

## 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](http://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, 2<sup>ND</sup> 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](http://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](http://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)

Immaculate Non-Medical Transportation Services 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?**  YES  NO  
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 0014775621  
(See checklist and indicate type of business entity registered)



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, by motor vehicle, in Paratransit service, from points in the city and county Philadelphia, to points in Pennsylvania, and return.**

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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 up 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.

Toyin Adebajo

(Print Name)

*Toyin Adebajo*

(Signature)

*09/24/2025*

(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.

Immaculate Non-Medical Transportation Services LLC

Legal Name of Applicant

n/a

Trade Name, if any

5665 E Wister St. Floor 2	Philadelphia	PA	19144
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.

**Toyin Adebajo, Owner**  
**484-632-6144**  
**5665 E Wister St. Philadelphia, PA 19144**

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.

**Although I do not have direct experience operating a transportation service, I bring strong business management and organizational skills that will support the success of this company. I have partnered with a consultant and other industry providers, while also taking the time to research industry standards, state regulations, and best practices for operating a safe and reliable non-emergency transportation service. Upon receiving my PUC license, I will also apply for medicaid and the partner with MTM for contracted services. with that being said, a letter of intent is on hold until I receive my license and medicaid number.**

**I am committed to completing all required driver safety, CPR/first aid, and passenger assistance training to ensure that operations meet both regulatory requirements and the highest standards of customer care. In addition, I have developed skills in scheduling, customer service, and record keeping, which are directly applicable to coordinating transportation services.**

**My focus will be on building a team that prioritizes safety, punctuality, and professional service for passengers. By combining ongoing training, compliance with state guidelines, and strong operational management, I am confident in my ability to successfully operate and grow this business.**

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.

The office of Immaculate Non-Medical Transporion Services LLC is located in Philadelphia, PA. Inside the office is a table, chair, computer, telephone, cabinets, fax machine, scanner, and printer. Vehicles will be housed in the parking lot of the office. All records required by the Public Utility Commission, including but not limited to, employee hiring packages and licensing, employee training and counseling, client personal data, trip/driver logs, trip payment records and invoices, vehicle purchase, maintenance and inspection records, etc. will be kept in locked files in a secure area of the office.

As regards to communication, a dispatcher will receive client's calls on the advertised phone line and record each request on the Trip Ticket (sample attached) which contains all necessary trip and billing information. His information will be transferred to a daily trip log for the driver(s) to begin each day. Once a trip is complete, the dispatcher will use the Trip Ticket to create an invoice. If the trip is not Pay-on-Transport, an invoice will be mailed the same day.

Driver(s) will provide their own "smart phone" complete with a GPS application. Driver(s) will report to the dispatcher at the beginning and completion of each trip. Should a previously unscheduled on-demand trip arise during the day, the dispatcher will communicate the required trip information to the driver(s) via "smart phone."

Our scheduled office hours are 8:00 am to 5:00pm Monday through Friday. During "after hours", office phones will be forwarded to the dispatcher's "smart phone."

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 will begin operations with 1 driver, hourly employees, which should be sufficient to cover the scheduled office hours with a single vehicle. As client demand increases, the number of drivers, and vehicle will be adjusted to maximize efficient and safe transportation.

A: All drivers must be ages 25+ with a valid drivers license appropriate for the vehicle being driven, No accidents or tickets within the last 7 years, a drug and alcohol screen upon employment, free from any health problems that may be injurious to the clients, and able to pass the driver training program.

B: We will utilize the Pennsylvania Access to Criminal History (PATCH) to obtain criminal histories and become an authorized user of online business with PENDOT to obtain driver histories.

C: See Driver Training Policy Attached

D: Motor Vehicle Records will be ordered periodically to assess driving records. An unfavorable record will result in the loss of company vehicle driving privileges or employment. A standard method of evaluation for all prospective and current drivers' MVRs will be used.

E. See Alcohol and drug use by your drivers Policy Attached

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.

