

SAXTON & STUMP

LAWYERS AND CONSULTANTS

4250 Crums Mill Road • Harrisburg, PA 17112
P: (717) 941-1202 • F: (717) 441-3810

Direct Dial: (717) 941-1202
Email: smendelsohn@saxtonstump.com

November 14, 2025
VIA E-FILE SYSTEM

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

RE: Application of Inclusive Transportation LLC
PA Corporation Bureau Entity ID Number 0014973628
10 Ridley Lane, Carlisle, PA 17015

Dear Secretary Homsher,

Please accept this cover letter regarding our client, Inclusive Transportation LLC, and the above-referenced Application, which was filed before the Public Utility Commission on November 14, 2025.

I, Seth A. Mendelsohn, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Thank you for your attention to this matter. As always, I am available to you for any further clarification.

Very truly yours,
SAXTON & STUMP



Seth A. Mendelsohn, Esquire

SAM/jm
Enclosure - Application

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)
Inclusive Transportation LLC (hereinafter "IT-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?** ___ NO
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 0014973628
(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).**

Khagendra P. Dhakal, Sole Member _____

6. **Mailing Address**

10 Ridley Lane
Street Address

Carlisle, PA 17015 _____ Cumberland _____
City, State and Zip Code County

(315) 391-2475 _____ khagendradhakal6@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 as #6
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)

Seth A. Mendelsohn, Esq. _____ (717) 941-1202 _____
Attorney's Name & Telephone Number for this Filing

Saxton & Stump
4250 Crums Mill Rd, Ste 201, Harrisburg, PA 17112 _____ smendelsohn@saxtonstump.com _____
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 persons in paratransit service between points in the Counties of Adams, Cumberland, Dauphin, Juniata, Lebanon, Lancaster, Perry, and York 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.

Khagendra P. Dhakal, Sole Member

(Print Name)



(Signature)

11/13/2025
(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.

Inclusive Transportation LLC (hereinafter "IT-LLC")

Legal Name of Applicant

N/A

Trade Name, if any

10 Ridley Lane, Carlisle, PA 17015

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.

Khagendra P. Dhakal, Sole Member
10 Ridley Lane
Carlisle, PA 17015
Phone: (315) 391-2475

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

None

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.

See attached page for answer to question 3.

Page 5 – Response to Question 3.

Khagendra P. Dhakal has years of experience as a service provider. Since coming to the United States from Nepal, Mr. Dhakal has been involved in several industries including home health care; the electrical industry; and transportation network services. Attached to this application for IT-LLC is a full description of the services that he has provided. In addition, we provide the following:

Since his time as an Uber and Lyft driver that ended during the time of the COVID-19 pandemic, Mr. Dhakal has worked primarily in the home health care space. Currently, he works for Creative Homecare, LLC based in Cumberland County. During this time period, he has had successful results and has been sought after for services by clients and their families. These individuals, often knowing of his prior work as a driver, have sought his transportation services because they know of his reliability and professionalism.

Mr. Dhakal wanted to make certain before entering the paratransit market. During the past several years, he has met with current paratransit owners and investigated the responsibilities of working in a highly regulated field. He has formed a business plan and has saved money along the way. He formed an LLC and has deposited \$120,000 in a bank account for the LLC.

From his days in the transportation field, he knows what is required of a transportation operator. He has a one-year-old vehicle available with 29,000 miles. He has investigated insurance options and has the financial capabilities available to insure the vehicle. He has garage space.

His business plan calls for a modest opening in order to generate income primarily based with those individuals who are already familiar with the services that he provides in the home health area. Once he gets moving, he plans to expand his services but slowly. He does not plan to rent space; he plans to operate out of his home and to keep his expenses modest.

Mr. Dhakal's attached resume reflects a history of jobs with long tenure, and we suggest that the Commission should be assured that he is in this for the long haul.

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.

See attached page for answer to question 4.

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.

See attached page for answer to question 5.

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> |
|-------------|-------------|--------------|--------------------------|---------------------|----------------|
| 2024 | Kia | Carnival | 8 | KNDNE5H39R6337456 | 29,000 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

See attached page for additional response to question 6.

