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DATE OF DEPOSIT

NOV 18 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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November 18, 2025

VIA CERTIFIED MAIL NO. 7022 2410 0001 7893 6291

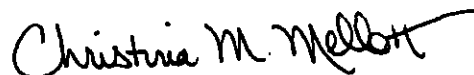
Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building – 2nd Floor
400 North Street
Harrisburg, PA 17120

**Re: Application for Paratransit Authority for Nonprofit Emergency Services of
Beaver County d/b/a Medic Rescue
(Currently holds PUC authority at PUC No. A-00114249)**

Dear Secretary Homsher:

This firm represents Nonprofit Emergency Services of Beaver County d/b/a Medic Rescue. Enclosed for filing, please find the original and one copy of the PUC Application, Verified Statement of the Applicant, a self-addressed envelope, and an attorney's check for the \$350 filing fee for an Application for Common Carrier Paratransit Service for Nonprofit Emergency Services of Beaver County d/b/a Medic Rescue to amend its existing common carrier paratransit authority at PUC No. A-00114249. Please date-stamp and return the copy to me in the enclosed envelope.

Very truly yours,



Christina M. Mellott
for PAGE, WOLFBERG & WIRTH, LLC

CMM:ms
cc: Medic Rescue

DATE OF DEPOSIT

NOV 18 2025

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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)

Nonprofit Emergency Services of Beaver County

- 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)

Medic Rescue

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- 00114249

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** 676453

(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).**

Dr. Edwin Page - President _____
Dr. Michael Dragonjac - Vice-President _____
Lorraine Campbell - Secretary _____
Craig Barr - Board Member at Large _____

6. **Mailing Address**

313 Bridge Street
Street Address _____

Beaver, PA 15009 _____ Beaver
City, State and Zip Code _____ County

(724) 728-3621 _____ sbailey@medicrescue.org
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.)

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)

Christina M. Mellott, Esq.; Page, Wolfberg & Wirth, LLC (717) 691-0100
Attorney's Name & Telephone Number for this Filing _____

5010 E. Trindle Rd., Ste. 202; Mechanicsburg, PA 17050 cmellott@pwwemslaw.com
Attorney's Address _____ E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

No _____ Yes, at No. _____

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

To transport, as a common carrier by motor vehicle, persons in paratransit service from points in the Counties of Beaver, Butler, Lawrence, and Allegheny to points in Pennsylvania, and return.

Examples:

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.*
- *To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.*
- *To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.*
- *To transport people between points in Northumberland County.*

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

EDWIN H. PAGE

(Print Name)

Edwin H. Page

(Signature)

11/06/2025
(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).

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Nonprofit Emergency Services of Beaver County

Legal Name of Applicant

Medic Rescue

Trade Name, If any

313 Bridge St.

Beaver,

PA

15009

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.

Steve Bailey, General Manager
313 Bridge St.
Beaver, PA 15009
(724) 728-3621 x232

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.

Nonprofit Emergency Services of Beaver County d/b/a Medic Rescue has been providing emergency and non-emergency ambulance service since 1978. Medic Rescue has had PUC paratransit authority since 1998, and is seeking to expand its service area and eliminate the restrictions currently on its authority.

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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.

Facilities: Medic Rescue has its station in Beaver County. This station is a total of 12,998 square feet, as well as 0.57 of an acre of parking. The station has computers, printers, a copier, telephones, and fax machine. The station also has bathrooms, a kitchen, a lounge area, and a laundry room.
 Records and Record Maintenance Plan: A computerized transport report is documented through a software program for each transport. After billing for the transport is completed, all records are kept electronically and/or on paper for a minimum of 10 years. This includes requests for service, unit assigned to the transport, date/time of transport, and person completing the transport. The Company evaluates each transport for quality assurance. Records which are required to be kept by the PUC are maintained as described herein, and in compliance with all PUC requirements.
 Communications Network: The in-house Communications Center is the primary source for dispatching all non-emergency transport requests through the use of medical dispatch software. Communications are accomplished by telephone, cellular phone, and email. Customer requests for transport are primarily received by calling in and scheduling a transport. The paratransit vehicles each possess a two-way radio and a cell phone, each of which are able to communicate with dispatch, management, and the sending and receiving locations to and from which the person is being transported at all times during the transport. Requests for transportation are able to be received and scheduled 24 hours per day, seven days per week.

