

Secretary PA Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

## 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)

\_\_\_\_\_  
NaviCARE 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** \_\_\_\_\_ **14783276**

(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).**

Thianna Kirton \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

502 W 7TH ST. STE 100  
Street Address

ERIE, PA 16502-1333 \_\_\_\_\_ ERIE COUNTY \_\_\_\_\_  
City, State and Zip Code County

267-233-2853 \_\_\_\_\_ NaviCARETransport@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.)

502 W 7TH ST. STE 100  
Street Address

ERIE, PA 16502-1333 \_\_\_\_\_ ERIE COUNTY \_\_\_\_\_  
City, State and Zip Code County

267-233-2853 \_\_\_\_\_ NaviCARETransport@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 WHEELCHAIR AND STRETCHER VANS FROM POINTS IN THE CITY OF ERIE TO POINTS THROUGHOUT ERIE COUNTY.**

---

*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.

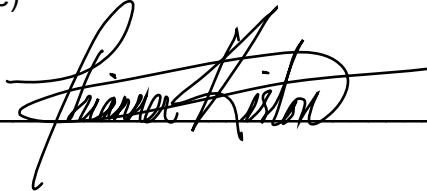
## Verification of Application

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.

THIANNA KIRTON

(Print Name)



(Signature)

11/17/2025

(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.

<b>NaviCARE LLC</b>			
Legal Name of Applicant			
Trade Name, if any			
<b>502 W 7TH ST. STE 100</b>	<b>ERIE</b>	<b>PA</b>	<b>16502-1333</b>
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.

**Person Verifying Statement:** Thianna Kirton, President  
**Business Address:** 502 W 7TH ST. STE 100  
ERIE, PA 16502-1333  
**Phone Number:** 267 - 233- 2853

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

**Applicant has no other affiliations**

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.

**NaviCARE is a startup company looking to provide safe and pristine quality transportation to the Erie County Community. Personally as the owner, I have over 10 years of Practical hands on experience as a Wheelchair Van Operator. I am AHA CPR Certified. During those 10 years, I've worked for great companies like AMR and HEALTHFLEET. These companies have PUC Authority. I've maintained great standing with those employers throughout my whole tenure as a employee and gained critical skills for safe transportation.**

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.

Physical location includes a small office with computer, phone, fax machine and printer to staff administrative employee. Physical location also has a garage to house the company wheelchair/stretching van. Point of contact with crew will be maintained via telephone orchestrated by a dispatching software that provides client info and safety requirements for each service

Client and operational data are maintained securely in accordance with privacy policies. Navicare uses both paper and electronic records, which are:  
 Stored in locked cabinets or secure servers  
 Accessible only to authorized personnel  
 Regularly backed up to prevent loss  
 Disposed of securely when no longer needed

Booking can be made via:  
 Phone call  
 Online request form (if available)  
 Referral from medical or care facility Clients are encouraged to schedule rides at least 24 to 48 hours in advance

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.

As a transportation company regulated by the Pennsylvania Public Utility Commission (PUC), NaviCARE requires background checks and appropriate driver clearances in compliance with all local, state, and federal regulations. All drivers must maintain an active driver's license, clean MVR, and any certifications required for transporting passengers with mobility impairments. We are looking to start and properly train 4 drivers and wheelchair van operators.

To ensure a safe work environment, NaviCARE prohibits the use, possession, or influence of drugs and alcohol during work hours or while operating company vehicles. Violation of this policy may result in immediate termination and legal consequences.

All applicants are subject to a structured hiring process, which may include:

- Completion of an employment application
  - Background and criminal history checks
  - Verification of required licenses or certifications
  - Driving record checks (for driver roles)
  - In-person or virtual interviews
  - Pre-employment drug screening (as applicable)
- Employment offers are contingent upon successful completion

All new hires must complete an orientation program before beginning active duties. This includes:

- Introduction to company policies and procedures
  - Review of the Employee Handbook
  - Vehicle operation and safety training
  - Client care and communication techniques
  - Emergency response protocols
- Orientation helps employees understand their roles and expectations at NaviCARE.

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>
2017	RAM	PROMASTER 3500	6	PA CH-03	125,000

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

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).

To ensure safety and reliability, each NaviCARE vehicle follows a structured preventive maintenance schedule.

This includes:

- Oil Change & Fluids Check: Every 3,000–5,000 miles or per manufacturer guidelines
  - Brake & Tire Inspection: Monthly or every 5,000 miles
  - Lift/Ramp Maintenance: Monthly functional check and lubrication
  - Annual Safety Inspection: Per Pennsylvania Department of Transportation (PennDOT) requirements
- All maintenance activities must be logged and documented in the company's vehicle maintenance file.

Before each shift, drivers are required to complete a Vehicle Pre-Trip Inspection, which includes checking the following:

- Tires (pressure and condition)
- Lights, signals, and horn
- Brakes and steering
- Lift/ramp functionality
- Securement systems
- Cleanliness (interior and exterior)
- Fuel and fluid levels
- Emergency equipment availability

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

WE'VE CONTACTED AN INSURANCE BROKER AND OBTAINED A QUOTE. WE HAVE THE FUNDS AVAILABLE AND ON STANDBY TO OBTAIN INSURANCE FOR NAVICARE

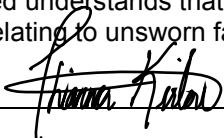
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ 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)

11/17/25

---

(Date)

**THIANNA KIRTON, PRESIDENT**

---

(Name and Title, printed or typed)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 11/17/2025**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$80,700.43	
Other Current Assets (specify)	\$15,000	
Total Current Assets		\$95,700.43
Tangible Assets		
Motor Vehicle Equipment	\$4,000	
Property (buildings, land, etc.)	\$3,500	\$7,500
Office Equipment		
TOTAL ASSETS		\$103,200.43

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$1,268.67	
Credit cards/revolving credit	\$568	
Other Liabilities (Attach schedule)		
Total Current Liabilities		\$1,836.67
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	\$12,000	
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		\$12,000
TOTAL LIABILITIES		\$13,836.67