

## 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)

Christian Home Healthcare Corp.

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- 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)

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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** 3165331

(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).**

<u>Nautice Lucas</u>	<u>Nasya Myles</u>
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

801 Vinial Street, Suite 203  
Street Address

<u>Pittsburgh, PA 15212</u>	<u>Allegheny</u>
City, State and Zip Code	County

<u>412-323-0203 Ext. 5040</u>	<u>nautice@christianhomehealthcare4u.com</u>
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)

Gabrielle N. Morella 412-369-9696  
Attorney's Name & Telephone Number for this Filing

<u>706 Rochester Road, Pittsburgh, PA 15237</u>	<u>gnmorella@morellalaw.com</u>
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).
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To transport people between points in the following Pennsylvania counties: Allegheny County, Armstrong County, Beaver County, Butler County, Clarion County, Fayette County, Washington County and Westmoreland County

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*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.

Christian Home Healthcare Corp.  
(Print Name)

  
\_\_\_\_\_  
(Signature) Nautice Lucas, President

10/26/2025  
\_\_\_\_\_  
(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.

Christian Home Healthcare Corp.

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Legal Name of Applicant

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Trade Name, if any

801 Vinial Street, Suite 203

Pittsburgh

PA

15212

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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.

Nautice Lucas, President  
801 Vinial Streetm Suite 203  
Pittsburgh, PA 15212  
412-323-0203 Ext. 5040

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.

Christian Home Healthcare Corp. has drivers that currently provide employee transport, as well as transport of individuals to various activities and short daily trips.

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.

**Our facility has a gated area outdoors where the vehicles will be kept. Our records will be retained and stored electronically and paper documents will be kept and maintained in the office inside of the building.**

**The applicant will receive customer requests through contracts with managed care organizations. Vehicles will be available for transport 24 hours a day to fulfill each request for transportation. Designated employees will staff dispatch and will be in constant communication with the drivers, other staff and the applicant.**

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 currently have 3 drivers, which is appropriate for the territory in which we will provide service and will hire additional drivers as necessary to meet the applicant's needs.**

**All of our drivers must be at least 18 years old and have a clean driving record and clean background checks. Prior to hiring and annually thereafter, Criminal background checks are obtained online through the Pennsylvania State Police. Also, fingerprint checks are performed on all potential drivers through the FBI, and checks of all potential drivers are conducted with Childline, repeated as required.**

**See attachment for driver training program designed to ensure that each driver can safely operate the vehicles prior to the driver being able to provide service.**

**3 year driver history is performed prior to hiring and annually thereafter with the Pennsylvania Department of Transportation.**

**There is zero tolerance for alcohol and drug use by drivers. See attached policy.**

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.

**Two vehicles will be used initially to service the territory. Additional vehicles will be purchased as the need arises.**

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).

**We will perform regular vehicle routine maintenance checks to ensure that all vehicles are operating properly. In addition, we will ensure that all vehicles are inspected and compliant with all applicable vehicle regulations, including Pennsylvania registration and emissions requirements.**

**Additionally, all passengers in each vehicle shall be required to wear their seat belts at all times, each driver will operate the vehicle with the utmost safety, and shall at all times comply with all operation and road laws, rules, and regulations.**

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

**The applicant requested and has obtained a quote for the required insurance**

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.

 (Signature)	10/26/2025 (Date)
Nautice Lucas, President (Name and Title, printed or typed)	

**Statement of Financial Position (Balance Sheet)**  
**As of (date) June 30, 2025**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$992,017	
Other Current Assets (specify)	\$552,451	
Total Current Assets		\$1,544,468
Tangible Assets		
Motor Vehicle Equipment	\$58,794	
Property (buildings, land, etc.)	\$67,417	\$126,211
Office Equipment		
TOTAL ASSETS		\$1,670,679

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$5,436	
Credit cards/revolving credit	\$157,752	
Other Liabilities (Attach schedule)	\$792,017**	
Total Current Liabilities		\$955,205
Long Term Liabilities (Due after one year of date)		
Mortgage	\$0	
Long term commercial loan	\$77,790	
Other Liabilities (Attach Schedule)	\$0	
Total Long-Term Liabilities		\$77,790
TOTAL LIABILITIES		1,032,995

\*\* Other Current Liabilities consists of accrued payroll and taxes.