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.

a. Medic Rescue has over 100 personnel available to provide paratransit services. All paratransit vehicle drivers must be certified by the Department of Health as EMS Vehicle Operators. Additionally, all drivers must be certified in CPR, and must pass a criminal background check, pass a driver record check, and possess a Pennsylvania Child Abuse History Clearance, and a drug screen. All drivers must be at least 21 years of age. All paratransit vehicle operators are trained on the proper operation of paratransit vehicles.
 b. All employees, upon their hiring, are given a conditional offer of employment. Motor vehicle records checks and criminal background checks are then performed prior to allowing them to begin orientation with Medic Rescue. We then complete annual checks of the motor vehicle records and criminal background checks on all of our employees.
 c. All employees are given an in-house orientation and are then put through a field orientation process with a field training officer prior to be permitted to engage in any transport duties. This orientation and training program includes, among other things, driver training. During the driver training, staff members are coached on safe vehicle operations, operating the vehicle for optimal patient comfort, back and maneuvering the vehicle, and parking considerations.
 d. A current driver's license is kept on file and maintained by the organization. Annual checks are performed on each driver's motor vehicle records. When a driver's license is set to expire, the staff member will receive a warning message that they are required to submit a copy of the renewed driver's license to the organization or they will be suspended from being able to operate a company vehicle. All staff members are required to immediately inform leadership personnel any time that they receive a driving citation that could result in a license suspension.
 e. Medic Rescue has a policy prohibiting the use of alcohol, illegal drugs, and prescription medication that could impair the ability to operate a motor vehicle or impair the ability to safely perform job duties. Personnel are tested for drugs and alcohol after every accident and upon reasonable suspicion. A copy of this policy is available upon request.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
	Please	see	attachment.		

*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:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

a. All Company vehicles receive routine vehicle maintenance, which is performed by a licensed vehicle repair shop. This routine maintenance is performed every 5,000 miles and includes maintenance/inspection on the following areas: lighting, windshield and wiper blades, mirrors, brakes, tires, oil and lube, fluid level checks, under hood checks, transmission oil, underbody checks, batteries, and interior checks.

b. All vehicles are inspected annually, as required by law, at a certified Pennsylvania inspection station. The equipment on the vehicles also receive periodic maintenance to ensure that they continue to function properly.

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

Medic Rescue has had paratransit authority and has been providing paratransit services since 1998. It is simply seeking to expand its authority and eliminate the restrictions currently on its authority. Thus, Medic Rescue already has and is already paying the required insurance premiums.

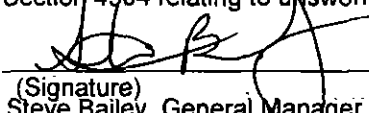
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.



 (Signature)
 Steve Bailey, General Manager

 (Name and Title, printed or typed)

11/6/2025

 (Date)

DATE OF DEPOSIT

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Non-Profit Emergency Service of Beaver County Vehicles

Year	Make	Model	Seating Capacity	Vehicle ID #	Mileage
2012	Ford	E-350	12	30	260,785
2024	Ford	Transit	5	32	45,392
2014	Ford	E-250	5	33	262,249
2013	Ford	E-250	12	34	188,732
2014	Ford	e-350	12	35	202,015
2014	Ford	E-250	5	36	278,898
2024	Ford	Transit	5	37	45,192
2017	Ford	Transit	5	38	211,582
2014	Ford	E-250	5	39	340,042
2025	Ford	Transit	5	40	22,935
2025	Ford	Transit	5	41	380
2016	Ford	Transit	5	43	308,710
2016	Ford	Transit	5	44	306,524
2017	Ford	Transit	5	45	273,913
2017	Ford	Transit	5	46	282,009
2017	Ford	Transit	5	47	277,788
2017	Ford	Transit	5	48	243,542
2010	Ford	E-350	12	91	153,600
2016	Ford	Transit	5	94	212,942
2018	Ford	Transit	5	95	238,384
2018	Ford	Transit	5	96	247,150
2018	Ford	Transit	5	97	234,599
2017	Ford	Transit	5	98	227,316

Statement of Financial Position (Balance Sheet)
As of (date) 09/30/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$5,930,982	
Other Current Assets (specify)	<u>\$1,329,118</u>	
Total Current Assets		<u>\$7,260,100</u>
Tangible Assets		
Motor Vehicle Equipment	\$973,046	
Property (buildings, land, etc.)	<u>\$769,410</u>	<u>\$1,742,456</u>
Office Equipment		
TOTAL ASSETS		<u>\$9,002,556</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$56,319	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)	<u>\$894,843</u>	
Total Current Liabilities		<u>\$951,162</u>
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)	<u>\$234,341</u>	
Total Long-Term Liabilities		<u>\$234,341</u>
TOTAL LIABILITIES		<u>\$1,185,502</u>

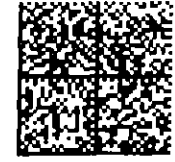
Wirth, LLC
Road, Suite 202
PA 17050

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SECRETARY'S BUREAU

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building-2nd Floor
400 North Street
Harrisburg, PA 17120



CMPC
717-705-1952

To: PUC SECRETARY BUREAU

Agency: PUC