

## 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)

Guardian NEMT, LLC

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- 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

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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** 13504046

(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).**

Edward Garbrah  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

1558 Welsh Rd.  
\_\_\_\_\_  
Street Address

Lansdale, PA 19446  
\_\_\_\_\_  
City, State and Zip Code

MONTGOMERY  
\_\_\_\_\_  
County

267-471-5911  
\_\_\_\_\_  
Telephone Number

GUARDIAN.NEMTPA@GMAIL.COM  
\_\_\_\_\_  
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.)

\_\_\_\_\_  
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)

N/A  
\_\_\_\_\_  
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?**

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).

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To provide paratrasit transportation for elderly and disabled persons in Pennsylvania who are unable to drive or do not own a vehicle in Montgomery County to points in PA, 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 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.

Edward Garbrah

\_\_\_\_\_  
(Print Name)



\_\_\_\_\_  
(Signature)

11/29/2025

\_\_\_\_\_  
(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.

Edward Garbrah

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Legal Name of Applicant

Guardian NEMT, LLC

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Trade Name, if any

|  |                      |       |          |
|--|----------------------|-------|----------|
| 1558 Welsh Rd.                               | Lansdale             | PA    | 19446    |
| 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.

Edward Garbrah

Member

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

Owner

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.

While I do not yet have direct experience operating a transportation service, I hold an Associate Degree in Health Information Technology. My education provided training in healthcare operations, patient data management, regulatory compliance, and organization skills. These experiences have equipped me with knowledge and abilities directly applicable to managing a non-emergency medical transportation service, including maintaining accurate records, ensuring compliance with state and federal regulations, and coordinating patient care logistics. I am committed to completing any additional training necessary for NEMT operations, including driver safety, AD compliance, and vehicle management, to ensure the safe, reliable, and efficient transport of elderly and disabled passengers.

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 dedicated office space is fully enclosed and designed for professional operations. The office is equipped with essential office furniture and technology, including desks, chairs, computers, printer(s), and secure storage for records and document. A reliable communication network is in place, and additional business phone lines are in progress to ensure efficient coordination with clients, drivers, and facilities. The office will serve as the central location for maintaining records, scheduling rides, and managing all administrative functions.

The initial vehicle intended for operations will be equipped with a safety camera to ensure the security and accountability of passenger transport. As the business grows, additional drivers will be employed, and vehicles will be securely stored and maintained according to PUC safety standards. This setup ensures that all operations, record-keeping, and communications are conducted in a safe, organized, and professional manner.

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.

Guardian NEMT, LLC will begin operations with one driver, which is appropriate for the initial service area within Montgomery County and allows for reliable, scheduled transportation while the business grows. All drivers will be required to hold a valid Pennsylvania driver's license, maintain a clean driving record, and pass a full criminal background check. Guardian NEMT will conduct motor vehicle record checks at hiring and regularly thereafter. Drivers will complete training in safe vehicle operation, AD compliance, passenger assistance, emergency procedures, and customer service. The company will also enforce a strict zero-tolerance drug and alcohol policy, with pre-employment, post-incident, and random testing as needed. This approach ensures safe, compliant, and professional service to the elderly we serve.

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> |
|-------------|---------------------|--------------|--------------------------|---------------------|----------------|
| 2016        | Dodge Grand Caravan | STX          | 7                        | 2C4RDGCG8GR361019   | 45518          |
|             |                     |              |                          |                     |                |
|             |                     |              |                          |                     |                |
|             |                     |              |                          |                     |                |
|             |                     |              |                          |                     |                |
|             |                     |              |                          |                     |                |

\*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).

Guardian NEMT, LLC will implement a proactive vehicle safety program. The vehicle will undergo daily pre-trip and post-trip inspections, including checks of tires, lights, brakes, fluids, and overall passenger safety. Any issues identified will be addressed before the vehicle is used.

Preventive maintenance will follow the manufacturer's schedule, including regular oil changes, brake checks, tire rotations, and routine inspections of major components. All service will be performed by a certified mechanic, and detailed maintenance records will be maintained. The vehicle will also comply with all Pennsylvania safety inspections and will be equipped with a safety camera for added accountability. This ensures safe, reliable, and compliant transportation for all passengers.

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

To ensure that Guardian NEMT, LLC can obtain and maintain the required insurance coverage, I have already taken steps to confirm both eligibility and financial ability to pay premium. I have contacted insurance brokers specializing in NEMT coverage to obtain preliminary quotes and confirm that my business qualifies for the necessary liability and commercial auto policies. In addition, Guardian NEMT, LLC maintains established business credit through an American Express Platinum Business Card and Business Line of Credit, and Chase Business credit accounts, which provide sufficient credit limits and financial flexibility to cover startup insurance costs and ongoing premium payments. These resources, along with planned business revenue, demonstrate that I am fully prepared to secure and sustain the insurance required by the Pennsylvania Public Utility Commission.

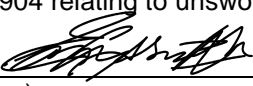
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ 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.



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(Signature)      Edward Garbrah, Member

11/29/2025

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(Date)

(Name and Title, printed or typed)

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

ASSETS

|                                  |                     |       |              |
|----------------------------------|---------------------|-------|--------------|
| Current Assets                   | SEE BELOW           |       |              |
| Cash                             |                     | _____ |              |
| Other Current Assets (specify)   |                     | _____ |              |
| Total Current Assets             |                     | _____ | _____        |
| Tangible Assets                  |                     |       |              |
| Motor Vehicle Equipment          |                     | _____ |              |
| Property (buildings, land, etc.) |                     | _____ | _____        |
| Office Equipment                 |                     | _____ | _____        |
|                                  | <b>TOTAL ASSETS</b> |       | <b>_____</b> |

LIABILITIES SEE BELOW

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

**Current Total Assets**

Business Checking less than \$500  
Office equipment (2 laptops, printer, fax, mobile phones,) estimated value included as business assets.  
American Express Business Line of Credit: \$22,300 available  
Chase Busienss Credit Card: \$7000 available  
American Express Platinline Business Card: No preset limit, providing flexible purchasing power.

Additional Capital: A Home Equity Line of Credit is currently being secured to further strengthen cash availability for operating expenses and insurances premiums.

**Long Term Assests**

Office equipment currently owned  
2016 Dodge Grand Cravan SXT (Planned NEMT Vehicle this will be aquired with available credit or HELOC funds.  
No addition long-term asets at this time

**Current Liabilities (due within 12 months)**

Loans: \$0  
Revolving credit (credit cards): Balances vary monthly; no outstanding past -due amounts  
othe short-term obligations: None

**Long Term Liabilities**

Loans: None  
Future HELOC (pending): Will be used only as needed for operational support; not currently active.

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
dos.pa.gov/BusinessCharities

**Regarding:** Guardian NEMT, LLC  
**Request Type:** Subsistence Certificate **Issuance Date:** November 29, 2025  
**Request No.:** 068756428 **File No.:** 0013504046  
**Receipt No.:** 002315974  
**Filing Type:** Domestic Limited Liability Company  
**Filing Subtype:** Limited Liability Company  
**Initial Filing Date:** June 21, 2023  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

Guardian NEMT, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

A handwritten signature in cursive script, appearing to read "Albert Schmidt".

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)