We have decided to begin operations with one vehicle. One vehicle will suffice due to us only servicing Philadelphia county. As we expand our counties and clientele, we will obtain more and larger vehicles as necessary to keep up with demand.

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 Vehicle Maintenance and Safety Policy**

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

**We have solicited estimates from different insurance carriers. Sufficient funds have been set aside for that purpose.**

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.

*Toyin Adebajo*  
 \_\_\_\_\_  
 (Signature)  
 Toyin Adebajo, Owner  
 \_\_\_\_\_  
 (Name and Title, printed or typed)

*09/25/2025*  
 \_\_\_\_\_  
 (Date)

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

ASSETS

Current Assets		
Cash	\$6,500	
Other Current Assets (specify)	\$0	
Total Current Assets		\$6,500
Tangible Assets		
Motor Vehicle Equipment	\$0	
Property (buildings, land, etc.)	\$0	\$0
Office Equipment		\$0
TOTAL ASSETS		\$6,500

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

I, **Toyin Adebajo**, hereby state that the facts 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 Ph.C.'s. § 4904 (relating to unsworn falsification to authorities).

**-Signed, TOYIN ADEBANJO**

## 1.) Question # 10 of the Application.

A. To transport persons, by motor vehicle, in Paratransit service, from points in the city and county Philadelphia, to points in Pennsylvania, and return.

### B. **Client Acquisition Strategy (Open to the Public)**

Immaculate Non-Medical Transportation Services LLC will be open to serving the general **public** requiring paratransit services within our certificated territory. We understand that the regulatory requirements for serving the public (non-home health care clients) are considerably higher, and our operational plan, insurance levels, and driver qualification policies have been designed to meet or exceed these increased standards from the outset. Our client base will be sourced from three primary channels:

1. **Broker Contracts (Primary):** The majority of trips will be provided under contract with Non-Emergency Medical Transportation (NEMT) brokers (e.g., MTM, as previously mentioned) who manage transportation for Medicaid and Medicare recipients.
2. **Private Pay:** Direct bookings from private individuals requiring reliable, accessible transportation for appointments, shopping, or social events.
3. **Affiliate Referrals:** Referrals from our affiliated company, **Comfort Immaculate Homecare Services**, which will be discussed below.

### **Relationship with Comfort Immaculate Homecare Services:**

I, Toyin Adebajo, Owner confirms that I **currently own and operate Comfort Immaculate Homecare Services** (5665 E Wister Street, Philadelphia, PA 19144).

The relationship between the two entities is structured as follows:

- **Separate Legal Entities:** Immaculate Non-Medical Transportation Services LLC is a legally distinct entity (the motor carrier applicant), separate from Comfort Immaculate Homecare Services (the home care provider).
- **Shared Ownership/Address:** While both companies share the same principal owner and the same administrative address, their financial accounts, operational responsibilities, driver pools, and PUC/Medicaid certifications are **kept entirely separate**.
- **Referral Channel:** Comfort Immaculate Homecare Services will serve as a **referral source**, directing its clients who require NMT to the applicant carrier. Crucially, the home health care entity **will not receive exclusive transportation services**. These clients will be served under the same tariffs, regulatory standards, and operating rules as the general public and broker-referred clients.

This arrangement provides a stable initial demand stream while maintaining the necessary regulatory separation, ensuring that the new transportation company operates as an independent, public common carrier under PUC jurisdiction.

I, **Toyin Adebajo**, hereby state that the facts 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 Ph.C.'s. § 4904 (relating to unsworn falsification to authorities).