# CHRISTIAN HOME HEALTH CARE CORP.

## DRIVER TRAINING PROGRAM AND ROAD SAFETY MANUAL

- A. All drivers are subject to random drug and alcohol testing and are required to watch a substance abuse education video upon hiring.
- B. All drivers shall be required to successfully pass a road test in the Company vehicle, which shall include the following:
1. Pre and post-trip vehicle inspections, checking the following:
    - (a) Brakes;
    - (b) Tires;
    - (c) Fluid Levels;
    - (d) Lights;
    - (e) Turn signals; and
    - (f) Lifts and/ or ramps, as applicable
  2. Turning, using mirrors and turn signals;
  3. Backing up, using mirrors;
  4. Merging and changing lanes, using turn signals and mirrors; and
  5. Parking – both angled and parallel.
- C. General Driving Rules and Regulations. The following regulations shall apply to ALL drivers:
1. **Cellular Telephones** – The use of a cell phone is prohibited while operating a Company vehicle. Drivers shall not attempt to make communications for business purposes or for personal reasons while driving.
  2. **Seat Belts** – It is a Federal Regulation and a Company Policy that all persons in a vehicle shall wear their seat belt.
  3. **Steering** – Drivers shall always use two hands (unless shifting) to hold the steering wheel while driving (i.e. - position hands on the wheel at “10 o’clock and 2 o’clock”). Hold the wheel firmly while keeping the body relaxed. Adjust seats, mirrors, etc. prior to driving to accommodate a relaxed, and supported body position.

4. **School Zones** – When driving through school zones, drivers shall obey all traffic signs and signals.

5. **Construction Zones** – Drivers shall obey all posted signs and signals while driving through a construction zone. Special attention should be paid to flaggers or others directing traffic.

6. **Use of Mirrors** - Drivers shall check mirrors frequently, particularly when changing lanes.

7. **Vehicle Turn Signals** - The use of turn signals is mandatory when operating a Company vehicle.

8. **Anti-Lock Brakes** - Drivers shall know whether or not their vehicle is equipped with anti-lock brakes. For vehicles with anti-lock brakes, apply a steady amount of pressure on the brake pedal when braking. Do not pump the brake pedal. The anti-lock brakes will help to prevent the vehicle from skidding and may give the driver more control and the ability to steer while stopping.

9. **Speed Control** – All drivers shall travel at speeds no greater than those prescribed by the jurisdiction in which their vehicle is being operated. At all times, drivers shall drive at speeds that are appropriate for weather conditions, road conditions, and traffic circumstances.

10. **Unauthorized Passengers** – Driver shall not transport any person unless they have written authorization from the Company to do so. The only exception to this requirement is if the person being transported is an employee of the Company or the driver is offering aid or assistance to someone in an accident or other emergency.

D. Training Period. Each newly hired driver shall be teamed with a ‘driver trainer’ for a minimum of 8 hours of driving time. During this training period all new drivers shall be employed on a probationary basis. Driver Trainers shall ensure that each new driver is competent, has mastered each required driving skill, and is capable of safely driving and operating the Company vehicle in the manner they have been trained. Driver trainers shall also ensure that drivers are competent in inspection procedures, parking, backing, turning, shifting, merging, securing loads or materials, general safe driving habits, and all other operating procedures. Any new employee who is unable to meet these specific requirements shall be disqualified by the Driver Trainer. Disqualified drivers shall be terminated and shall not be permitted to be re-hired until proof of additional training and/or education is provided.

