

## Application for Transportation Network Service License

THIS APPLICATION IS TO BE USED WHEN PROVIDING TRANSPORTATION FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA USING A DIGITAL NETWORK TO FACILITATE PREARRANGED RIDES.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

MYMOSE BENJAMIN

- 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)

CHRISTIAN Homecare Agency LLC

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 Trucking" 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 Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Applicant is:**

- Sole Proprietor
- Partnership
- Limited Partnership (Provide list of partners and copy of Certificate of Limited Partnership)
- Limited Liability Partnership (Provide list of partners and copy of Statement of Registration)
- Limited Liability Company (Provide list of members and copy of Certificate of Organization)
- Corporation (Provide list of shareholders, distribution of shares, officers, and copy of Articles of Incorporation)
- Foreign Association not formed in PA (Provide copy of Foreign Registration Statement)

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4. **Registration with the Department of State** - The applicant certifies that the TNC is registered with the Pennsylvania Department of State to do business in the Commonwealth. Please provide a copy of the TNC applicant's registration with this application.

5. **Please check Applicant's PUC status:**

- Does not now, nor never has had PUC Authority  
 Does not now, but has previously held PUC Authority at A- \_\_\_\_\_  
 Holds current PUC Authority at A- \_\_\_\_\_

6. **Dual Motor Carrier** - Please indicate whether the Applicant is a call demand carrier.

- The Applicant WILL BE operating as a Dual Motor Carrier.  
 The Applicant WILL NOT BE operating as a Dual Motor Carrier

7. **Mailing Address**

1305 Robbins street  
Street Address  
Philadelphia PA 19111 USA  
City, State and Zip Code County  
215 817 1045 mymose-benjamin@yahoo.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.*

8. **Physical Address** (If different than mailing address. Do not use a post office box.)

5901 Summerdale ave  
Street Address  
Philadelphia PA 19111 USA  
City, State and Zip Code County  
215 817 1045 mymose-benjamin@yahoo.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**

9. **Website**

\_\_\_\_\_  
Website Address

The applicant certifies that it will establish and maintain a website that complies with Chapter 26.

10. **Registered Agent**

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code County

\_\_\_\_\_  
Telephone Number E-mail Address

11. **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.

12. **Affiliated Interests** – List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

13. **General Description of Nature and Scope of Business** - Provide a general description of the nature and scope of the proposed TNC service to be offered, including the company's business model, the use of independent drivers or employee drivers, the use of driver-owned vehicles or company-owned vehicles, the names and roles of any affiliates involved in providing the service, and other relevant features of the proposed TNC service.

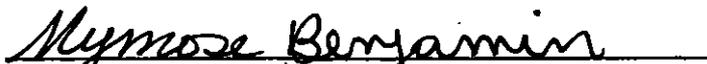
14. **Driver Standards** – Please explain:

- a. Your standards for drivers;
- b. Your system for ensuring compliance with criminal background and license check requirements;
- c. Your driver training program;
- d. Your policy regarding alcohol and drug use by your drivers;
- e. How your policy or your written policy will ensure that drivers have the necessary insurance coverage;
- f. How your policy or your written policy will ensure your drivers will continuously comply with all requirements under Chapter 26, including providing service to people with disabilities;
- g. How your policy or your written policy will ensure your drivers will be informed of nondiscrimination policies.

15. **Vehicle Safety Program** – Please explain:

- a. How your policy or your written policy will ensure that vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) and Chapter 26.
- b. Plans for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage standards shall be replaced in a timely fashion.
- c. How your policy or your written policy will ensure vehicles engaged in TNC service display their respective TNC placard in accordance with Chapter 26.

16. **Autonomous Vehicle Safety** – Please certify that all autonomous vehicles and their operation in TNC service comply with all applicable PennDOT regulations.



The certification must be signed here by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation)

17. **Customer Service Standards** – Please describe your customer service standards. Within your description, please explain:

- a. Your plan to inform customers of how to file complaints with the PUC;
- b. Your intended customer complaint resolution procedure.

18. **Insurance** – Describe steps you have taken to obtain liability insurance coverage for your business. Upon tentative approval of the application, you will be required to have an acceptable Form E certificate of insurance filed by the insurance carrier. Note: An acceptable Form E certificate may be filed at the time of filing the application.

19. **Financial Data** – You must submit documentation as evidence of your current financial position.

20. **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 License for failure to comply with Commission requirements. **TNC applicant certifies that it will comply with all of the requirements under Chapter 26.** (Act 164 of 2016)

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported annual gross Pennsylvania intrastate receipts derived from all fares charged to customers for the provision of TNC service. Applicant 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.

MYMOSE BENJAMIN  
(Print Name)

MB (Signature) 10-16-25 (Date)

The verification of the application must be completed by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation).



0013594719



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**REGISTRATION OF FICTITIOUS NAME**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 File #: 0013594719  
 Date Filed: 9/20/2023

B0610-2158 09/20/2023 12:58 PM Received by Pennsylvania Department of State

**DSCB: 54-311 (rev. 2/2017)**

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

**Fictitious Name**  
 Fictitious name Philadelphia Christian Homecare Agency

**Additional Information**  
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: We are committed to providing high quality and client-centered services/care to our clients to enable them to lead dignified and independent lives in the comfort and safety of their homes.

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address 1305 ROBBINS ST  
 PHILADELPHIA, PA 19111  
 philadelphia

**Individuals interested in the business**

Full Name	Address
None Entered	

**Associations interested in the business**

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
Christian Homecare Agency LLC Domestic Limited Liability Company Registered Office Address 1305 Robbins st, philadelphia, PA 19111 State or Country of Origin PENNSYLVANIA			None	None

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**Agents**

Full Name
None Entered

**Additional provisions, if any**

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

*MYMOSE BENJAMIN*

09/20/2023

Christian Homecare Agency LLC

Date

FROM:

Mymose Benjamin  
1305 Robbins st  
Philadelphia, PA 19111

Retail



RDC 99

TO:

Secretary PA Public  
Utility Commission  
400 North Street 2ND Floor?  
HARRISBURG, PA 17120