**-Signed, TOYIN ADEBANJO**

## **2.) Question #3 of Verified Statement of Applicant**

**No.** No formal contracts have been signed, and no Letters of Intent (LOIs) have been written. The company has explicitly reserved all contractual commitments until official operating authority is granted to minimize risk and ensure compliance with all regulatory prerequisites. Immaculate Non-Medical Transportation Services LLC has established a clear, staged timeline for securing brokerage contracts:

- 1. Phase I: Pre-PUC/Medicaid Application (Completed):** Established professional relationships and received verbal confirmations of interest from key brokers, including **MTM, Inc.** All discussions were held with the explicit understanding that execution is contingent upon regulatory approval.
- 2. Phase II: Post-PUC Certificate Approval (Imminent):** Upon receipt of the Certificate of Public Convenience from the PUC, the company will immediately finalize and submit its required application to become a certified Pennsylvania Medicaid provider for non-medical transportation.
- 3. Phase III: Post-Medicaid Approval (Execution):** Upon receiving final approval as a **Medicaid provider**, the company will immediately initiate the formal contracting process. The plan is to maximize and execute the brokerage contract with **MTM** first, followed by others, ensuring that all services provided are fully reimbursed and compliant from **Day One** of operation.

I, **Toyin Adebajo**, hereby state that the facts 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 Ph.C.'s. § 4904 (relating to unsworn falsification to authorities).

**-Signed, TOYIN ADEBANJO**

### 3. Question #5 of Verified Statement of Applicant

This policy details the mandatory compliance policies for driver qualifications as required by the Pennsylvania Public Utility Commission (PUC) under Title 52 of the Pennsylvania Code. **Strict adherence to these schedules and standards is mandatory for continued employment and service authorization.**

#### **A. Driver's License Checks Policy**

- **Initial Requirement:** No person shall operate a vehicle in authorized service until Immaculate Non-Medical Transportation Services LLC has obtained and reviewed a driver history report from the appropriate agency for every state the applicant held a license in for the **preceding three (3) years**.
- **Ongoing Schedule:** A driver history check shall be obtained and reviewed **at least once every twelve (12) months** from the date of the last report.
- **Compliance Tracking:** The company will utilize a centralized digital tracking system with automated alerts to guarantee these checks are performed on the required annual schedule. Records will be maintained for a minimum of two (2) years.

#### **B. Criminal History Checks Policy**

- **Initial Requirement:** A criminal history record must be obtained and reviewed from the Pennsylvania State Police and all states of residence for the **preceding twelve (12) months** before authorizing operation.
- **Ongoing Schedule:** Criminal history checks shall be conducted **one (1) year** after initial report and **every second year thereafter**.
- **Mandatory Disqualifiers:** Applicants/Drivers are immediately disqualified upon conviction (or finding of guilt) of the following:
  1. **Any Time:** Sexual offenses, crimes of violence (as defined in 18 Pa. C.S. 5702), or acts of terror.
  2. **Within 7 Years:** DUI, felony theft, felony fraud, or felony-controlled substance violations.
  3. **Within 10 Years:** Burglary, robbery, or using a motor vehicle to commit a felony.

**Record retention:** A copy of the criminal history shall be maintained for at least 3 years.

### **C. Alcohol and Controlled Substance Prohibitions Policy**

- **ZERO TOLERANCE POLICY:** Immaculate Non-Medical Transportation Services LLC strictly prohibits the use of alcohol or controlled substances, or being under the influence thereof, while operating a vehicle in passenger service.
- **Drug Testing:** All drug/alcohol testing will be administered by a **Designated Third-Party Administrator (TPA)**, including pre-employment, reasonable suspicion, post-accident, and random testing.
- **Waiting Period After Use:**
- **Controlled Substances:** Drivers **may not have any measured concentration or detected presence** of a controlled substance while on duty. Therefore, there is **NO permissible waiting period** for illicit or unprescribed substances.
- **Alcohol:** A driver must wait a minimum of **four (4) hours** after consuming any alcoholic beverage before performing or continuing to perform safety-sensitive functions (driving). The legal standard of an alcohol concentration of 0.00% is maintained for on-duty operation.

### **D. Driver Training Policy**

To ensure all drivers are fully prepared to serve the public in Philadelphia, all new hires and existing drivers (on a refresher schedule) must complete the following Immaculate Non-Medical Transportation Services LLC Initial Certification Program. The training is a 40-hour minimum program combining classroom instruction and supervised on-road practical application.

