

APPLICATION CHECKLIST

Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND FLOOR, HARRISBURG, PA 17120

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
 - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
 - Transportation of people to correctional facilities for visitation.
 - Transportation of people in wheelchair and stretcher vans.

****Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at www.nicinsurancefilings.com . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- | | | |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD). |
| | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
| | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits). |

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)

Immaculate Non-Medical Transportation Services 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- _____

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 0014775621
(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).**

Toyin Adebajo _____

6. **Mailing Address**

5665 E Wister St
Street Address

Philadelphia, PA 19144 _____ Philadelphia _____
City, State and Zip Code County

484-632-6144 _____ Immaculatetransportationco@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.)

Same
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?**

X 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 provide transportation services for mobility challenged people in wheelchair and stretcher vans within, and between points in Philadelphia, Bucks, Chester, Delaware, Montgomery, and Lehigh county.

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.

Toyin Adebajo

(Print Name)

Toyin Adebajo

(Signature)

09/24/2025

(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).

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.

Immaculate Non-Medical Transportation Services LLC

Legal Name of Applicant

n/a

Trade Name, if any

5665 E Wister St	Philadelphia	PA	19144
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.

Toyin Adebajo, Owner
484-632-6144
5665 E Wister St. Philadelphia, PA 19144

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

n/a

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.

Although I do not have direct experience operating a transportation service, I bring strong business management and organizational skills that will support the success of this company. I have partnered with a consultant and other industry providers, while also taking the time to research industry standards, state regulations, and best practices for operating a safe and reliable non-emergency transportation service.

I am committed to completing all required driver safety, CPR/first aid, and passenger assistance training to ensure that operations meet both regulatory requirements and the highest standards of customer care. In addition, I have developed skills in scheduling, customer service, and recordkeeping, which are directly applicable to coordinating transportation services.

My focus will be on building a team that prioritizes safety, punctuality, and professional service for passengers. By combining ongoing training, compliance with state guidelines, and strong operational management, I am confident in my ability to successfully operate and grow this business.

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 office of Immaculate Non-Medical Transporion Services LLC is located in Philadelphia, PA. Inside the office is a table, chair, computer, telephone, cabinets, fax machine, scanner, and printer. Vehicles will be housed in the parking lot of the office. All records required by the Public Utility Commission, including but not limited to, employee hiring packages and licensing, employee training and counseling, client personal data, trip/driver logs, trip payment records and invoices, vehicle purchase, maintenance and inspection records, etc. will be kept in locked files in a secure area of the office.

As regards to communication, a dispatcher will receive client's calls on the advertised phone line and record each request on the Trip Ticket (sample attached) which contains all necessary trip and billing information. His information will be transferred to a daily trip log for the driver(s) to begin each day. Once a trip is complete, the dispatcher will use the Trip Ticket to create an invoice. If the trip is not Pay-on-Transport, an invoice will be mailed the same day.

Driver(s) will provide their own "smart phone" complete with a GPS application. Driver(s) will report to the dispatcher at the beginning and completion of each trip. Should a previously unscheduled on-demand trip arise during the day, the dispatcher will communicate the required trip information to the driver(s) via "smart phone."

Our scheduled office hours are 8:00 am to 5:00pm Monday through Friday. During "after hours", office phones will be forwarded to the dispatcher's "smart phone."

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.

We will begin operations with two drivers, hourly employees, which should be sufficient to cover the scheduled office hours with a single vehicle. As client demand increases, the number of drivers, and vehicle will be adjusted to maximize efficient and safe transportation.

A: All drivers must be ages 25+ with a valid drivers license appropriate for the vehicle being driven, No accidents or tickets within the last 7 years, a drug and alcohol screen upon employment, free from any health problems that may be injurious to the clients, and able to pass the driver training program.

B: We will utilize the Pennsylvania Access to Criminal History (PATCH) to obtain criminal histories and become an authorized user of online business with PENDOT to obtain driver histories.

C: See Driver Training Policy Attached

D: Motor Vehicle Records will be ordered periodically to assess driving records. An unfavorable record will result in the loss of company vehicle driving privileges or employment. A standard method of evaluation for all prospective and current drivers' MVRs will be used.

E. See Alcohol and drug use by your drivers Policy 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.

At this time, we have not yet obtained vehicles for the business. Our plan is to initially acquire one to two wheelchair-accessible vans (with seating capacity under 15 passengers) to begin operations. This number is appropriate because it allows us to provide reliable and efficient service while maintaining manageable operating costs during the early stages of business. As demand grows, we will expand the fleet by adding additional vehicles to ensure coverage and minimize wait times for clients. All vehicles we acquire will be inspected, fully compliant with state and federal safety standards, and equipped for the needs of paratransit passengers.

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).

See Attached Vehicle Maintenance and Safety Policy

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

We have solicited estimates from different insurance carriers. Sufficient funds have been set aside for that purpose.

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 X 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.

Toyin Adebajo

 (Signature)
 Toyin Adebajo, Owner

 (Name and Title, printed or typed)

09/25/2025

 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) 09/17/25
(Must be less than 6 months old)

ASSETS

Current Assets

Cash

\$ 3,000.00

Other Current Assets (specify)

\$ 120,000.00

Home Equity

Total Current Assets

Tangible Assets

Motor Vehicle Equipment

\$ 7,000.00

Property (buildings, land, etc.)

31,000.00

Office Building Equity

Office Equipment

TOTAL ASSETS

\$ 163,000.00

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

\$ 20,000.00

Credit cards/revolving credit

\$ 6,000.00

Other Liabilities (Attach schedule)

Total Current Liabilities

Long Term Liabilities (Due after one year of date)

Mortgage

\$ 3,604.00

Mortgage

Long term commercial loan

X 12 = 43,248

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

TOTAL LIABILITIES

\$ 69,248.00