

Docket No. A-2025-3057800
Prompt Care Transportation LLC

Request for Information

- 1.) Based upon the information you provided, it has been determined that you have applied for the wrong authority type. The authority that needs to be applied for to be able to provide the intended service would be Paratransit. As such, you will need to file a completed Paratransit application, which can be found on the Commission's website at: [App_MC_Persons_Paratransit_Service120621.pdf](#).
- Please respond to this Data Request with a completed Paratransit application, as well as a statement that you wish to amend your authority to that of Paratransit authority.
 - In your paratransit application please provide the Commission with up to data bank statements that only show the accounts of Prompt Care Transportation LLC (Personal accounts should not be submitted).

I, Michele Roselli, Owner of Prompt Care Transportation, hereby request to amend our transportation authority to include Paratransit authority.
Enclosed please find the completed Paratransit application and all required supporting documentation.
Thank you for your consideration

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)

Prompt Care 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?** ___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 0014762590

(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).**

Michele Roselli - Owner 51%

Feroze Baderuddin - Co Owner 49%

6. **Mailing Address**

285 ellis avenue apartment 3

Street Address
Hermitage, PA, 16148

City, State and Zip Code
724-730-0692

Telephone Number
Mercer

County
Michele.Roselli@yahoo.com
Fkhan24@hotmail.com

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

Telephone Number

County

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)

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.

Michele Roselli

(Print Name)

Michele Roselli

10/27/2025

(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.

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

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.

<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.

We have not bought a vehicle yet, we want to make sure we get the PUC license before purchase

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).

Vehicle Safety Program:

- a. Periodic Vehicle Maintenance Plan: Monthly inspections of brakes, tires, lights, wheelchair lifts, and safety equipment with documented maintenance logs. Scheduled oil changes, tire rotations, and routine services through certified mechanics.
 - b. Pennsylvania Vehicle Equipment Standards Compliance (67 Pa. Code, Chapter 175): Annual state inspections ensuring compliance with Pennsylvania equipment standards including lighting, mirrors, wheelchair securement systems, and emergency equipment, with immediate repairs for any non-compliance.
 - c. Vehicle Replacement System: Vehicles replaced based on condition assessments and Pennsylvania NEMT safety requirements through annual evaluations and proactive replacement planning.
- Additional Safety Measures: Daily pre-trip driver inspections using standardized checklists and emergency roadside assistance coverage.

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

Insurance Determination Steps:

We contacted multiple commercial insurance agencies specializing in transportation services to obtain preliminary quotes for our 2-vehicle NEMT operation. We also consulted contacts at other transportation companies to understand real-world insurance costs and coverage requirements including commercial auto liability, general liability, and workers' compensation.

Financing Plan: We will apply for SBA loans to finance startup costs including insurance premiums, and have personal cash reserves available to ensure immediate coverage and operational startup. This combination provides sufficient funding to secure and maintain required insurance coverage.

Please see the bank statement for Prompt Care Transportation, it has been funded with \$15,000

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.

Michele Roselli

10/27/2025

 (Signature)
 Michele Roselli

 (Date)

 (Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) _____

(Must be less than 6 months old)

ASSETS

Current Assets

Cash 15,000

Other Current Assets (specify) _____

Total Current Assets _____

Tangible Assets

Motor Vehicle Equipment 0

Property (buildings, land, etc.) 0

Office Equipment _____

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 _____

0

5:37

25%

Prompt Care Transportation LLC >



Checking

\$15,000.00

Total available balance

Your debit card was shipped to **285 Ellis Ave, Apt 3, Hermitage, PA 16148-2686**, and should arrive by **October 22**.

[Activate card](#)



Bluevine Checking

\$15,000.00 >

Bill Pay



Scheduled

0 payments in the next 7 days

\$0.00 >

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