#### **Key Training Modules:**

- **Defensive Driving & Road Rules:** In-depth review of Pennsylvania traffic laws, focusing on defensive techniques appropriate for dense urban driving (Philadelphia streets).
- **Passenger Assistance & Sensitivity:** Specialized training on safely assisting passengers with various mobility issues, emphasizing dignity, respect, and HIPAA compliance related to passenger information.
- **Vehicle Inspection & Maintenance:** Comprehensive pre-trip and post-trip inspection procedures, focusing on vehicle safety checks specific to our fleet.
- **Emergency Procedures:** Protocols for medical emergencies, vehicle accidents, severe weather, and evacuation drills.
- **Regulatory Review:** Detailed review of PUC requirements (29.504 - 29.507) to ensure every driver understands the underlying laws governing their employment.

- **Certification & Refresher:** Drivers must pass a final written exam (score of **90% or higher**) and a practical road evaluation. **Refresher training** covering critical safety and regulatory updates will be mandatory **biennially (every two years)**.

Below is a detailed breakdown of our program:

### **Phase 1: Classroom & Regulatory Instruction (Minimum 16 Hours)**

This phase focuses on legal compliance and foundational knowledge.

#### **Regulatory Compliance (Minimum 4 Hours):**

- In-depth study and acknowledgement of **52 Pa. Code, Chapter 29** (Motor Carriers of Passengers).
- Detailed review of driver qualification requirements (29.504, 29.505, 29.507).
- Understanding of **reporting requirements** for accidents and violations involving drivers under 21 (if applicable, referencing **52 Pa. Code. 29.503** guidelines).
- Understanding of **HIPAA** and passenger privacy rules.

#### **Defensive Driving & Safety Theory (Minimum 8 Hours):**

- Pennsylvania Motor Vehicle Code review, focusing on **urban driving hazards** unique to Philadelphia.
- Principles of **defensive driving** (e.g., space management, hazard perception).
- Emergency response procedures (accident reporting, immediate first aid/CPR overview).

#### **Passenger Sensitivity & Assistance Theory (Minimum 4 Hours):**

- **Customer Service Excellence:** Focus on professional conduct and communication.
- **Disability Awareness:** Training on recognizing and responding to various visible and non-visible disabilities.
- Introduction to safe wheelchair securement and patient transfer techniques (theory only).

### **Phase 2: Vehicle & Equipment Familiarization (Minimum 8 Hours)**

This phase ensures drivers are proficient with the specific vehicles they will operate.

- **Pre-Trip/Post-Trip Inspection Proficiency:** Hands-on training to execute the **Daily Driver Vehicle Inspection Report (DDVIR)** checklist flawlessly, including checks mandated by **67 Pa. Code Chapter 175** standards.
- **Vehicle Systems:** Operational familiarity with specialized equipment such as lifts, ramps, securement systems, and communication radios.
- **Road Test Preparation:** Instructor-led review of vehicle handling characteristics, especially braking distances and maneuverability in confined city spaces.

### **Phase 3: Supervised On-Road Practical Application (Minimum 16 Hours)**

Trainees drive company vehicles under the direct supervision of a Certified Instructor.

- **Supervised Route Driving:** Practicing navigation, traffic adherence, and defensive techniques on actual Philadelphia routes.

- **Simulated Passenger Loading/Unloading:** Repeated practice of safe entry, securing, and exit procedures for passengers with mobility aids in various scenarios (e.g., curb heights, inclines).

- **Final Assessment:** The trainee must successfully complete a **Final Road Evaluation** administered by a designated company safety officer, demonstrating competency in all areas covered. This includes passing a written knowledge test with a **score of 90% or better**.

**Recertification Schedule:** All drivers must complete a mandatory **Refresher Training** program covering regulatory updates and safety drills every **two (2) years** to maintain their qualification status.

I, **Toyin Adebajo**, hereby state that the facts 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 Ph.C.'s. § 4904 (relating to unsworn falsification to authorities).