Page 6 – Response to Question 4.

IT-LLC will begin its operations in the sole member's home where there is a dedicated office from where business may be securely conducted. Business records will be maintained and stored in appropriate fire-resistant records containers and contemporaneously electronically stored on local computer devices and on an off-site cloud-based database. The company's equipment will include computers, printers, a fax machine, a scanner, cellular phones, and the software required to operate the same. The company's communication plan includes the company's primary phone line, which will be monitored and managed by the company. The company will receive customer requests for paratransit service via telephone and email.

The initial plan is to use the current vehicle for ambulatory service. The sole member plans to provide services and is likely to hire a part-time second driver as needed to order to balance the workload. At all times, the driver/sole member will have a cell phone and GPS available in the vehicle to ensure constant communication, accountability, and availability of drivers. The company will require each driver to read, understand, and sign the company's communications plan policy.

Page 6 – Response to Question 5.

As mentioned in the prior response, the initial plan is for the sole member to serve as a driver and for IT-LLC to hire a part-time driver. We believe this is an appropriate number of drivers as we get started with a single vehicle to begin our operations. As we plan for our demand to grow, we would look to hire additional drivers, but this growth will be slow and not until demand is there.

- a. At all times, our plan is to employ the highest standards for hiring drivers. Specifically, all necessary paperwork for Applicant's drivers will be completed prior to hiring. All drivers will complete a driver's application, including front and back photocopies of driver's licenses. All drivers will be 21 years of age or older, and their age will be confirmed via driver's license and an additional form of photo identification. We have already started the electronic process with PennDot to expedite this process. HIPAA Medical Release Authorization Forms must be signed for each driver's background check. We also will follow the criminal background check requirements as set forth in 5(b).
- b. We will obtain and review comprehensive criminal history records for each driver from the Pennsylvania State Police and every other state in which the driver has resided for the last 12 months. In addition, we note that IT-LLC will obtain and review criminal history for each driver from the Pennsylvania State Police every two years from the date of the last criminal history check. Per Pa. Code § 29.505(a)(4), the criminal background checks will be kept for a minimum of three years. We will follow the provisions of Title 52 Pa. Code §29.505(a)(3) and will not hire an individual to operate a vehicle in the service of IT-LLC who was convicted of a felony or a misdemeanor under the laws of the Commonwealth or under the laws of another jurisdiction, to the extent the conviction relates adversely to that person's suitability to provide service safely and legally. This individual would be disqualified from employment as a driver at IT-LLC. IT-LLC also will follow the Commission's Policy Statement, 52 Pa. Code §41.14(6), and will apply it and will not employ any driver convicted of a felony or crime of moral turpitude and remains subject to supervision by a court or correctional institution.
- c. Drivers must complete driver's training prior to employment, including Defensive and Distracted Driving Course, Red Cross First Aid training, OSHA Bloodborne Pathogen training, and CPR training. We also will make sure that they know how to safely operate and securing in a wheelchair in the vehicle.
- d. Drivers must sign and return Motor Vehicle Record Release Form DL-503. We will obtain and review drivers histories for each driver for the preceding three years and will obtain new driver histories at least once every 12 months from the date of the last report. Pa. Code § 29.504(a)(3), IT-LLC will maintain a copy of the driver license check for each driver for at least two years.
- e. Drivers must complete a consent form for urinalysis drug testing with random urinalysis conducted as needed. IT-LLC has a zero-tolerance policy on the use of unlawful drugs by its drivers.

Page 6 – Response to Question 6.

For a start, we suggest that a single vehicle for one to two drivers is appropriate as we launch our operations. Currently, we will have this vehicle that will be for ambulatory service. At the appropriate time, we will look to add additional vehicles with a wheelchair accessible vehicle being a primary option; however, this will be a future goal.

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 page for answers to question 7.

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

I have spoken with those familiar with the paratransit marketplace and am familiar with the expected premiums. In addition, I have spoken with an insurance broker and know what the anticipated premium will be. Given these quotes that I have received, our financial position, and our business plan, I am confident in our ability to meet these premiums.

