

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)

Guide to Grace 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 0013976534

(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).**

Shakeerah Johnson _____

6. **Mailing Address**

6442 lansdowne ave APT 3
Street Address

Philadelphia, PA 19151 _____ Philadelphia _____
City, State and Zip Code County

(215) 259-3957 _____ Guidetograncellc@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.)

1714 n 55th
Street Address

Philadelphia, PA 19131 _____ Philadelphia _____
City, State and Zip Code County

(267) 259-3957 _____ Guidetograncellc@gmail.com _____
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?**

 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 transport people in paratransit service, including but not limited to seniors, individuals with disabilities, and persons requiring non-emergency medical transportation, from points in Philadelphia County and the surrounding counties of Montgomery, Bucks, Delaware, and Chester, to points in Pennsylvania, 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.

(Print Name) Shakeerah Johnson

(Signature) Shakeerah Johnson 10/29/25
(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.

Guide to Grace, LLC

Legal Name of Applicant

Trade Name, if any

6442 Lansdowne Ave APT 3

Street Address (principal place of business)

Philadelphia

City or Municipality

PA 19151

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.

Shakeerah Johnson is the sole owner of guide to grace LLC.

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

There are no affiliations with any other carriers

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, Shakeerah Johnson have recently completed the Passenger Assistance, Safety, and Sensitivity (PASS) training, which provided education in passenger safety, securement of mobility devices, defensive driving, emergency preparedness, and customer sensitivity.

While I, Shakeerah Johnson, does not yet have direct experience operating a transportation company, this training, combined with experience in managing business operations through the LLC, has built a strong foundation for safely and effectively providing paratransit service. I have gained knowledge in regulatory compliance, recordkeeping, and customer service, which are directly transferable to operating a transportation service.

The focus of this business will be on non-emergency medical transportation, ensuring reliable, safe, and compassionate service for individuals requiring assistance traveling to medical appointments and other essential destinations.

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.

Guide to Grace LLC operates from a dedicated office space, which includes a desktop computer, printer, and filing cabinet for managing records and correspondence. All vehicles will be housed at the office location when not in use. Business records, including those required by the PUC, will be stored in a secure filing system on site, with electronic backups maintained on the office computer to ensure accuracy and compliance. For communication and scheduling, customers will be able to request transportation by phone or online inquiry, and trips will be entered into scheduling/dispatch software. Dispatch instructions will be communicated directly to drivers by cell phone, and continuous communication will be maintained to ensure timely service and safety. This system will allow for reliable recordkeeping, efficient scheduling, and clear communication between the office and drivers.

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.

Guide to Grace LLC will initially operate with one driver (Shakeerah Johnson), which is sufficient to safely serve Philadelphia County and surrounding areas.

Hiring Standards: Drivers must have a valid PA driver's license, clean driving record, and demonstrate professionalism.

Criminal Background Checks: All drivers will undergo a Pennsylvania State Police background check prior to hire.

Driver Training: All drivers, including Shakeerah Johnson, will complete PASS training covering safety, mobility device securement, and customer service.

Driver License Checks: Licenses will be verified with PennDOT prior to hire and periodically thereafter.

Alcohol and Drug Policy: Guide to Grace LLC maintains a zero-tolerance policy for alcohol or drug use while driving; violations will result in immediate suspension or termination.

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

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

Guide to Grace LLC plans to initially operate with one van, which will be sufficient to provide reliable and efficient service within Philadelphia County and surrounding areas while the business builds its client base. As demand grows and the service area expands, additional vehicles will be added to ensure continued timely and safe transportation for passengers. At this time, a vehicle has not yet been purchased, but the business is in the process of acquiring a van suitable for non-emergency medical transportation, including compliance with all safety and accessibility requirements.

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 for Guide to Grace LLC
 Guide to Grace LLC is committed to ensuring the safety and reliability of our vehicles in compliance with applicable Pennsylvania vehicle equipment standards, specifically 67 Pa. Code Chapter 175.

a. Periodic Vehicle Maintenance Plan

Upon acquisition, our vehicle will undergo a comprehensive inspection by a certified mechanic to ensure it meets all safety and operational standards. We will establish a maintenance schedule based on manufacturer recommendations and regulatory requirements, including regular oil changes, brake inspections, tire rotations, and other essential services. Maintenance records will be meticulously documented and retained for review.

b. Compliance with Pennsylvania Vehicle Equipment Standards

We will ensure that our vehicle complies with the equipment standards set forth in 67 Pa. Code Chapter 175, which includes requirements for lighting, mirrors, exhaust systems, horns, and other essential components. Our vehicle will be inspected annually at an authorized inspection station, and any necessary repairs or adjustments will be promptly addressed to maintain compliance.

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

Guide to Grace LLC has researched and contacted multiple insurance providers specializing in commercial passenger transportation to determine coverage options and costs for non-emergency medical transportation vehicles. Preliminary quotes indicate that the required commercial liability and passenger insurance premiums are within the company's financial capabilities based on current business planning and projected revenue. The company is prepared to obtain the necessary insurance coverage prior to beginning operations, and documentation of coverage will be submitted to the PUC as part of the final approval process.

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

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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.

Shakeerah Johnson
 (Signature)
 Shakeerah Johnson (owner)
 (Name and Title, printed or typed)

09/24/2025
 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets			
Cash		35,000	
Other Current Assets (specify)		<u>0</u>	
Total Current Assets			<u>35,000</u>
Tangible Assets			
Motor Vehicle Equipment		7,000	
Property (buildings, land, etc.)		<u>0</u>	
Office Equipment			<u>1,500</u>
	TOTAL ASSETS		<u>7,500</u>

LIABILITIES

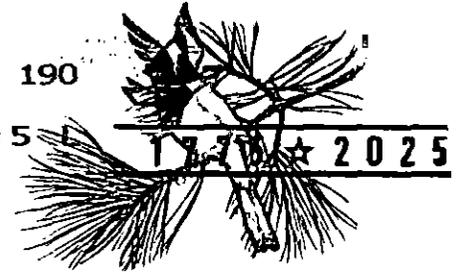
Current Liabilities (Due within one year of date)			
Loans		<u>0</u>	
Credit cards/revolving credit		<u>0</u>	
Other Liabilities (Attach schedule)		<u>0</u>	
Total Current Liabilities			<u>0</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		<u>0</u>	
Long term commercial loan		<u>0</u>	
Other Liabilities (Attach Schedule)		<u>0</u>	
Total Long-Term Liabilities			<u>0</u>
	TOTAL LIABILITIES		<u>0</u>

**Guide to Grace LLC is a startup; all numbers reflect initial investment and planned assets.
 No current or long-term liabilities exist at this time.

ShaKeerah Johnson
6442 Lansdowne Ave Apt 3
Philadelphia PA 19151

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FOREVER / USA

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

17120-020202