**-Signed, TOYIN ADEBANJO**

#### **4. Question #6 of Verified Statement of Applicant.**

We have established a dedicated business account with an initial cash asset of \$6,500. These funds are specifically reserved for the initial deposit, down payment, or lease payment along with insurance required to secure a suitable paratransit vehicle immediately following the grant of our license to operate.

I, **Toyin Adebajo**, hereby state that the facts 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 Ph.C.'s. § 4904 (relating to unsworn falsification to authorities).

**-Signed, TOYIN ADEBANJO**

## 5. Question #7 of Verified Statement of Applicant.

### Vehicle Maintenance Policy

#### 1. Scope and Authority

This policy will apply to all vehicles owned, leased, or operated by Immaculate Non-Medical Transportation Services LLC (hereinafter, "the Company") used for passenger transport and all personnel (drivers, maintenance staff, and management) responsible for the vehicle's maintenance and condition. This policy is mandated to ensure compliance with the **Pennsylvania Public Utility Commission (PUC)** and **PennDOT** safety standards, specifically **67 Pa. Code Chapter 175**.

#### 2. Driver Daily Vehicle Inspection Report (DVIR)

All drivers are responsible for inspecting their assigned vehicle **before** and **after** operating it each day.

##### 2.1. Pre-Trip Inspection (Before Operation)

The driver **must** complete a comprehensive check covering all items listed in **67 Pa. Code § 175.80(a)** and **(b)** before the first passenger trip. Key areas include, but are not limited to:

- **Brakes:** Check air brake system pressure (if applicable), brake fluid levels, and brake lights.
- **Lights & Signals:** Headlights (high/low beam), taillights, turn signals, hazard lights, backup lights, and interior dome lights (critical for passenger loading/unloading).
- **Tires:** Check for proper inflation, tread depth (minimum 2/32 inch, 175.80(a)(11)), cuts, bulges, or damage.
- **Steering & Suspension:** Ensure proper function, no excessive play in the steering wheel.

- **Wipers & Windshield:** Ensure wipers function correctly, and the glass is free of cracks and obstructions (as defined in 175.77).
- **Accessibility Equipment:** Lifts, ramps, and wheelchair securement devices must be tested for full, proper operation **before** service begins.

## 2.2. Post-Trip Inspection (After Operation)

The driver **must** conduct an inspection at the end of the shift, noting the vehicle's condition, mileage, and any defects or deficiencies discovered during the day.

## 2.3. Defect Reporting and Repair

- Any defect or deficiency that compromises the **safe operation** of the vehicle (including inoperative lights, brakes, or accessibility equipment) must be reported immediately to the Fleet Manager via the electronic DVIR system.
- The vehicle **shall not be operated** until the defect is repaired and certified by a qualified mechanic.

## 3. Scheduled Preventative Maintenance (PM)

The Company employs a proactive, mileage-based PM schedule to prevent breakdowns and ensure continuous fitness for service.

### 3.1. PM Intervals

All vehicles are subject to scheduled inspections and servicing at intervals no greater than **6,000 miles or 3 months**, whichever comes first. This service includes:

- Oil and filter change.
- Lubrication of critical components.
- Comprehensive inspection of belts, hoses, and fluid levels.

### 3.2. Critical Component Service

- **Brake System:** Full inspection of all brake components (pads, rotors, drums, lines) at every PM interval. Any component falling outside manufacturer's specifications or showing signs of excessive wear must be replaced immediately.
- **Tires:** Tires will be replaced when tread depth reaches **4/32 inch** (exceeding the 2/32-inch legal minimum, 175.80(a)(11)) to ensure maximum wet-weather performance. Tires must be rotated every **12,000 miles**.
- **Wheelchair Lifts/Ramps:** Hydraulic fluid levels, electrical connections, and physical components of all lifts/ramps are inspected monthly by the maintenance team, in addition to the daily DVIR.

## **4. Annual Safety Inspection and Emission Compliance**

### **4.1. Official Safety Inspection**

In compliance with **67 Pa. Code Chapter 175, Subchapter E**, all vehicles must receive an official Pennsylvania safety inspection **annually** at an officially appointed inspection station.