E. Defensive Driving. All drivers are instructed to operate Company vehicles in a defensive manner by trying to anticipate what other drivers are going to do, and take the appropriate measures to eliminate exposure to an accident as follows:

1. Be aware of hazards you may encounter.
2. Keep an eye on the road at all times and look ahead for possible dangers.
3. Know your blind spots and check your mirrors frequently.

4. Always maintain a safe travel distance between your vehicle and the vehicle in front by using the “six second” rule of separation in good conditions, and a greater distance in inclement conditions.
5. Be certain other motorists and pedestrians can see your vehicle.
6. Always use turn signals.
7. Always expect the unexpected.
8. Prepare accordingly for the following driving conditions:
  - **Wet/Slippery Surfaces.** Wet or slippery road surfaces make operating a vehicle much more difficult. Wet roads can double a vehicle’s stopping distance. Reduce speeds by about one third on a wet road. In snow conditions, reduce speed by half or more. In icy conditions, reduce speed to a crawl or stop driving until road conditions improve.
  - **Hydroplaning.** Vehicles begin to hydroplane when the tires lose contact with the road and actually ride on top of the water, allowing for little or no traction. If a vehicle begins to hydroplane drivers should NOT use the brakes or attempt any sudden maneuvers. To regain control, remove your foot from the accelerator and steer straight until the tires regain traction.
  - **Turns, Corners, and Bends in the Roadway.** When approaching a curve adjust the vehicle speed accordingly. Drivers should be prepared for the load weight to shift to the side opposite of the turn, increasing the probability of a vehicle roll over. Therefore, drivers should reduce their speed before all corners, bends and turns in the roadway.
  - **Visibility.** Drivers should always be able to stop the vehicle within the distance that it is possible to see. In rainy or foggy conditions, drivers must compensate by reducing their speeds. Also, it is a Pennsylvania law that anytime windshield wipers are turned “on”, the vehicle lights must also be turned “on”.

F. Mandatory Safety Meetings. All employees that drive a vehicle for the Company are required to attend quarterly safety training meetings. Meetings will include topics designed to inform employees of new rules and/or regulations, driving techniques, and other safety related issues.

G. Impairment.

## **Drug and Alcohol Policy**

### **I. Purpose Statement**

The purpose of the Company’s Drug and Alcohol Policy is to create, encourage and enforce a safe working environment for all employees, and to protect coworkers and the general public from the dangers of substance abuse.

## **II. Coverage and Implementation**

This portion of the Drug and Alcohol policy is only intended for vehicle drivers that are employed by the Company. This policy shall be implemented by management and shall be followed by all noted employees.

## **III. Scope of Testing**

Testing will occur in four instances: (1) Pre-Employment; (2) Post-Accident; (3) Reasonable Suspicion; and (4) Random Testing. These tests will screen for illegal drugs and/or alcohol.

## **IV. Alcohol Policy**

The consumption, purchase, sale or use of alcohol by any employee during work hours or on/in Company property, including Company vehicles, is **STRICTLY PROHIBITED**. Alcohol abuse is serious and contributes to accidents and life-threatening conditions. If you have an alcohol abuse problem, contact your supervisor. Assistance in locating an appropriate treatment center shall be provided. Any employee who voluntarily seeks treatment for an alcohol abuse problem shall not be discriminated against. (Treatment centers and programs can be found under section XIII: Voluntary Substance Abuse Program.)

## **V. Drug Policy**

The consumption, purchase, sale or influence of illegal drugs by any employee during work hours or on/in any Company property, including Company vehicles, is **STRICTLY PROHIBITED**. Illegal drugs are not only against the law; they can contribute to life threatening conditions and accidents. If you have a drug abuse problem, contact your supervisor. Assistance in locating an appropriate treatment center shall be provided. Any employee who voluntarily seeks treatment for a drug abuse problem shall not be discriminated against. (Treatment centers and programs can be found under section XIII: Voluntary Substance Abuse Program.)

