

SEP 30 2025

Secretary PA 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 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)

Dousha Nelson

- 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?** 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 ~~23 228 8212~~
(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).

Daphna Nelson _____

6. Mailing Address

68 Continental way _____
Street Address

Bridgeport, PA 19405 _____ Montgomery _____
City, State and Zip Code County

484-995-4949 _____ Kindnessandkare24@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 individuals in need of wheelchair, stretcher and journey services in the Montgomery county and 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.

Dausha Nelson

(Print Name)

Dausha Nelson

(Signature)

9-22-2005

(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 30 2005

PA PUBLIC UTILITY COMMISSION
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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.

Daysha Nelson

Legal Name of Applicant

Trade Name, if any

68 Continental way

Street Address (principal place of business)

Bridgeport

City or Municipality

PA

State

19405

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.

Daysha Nelson, owner, Kindness and Kare Transportation, 68 Continental way Bridgeport, PA 19405
484-995-4949

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

owner, Daysha Nelson

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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.

I have over 8 years of experience in healthcare and customer service, where I gained skills in patient care, scheduling and communication. As the owner of Kindness and Kare Transportation, I oversee daily operations, driver coordination, and client safety. My background ensures I can provide reliable, compassionate, and efficient transportation service, supported by my ongoing studies in Cyber Security.

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.

The business Operates from a secured home office in Bridgeport, PA with Computer, phone and filing systems for maintaining digital and paper records as required by the PUC. Customer requests are received by phone/email, scheduled, and dispatched to drivers. Drivers use mobile devices to stay in continuous contact. Vehicles are stored securely when not in use.

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.

We plan to start with 2-3 qualified drivers, expanding as needed. All drivers must have a valid license, clean record, and pass state/federal background checks. Training includes CPR/First Aid wheelchair securement, and defensive driving. DMV record checks will be done annually, and we maintain a zero-tolerance drug/alcohol policy with testing as needed.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2021	Ford	Ford-Transit	7-10		

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

Kindness and Care Transportation will start with one Ford-transit van (7-10) passenger capacity, suitable for wheelchair and ambulatory trips. The vehicle will be purchased immediately after PUC approval with plans to add more vehicles as demand grows.

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).

Kindness and Kare Transportation keeps all vehicles safe and compliant with 67 Pa. Code, chapter 175. Drivers complete daily safety checks, and vehicles receive regular servicing every 3,000 - 5,000 miles plus annual state inspections. Any issues are required immediately, and all maintenance is documented to ensure continuous compliance.

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

I have contacted commercial insurance providers specializing in passenger transportation and received quotes within our financial plan. Insurance costs are built into our operating budget, and we have set aside funds to cover premiums and down payments. Kindness and Kare Transportation is financially prepared to secure and maintain all required insurance coverage.

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

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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.

Dausha Nelson
(Signature)
Dausha Nelson, owner
(Name and Title, printed or typed)

9-22-2025
(Date)

Statement of Financial Position (Balance Sheet)

As of (date) _____

(Must be less than 6 months old)

ASSETS

Current Assets			
Cash		\$ 18,000	
Other Current Assets (specify)		\$ 0	
Total Current Assets			\$ 18,000
Tangible Assets			
Motor Vehicle Equipment (planned Ford Trans H purchase)		\$ 25,000	(computer, filing cabinet etc.)
Property (buildings, land, etc.)		\$ 0	\$ 3,500
Office Equipment			
	TOTAL ASSETS		<u>48,500</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans			
Credit cards/revolving credit		\$ 600	
Other Liabilities (Attach schedule)			
Total Current Liabilities			\$ 600
Long Term Liabilities (Due after one year of date)			
Mortgage			
Long term commercial loan			
Other Liabilities (Attach Schedule)			
Total Long-Term Liabilities			
	TOTAL LIABILITIES		

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FROM: Daysha Nelson
68 Continental way
Bridgeport, PA 19405
United States

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

RECEIVED

OCT 6 2025

PA PUBLIC UTILITY COMMISSION
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