- The inspection must cover all required items in 175.80 and 175.81.
- No vehicle shall be operated with an expired inspection sticker or fail to display the required sticker.

### **4.2. Emission Inspection**

All vehicles are subject to the required Pennsylvania **emission inspection program** according to the vehicle's type, age, and location (e.g., Philadelphia-area vehicles).

## **5. Repair and Certification Procedures**

### **5.1. Use of Qualified Personnel**

All maintenance and repairs must be performed by or supervised by a qualified and licensed mechanic.

### **5.2. Part Specification**

Only **new or reconditioned parts** meeting or exceeding Original Equipment Manufacturer (OEM) specifications will be used for repairs, especially for safety-critical systems (brakes, steering, suspension, frame).

### **5.3. Final Road Test**

After any major repair affecting the safety or structural integrity of the vehicle, the performing mechanic or Fleet Manager must conduct a **final road test** and sign off on the repair record, certifying the vehicle is in a safe operating condition.

## **6. Record Keeping (In Compliance with 52 Pa. Code, Chapter 37)**

The Company maintains a comprehensive, auditable file for every vehicle in its fleet.

- **Retention:** All maintenance and inspection records are retained for a minimum of **one year** after the vehicle leaves the carrier's control, or as required by current PUC regulation (52 Pa. Code, Chapter 37).
- **Vehicle File Contents:** Each file shall contain:
  - Completed DVIRs (Pre- and Post-trip).

- All Scheduled Maintenance and Repair Invoices.
- Annual Official Safety Inspection Certificates and Emission Inspection Reports.
- Accident and Incident Repair Documentation.
- A running mileage log.
- **Accessibility:** All records are readily accessible to the Fleet Manager and available for inspection by the PUC or PennDOT upon request.

I, **Toyin Adebajo**, hereby state that the facts 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 Ph.C.'s. § 4904 (relating to unsworn falsification to authorities).

**-Signed, TOYIN ADEBANJO**

## **6.) Question #8 of Verified Statement of Applicant**

Please see the attached quote following this document

## **7.) Financial Position.**

After reviewing the secretarial letter for corrections, Immaculate Non-Medical Transportation Services does not hold any liabilities within the company itself. A bank of account for the company has been opened and currently holds \$6500. All other previous numbers reported on the form were personal assets and loans. I have removed mortgage equity and car loans from the financial statement as it is in my personal name, and not the company's.

Immaculate Non Medical Transportation Services LLC  
 5665 E WISTER ST  
 2ND FLOOR  
 PHILADELPHIA, PA 19144

Underwritten by:  
 United Financial Casualty Company  
 November 13, 2025  
 Policy Period: Nov 13, 2025 - Nov 13, 2026  
 Page 1 of 3  
 Customer Phone number: 1-484-632-6144

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from United Financial Casualty Company, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

### Policy information

Business: Care Center (Adult)

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$4,399.00
Paid in full discount	-734.00
Policy premium if paid in full	\$3,665.00

### Payment plans

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$4,152.00	\$445.60	10 payments of \$375.64
11 Payments, 16.67% Down	\$4,152.00	\$754.64	9 payments of \$344.74 and 1 of \$344.70
11 Payments, 20.0% Down	\$4,152.00	\$890.40	10 payments of \$331.16
10 Payments, 20.0% Down	\$4,152.00	\$890.40	9 payments of \$367.40
6 Pay, Seasonal, 20.0% Down	\$4,152.00	\$890.40	5 payments of \$657.32
10 Payments, 25.0% Down	\$4,152.00	\$1,094.25	9 payments of \$344.75
4 Pay, Seasonal, 25.0% Down	\$4,152.00	\$1,094.25	3 payments of \$1,024.25
4 Pay, Quarterly, 25.0% Down	\$4,152.00	\$1,094.25	3 payments of \$1,024.25
3 Payments, 40.0% Down	\$4,152.00	\$1,705.80	2 payments of \$1,228.10
2 Payments, 50.0% Down	\$4,152.00	\$2,113.50	1 payments of \$2,043.50