## **VI. Collection Procedures**

**A. Reasonable Suspicion Testing Procedure.** An employee may be required to submit to a drug and alcohol test if there is reasonable suspicion that the employee is under the influence of drugs and/or alcohol. The employee's supervisor shall immediately notify management and document the suspicious behavior that was observed. The supervisor and management shall make the determination if a drug and/or alcohol test is necessary. Reasonable causes shall include (but are not limited to):

- (i) Incoherent, slurred speech
- (ii) Odor of alcohol on the breath
- (iii) Staggering gait, disorientation, or loss of balance
- (iv) Red and watery eyes, if not explained by environmental causes
- (v) Paranoid or bizarre behavior
- (vi) Unexplained drowsiness

If a reasonable suspicion test has been requested of an employee, he/she shall inform the supervisor if they are taking a legal prescription medication that could cause symptoms such as those listed above. If so, the employee should be instructed to inform the collection facility and to provide the collection facility with their treating physician's contact information and/or a copy of the prescription.

**B. Post-Accident Testing Procedure.** Any employee that is involved in an accident caused by that employee's negligence, carelessness, inattention to proper safety protocols or unsafe conduct resulting in preventable property damage or bodily injury will be required to submit to a drug and/or alcohol test. The test shall be administered immediately following the incident/accident. Should the employee be unable to take the test immediately, it must be conducted within thirty-two hours of the incident. Results shall be added to the driver's personal file. All other post-accident drug and alcohol tests shall be conducted under Company requirements, and those results shall not become part of the driver's personal file.

**VII. Employees Right to Re-Test.** Any employee who feels that the results of a drug test are inaccurate may choose to have the original sample re-tested. (Note: This does not mean that the employee may provide a new sample. Instead, the second half of the original "split" sample will be thawed and tested by a different certified laboratory.) All re-testing shall be completed at the employee's expense. If the re-test is negative, the Company will reimburse the employee for the cost of the test; however, retesting costs will not be reimbursed for positive re-test results.

**VIII. Disciplinary Action.** Employees with any positive drug or alcohol test result shall be subject to immediate termination.

**IX. Consequences of Refusing Test and Altered Samples.** If a Company employee refuses to test, leaves a collection facility without submitting a specimen, or if a sample is diluted or altered in any way; it will be treated as a positive test. Refusal to test includes (but is not limited to): Failure to appear at test-site, failure to remain until test is completed, failure to provide a urine sample, failure to permit monitored collection (should it be required), and failure to cooperate with any part of the testing process.

Employees whose samples have been diluted or altered in any way will be required to submit to a second test, this test will be administered as soon as possible and with no prior warning; the second test may be a monitored collection. Unless the employee has a documented medical condition or is taking medication that would dilute or otherwise alter their urine specimen in any way, the employee will be terminated should their second test result in another diluted test.

**X. Record Retention.**

**A. Records of any of the following events shall be kept for five (5) years:**

- Alcohol test with a Blood Alcohol Concentration of 0.02% or greater;
- Verified positive drug test result;
- Refusals to submit to required drug or alcohol tests;

- Driver evaluations and referrals;
- Copies of an annual calendar of drug and alcohol testing.

**B. Records of any of the following event(s) shall be kept for two (2) years:**

- Records related to the collection process and required training.

**C. Records of any of the following events shall be kept for one (1) year:**

- Negative and cancelled drug and alcohol tests;
- Alcohol tests indicating a Blood Alcohol Concentration of less than 0.02%.

**D.** All records shall be maintained in a secure location and shall be made available for inspection by an authorized representative of the Federal Motor Carrier Safety Administration, which includes a PUC Enforcement Officer, within two business days of the request.

**E. Accident Reporting**

A reportable accident is one which includes any of the following:

- The death of a person;
- Personal injury requiring medical attention; or
- Damage to any vehicle involved to the extent that it cannot be driven under its own power in its customary manner without further damage or hazard to the vehicle, other traffic elements, or the roadway, and therefore requires towing.