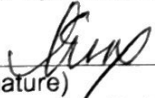
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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.



(Signature)
Khagendra P. Dhakal, Sole Member

(Name and Title, printed or typed)

11/13/2025

(Date)

Page 7 – Response to Question 7.

- a. We intend to subject each vehicle to preventative maintenance checks before the vehicle is put into service on any given day. This check will include making sure all lights, windshield wipers, and windows are properly working. We also will make sure that tires are properly inflated. We plan to follow regular manufacturer recommended maintenance guidance, e.g. oil changes and tire replacements/rotations. We will make sure that internal safety features are operational.

- b. We are aware of and will comply with the inspection requirements for our vehicles.

IT-LLC is aware of the requirements in 52 Pa Code §§ 29.402 (vehicle equipment requirements) and 29.403 (requirements for passenger service operation) and will continue to follow these provisions.

Statement of Financial Position (Balance Sheet)
As of (date) November 13, 2025
(Must be less than 6 months old)

ASSETS

| | | |
|----------------------------------|---------|---------|
| Current Assets | | |
| Cash | 120,000 | |
| Other Current Assets (specify) | 0 | |
| Total Current Assets | | 120,000 |
| Tangible Assets | | |
| Motor Vehicle Equipment | 0 | |
| Property (buildings, land, etc.) | 0 | 0 |
| Office Equipment | | 2,500 |
| TOTAL ASSETS | | 122,500 |

LIABILITIES

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

See attached Exhibit "A" - Bank Statement

Exhibit "A"

Inclusive Transportation LLC

Orrstown Bank Statements



Good Morning, Khagendra Dhakal

Everyday Business Checking [REDACTED] 2249

Last Updated: November 13, 2025 11:11 AM

\$120,000.00 **\$120,000.00**
Current Balance Available Balance

Transactions Details & Settings

DETAILS

| | | | |
|------------------------------|--------------|-------------------|-----------------|
| Current Balance | \$120,000.00 | Available Balance | \$120,000.00 |
| Interest Rate | 0.00% | Accrued Interest | \$0.00 |
| Last Deposit Amount | \$120,000.00 | Last Deposit Date | Nov 12, 2025 |
| Year-to-date interest amount | \$0.00 | Account Number | [REDACTED] 2249 |
| Routing Number | | | [REDACTED] |

SETTINGS

Global Nickname



Personal Nickname



Visibility on Home



Text Banking

You are not enrolled in Text Banking, enroll in Settings



Inclusive Transportation LLC



Product type: EVERYDAY BUSINESS
CKG

Open since: 11/07/2025 (5D)

Available: \$120,000.00

Last activity:

Current: \$0.00

Status: New This Cycle

Last contact:

Holds: \$0.00

Branch: SEVEN GABLES BR

Last deposit: \$0.00

Collected: \$0.00

Officer 1: SEVEN GABLES

Total dynamic: \$0.00

Officer 2: NO OFFICER ASSIGNED

Referral code: Not Assigned

Alerts (1)

Account Information

> Account Relationships

Alternate Address

Balance Summary

Closeout Calculation

Cycle Information

Document/Image Viewer

> Fees

History

ACH Inquiry

NSF

Package Post

Teller Memo Activity

Transactions

Maintenance Log

Interest & Withholding

> Miscellaneous

> Notes

NSF/OD Information

Pending Phone Transfers

> Posting Restrictions

User Fields

Waived Fees

Kevin Stoner
Customer Service Specialist

Office 717-258-1129 x6220
Fax 717-258-1231
kstoner@orrstown.com
NMLS# 409268
1 Giant Lane
Carlisle, PA 17013



Transaction History

Statement period 1: Last 10 Transactions

| | Effective | B | Code | Statement Description | Check # | Debit | Credit | Current |
|---------|-----------|---|------|-----------------------|---------|-------|--------------|---------|
| Actions | PENDING | | 0020 | Deposit Transaction | | | \$120,000 00 | |

11-12-25
[Handwritten Signature]