**Make payments by mail** or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$3,665.00	\$3,665.00	None
11 Payments, 9.09% Down	\$4,399.00	\$468.06	9 payments of \$405.10 and 1 of \$405.04
11 Payments, 16.67% Down	\$4,399.00	\$795.81	9 payments of \$372.32 and 1 of \$372.31
11 Payments, 20.0% Down	\$4,399.00	\$939.80	10 payments of \$357.92

10 Payments, 20.0% Down	\$4,399.00	\$939.80	8 payments of \$396.36 and 1 of \$396.32
6 Pay, Seasonal, 20.0% Down	\$4,399.00	\$939.80	5 payments of \$703.84
10 Payments, 25.0% Down	\$4,399.00	\$1,156.00	8 payments of \$372.34 and 1 of \$372.28
4 Pay, Seasonal, 25.0% Down	\$4,399.00	\$1,156.00	3 payments of \$1,093.00
4 Pay, Quarterly, 25.0% Down	\$4,399.00	\$1,156.00	3 payments of \$1,093.00
3 Payments, 40.0% Down	\$4,399.00	\$1,804.60	2 payments of \$1,309.20
2 Payments, 50.0% Down	\$4,399.00	\$2,237.00	1 payment of \$2,174.00

### To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-800-443-5903**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

### Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional information
Toyin Adebajo	06/05/1962	0	

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,003
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist - Nonstacked	\$100,000 combined single limit		68
Underinsured Motorist - Nonstacked	\$100,000 combined single limit		133
Basic First Party Benefit - Full Tort			84
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Comprehensive			295
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			929
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			47
See Auto Coverage Schedule			
Roadside Assistance			31
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$3,590</b>
Blanket Additional Insured Fee			75
<b>Total 12 month policy premium and fees</b>			<b>\$3,665</b>

**Auto coverage schedule**

1. **2020 LEXUS RX** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **2T2HGMDAXLC049348** Garaging Zip Code: 19114 Radius: 50 miles  
Personal use: N Body type: Sport Utility Vehicle

<b>Liability Premium</b>	Liability Premium	UM Premium	UIM Premium	PIP Premium	
	\$2003	\$68	\$133	\$84	
<b>Physical Damage Premium</b>	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$295	\$1,000	\$929	
<b>Other Coverages Premium</b>	Rental Limit	Rental Premium	Roadside Deductible	Roadside Premium	Auto Total
	\$30 per day Max \$900	\$47	\$0	\$31	<b>\$3,590</b>

**Premium discounts**

Policy .....

Paid In Full and Multi-Product

Form QUOTE (03/17)



11/14/2025

IMMACULATE NON-MEDICAL TRANSPORTATION  
5665 E WISTER ST FL 2  
PHILADELPHIA , Pennsylvania 19144-1523

Dear IMMACULATE NON-MEDICAL TRANSPORTATION

In response to your request that PNC Bank, National Association provide written verification concerning your Business Checking account(s), we are providing the following information:

**Account No.**  
XXXXXXXXXX6

**Routing No.**  
XXXXXXXX3

**Date Opened**  
11/12/2025

**Balance as of date of this letter**  
\$6,700.00

This information is subject to any outstanding items or charges.

Sincerely,

PNC Bank, National Association

Wendy Almonte  
Branch Banker  
215-698-5969

**CUSTOMER AUTHORIZATION/ ACKNOWLEDGEMENT**

I/we hereby acknowledge that I/we have requested and authorized PNC Bank, National Association to provide this written verification concerning my/our Business Checking account(s).

Dated this 14th day of NOVEMBER, 2025.

Customer Signature: [Signature]

Customer Signature: \_\_\_\_\_

County/City of PHILADELPHIA

Commonwealth/State of PENNSYLVANIA

The foregoing instrument was acknowledged before me this 14th day of NOVEMBER, 2025, by

[Signature]  
(name of person seeking acknowledgement)

Notary Public  
My Commission Expires: 8-25-29

