Suite 204 , Media , PA , United States , 19063

4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

The Certification of organization shall be effective upon filing in the Dept of State.
 The Certification of organization shall be effective _____ at _____
 on: Date(MM/DD/YYYY) Hour (if any)

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 11 day of January, 2019.

Console Matison LLP
Joseph J. Console Esq.

Signature