

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)

HLSC 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)

Healthlink Logisitcs

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 13952590

(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).**

Bogdan Degterenko	33 1/3
Dawne McCormac	33 1/3
Matthew Bold	33 1/3

6. **Mailing Address**

67 Buck Road, Suite B63
Street Address
HUNTINGDON VALLEY ydd/sec 12/5/2025
Huntingdon Valley, PA 19006
City, State and Zip Code
Montgomery
County
215-999-7779
Telephone Number
info@healthlinkservice.org
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)

David Temple, Esq
215-421-4391
Attorney's Name & Telephone Number for this Filing
111 Buck Rd, Bldg 500, Ste 1 Huntingdon Valley, PA 19006
Attorney's Address
dave@templalaw.org
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 City and County of Philadelphia 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.

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.

HLSC LLC

Legal Name of Applicant			
Healthlink Logisitcis			
Trade Name, if any			
67 Buck Road	Huntingdon Valley	PA	19006
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.

See attached

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

See attached

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.

See attached

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.

See attached

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.

See 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.

See attached

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

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

See attached

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.

X YES NO

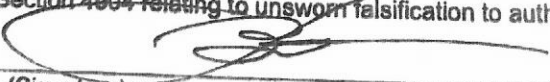
See attached criminal history report for officer Matthew Bold

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.

See attached

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)
BOGDAN DEGTERENKO, PRESIDENT
(Name and Title, printed or typed)

11.17.25
(Date)

Statement of Financial Position (Balance Sheet)

As of October 2025

(Must be less than 6 months old)

ASSETS

Current Assets

Cash	\$29,490.85
Other Current Assets (outstanding invoices)	\$75,625.00
Total Current Assets	\$105,115.85

Tangible Assets

Motor Vehicle Equipment	\$269,000.00
Property (buildings, land, etc.)	\$140,000.00
Other Equipment	\$8000.00
Total Tangible Assets	\$417,000.00

TOTAL ASSETS \$522,115.85

LIABILITIES

Current Liabilities (Due within one year of date)

Loans	
Credit cards/revolving credit	\$10,636.29
Other Liabilities (table below)	\$63,260.00
Total Current Liabilities	\$73,896.29

Long Term Liabilities (Due after one year of date)

Mortgage	\$109,456.12
Long term commercial loan	\$200,200.00
Other Liabilities	
Total Long-Term Liabilities	\$309,656.12

TOTAL LIABILITIES \$383,552.41

Other Liabilities (monthly):

Rent	\$2,360.00
Insurances	\$11,300
Payroll	\$44,000
Communication/Technology	\$1,100
Miscellaneous Expenses	\$4,500

HLSC LLC t/a Healthlink Logisitcs
67 Buck Road, Suite B63
Huntingdon Valley, PA 19006

1. Dawne McCormac
67 Buck Road, Suite B63
Huntingdon Valley, PA 19006
2. Applicants have no affiliation with any other carrier.
3. The Applicant has been operating for about a year providing various support services to disabled and disadvantaged individuals, addressing their needs regarding housing, communications, assistance with ADL and self care. This includes transportation to appointments and activities. They are in the process of growth and expansion and are seeking to provide compensated transportation whether small amounts through the individuals or through various programs offered through the state. The owners of the company have been involved in transportation programs for over twenty years and are seeking to employ their knowledge and experience in all facets of the transportation business, including but not limited to, personnel, maintenance and risk management in assisting those people who need their services. Each of these shareholders will be directly involved in these matters on a daily basis, overseeing all functions of the operation including the transportation needs of their clients.
4. The Applicant will maintain an office at 67 Buck Road, Suite B63, Huntingdon Valley, PA 19006. The business office is complete with computers, telephones and fax machines. All records of the business whether required by the PUC or not, including logs, complaints, driver and maintenance records, as well as the home care records, shall be maintained at this office. All records shall be retained as long as required under the appropriate statute or regulation. All calls shall be taken from the client or any assigned home care worker for services necessary to the client's care. Fax and internet orders shall be taken at the office as well. All owners and drivers maintain cell phones from which services shall be communicated. The business shall operate 24 hours per day, 365 days per year and vehicles shall be scheduled depending on the needs of the agency and their clientele. All records shall also be maintained digitally, in the cloud, with full detailed security protocols.
5. The Applicant intends to begin service with nine vehicles and eight drivers. It is the intention of the Applicant to operate this vehicle and make a

determination of the required demand. As demand increases both drivers and vehicles shall be added.

The Applicant will employ standards for hiring drivers as required by the PUC. For a driver to be hired he shall be interviewed by one of the members or someone directly appointed to report to him. The Applicant shall comply with 52 Pa. Code 29.503 by not hiring any drivers under the age of 21, which is also something that their insurance carrier would like to see. All drivers must have a clean driving history as acceptable by the PUC under 52 Pa Code 29.504 for at least the last three years from any state they resided during that time. The Applicant shall also conduct at minimum annual checks on their drivers records and maintain those driving records for at least two years. The Applicant shall also obtain a local and National criminal history for any new driver as required by 52 Pa Code 29.505 from any state that the driver resided in the past 12 months. With this criminal background check the company will also review the US Department of Justice National Sex Offender public website and disqualify all drivers that were convicted under the matters enumerated in 52 Pa Code 29.505 (b). All of these records shall be kept for a minimum of three years as required by the PUC and longer, if so required by the PPA


In addition to the driver requirements above, all drivers will receive defensive driving and passenger assistance training before going out on the road.

All drivers are required to notify the company of any change in their driving record and it is run annually to check the status. In addition to the annual run of licenses, spot checks of license validity are conducted. Possession, use or abuse of alcohol or drugs is cause for immediate dismissal

6. See attached vehicle list
7. All vehicles will be checked pre trip and post trip for any problems. A routine maintenance schedule is established for each vehicle where in addition to regular oil changes the safety components of the vehicle are regularly checked. Repairs and general maintenance will be done at local garages licensed through the Commonwealth. The Applicant is familiar with the regulations required of the PUC under 52 Pa. Code 29.403 and shall strictly adhere to the requirements.

8. Applicant already has all vehicles insured and the addition of PUC authority will have no impact on their premium. Immediately upon approval of the application the insurance company will issue an E Form for the company fleet.
9. One of the owners of the Applicant, Matthew Bold, has been convicted of a felony. We have attached his Pennsylvania criminal record which shows no violations. However in 2012 he was charged and pled guilty to one count of health care fraud when he was caught up with the owners of an ambulance company that were providing fraudulent data in their billing. We are waiting on his national criminal history report.
10. See attached financials

HLSC Fleet

Year	Make	Model	Plate	VIN	Color
2016	Ford	Transit	ZWV-1663	1FBAX2CM6GKB02139	Blue
2019	Ford	Transit	LZP-7558	1FBAX2CM9KKA21158	White
2023	Ford	Transit	ZXE-5563	1FBAX2C8XPKC9309	White
2023	Ford	Transit	MLN-1309	1FBAXC89PKB84399	Silver
2024	Ford	Transit	MPG-0353	1FBAX2C81RKB47060	Light Gray
2014	Ford	Econoliner	MXZ-1817	1FBNE3BL1EDA36770	White
2014	Honda	Odyssey	LZP-7556	5FNRL5H48EB005278	Silver
2023	Honda	Odyssey	MDE-1470	5FNRL6H77PB048254	White
					
2024	Ford	Transit	MPG-0352	1FBAX2C84RKB47019	Dark Gray

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

MATTHEW J BOLD
4631 WOODLAND AVE
DREXEL HILL PA 19026-4330

TELEPHONE (484) 620-2288

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

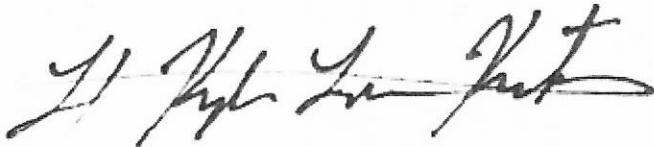
Name: Bold,Matthew
J
Date of Birth: 09/12/1975
Social Security #: xxx-xx-7561
Sex: M
Race: White
Date of Request: 11/17/2025 03:20
PM
Purpose of Request: Employment

Maiden Name (3)
and/or Alias (1) (4)
(2) (5)

***** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL #R34138156 *****

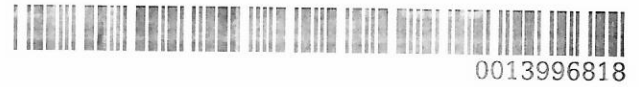
THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTOR AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES. THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.pa.gov/RcStatusSearch>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE. QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:



Lt. Kyle Kutz

DISSEMINATED ON: 11/17/2025
03:20 PM



0013996818



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

Pennsylvania Department of State

-FILED-

File #: 0013996818
Date Filed: 10/30/2024

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

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

Fictitious Name

Fictitious name Healthlink Logistics

Additional Information

A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: home healthcare

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

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

Address MATTHEW BOLD
67 BUCK RD
STE B63
HUNTINGDON VY, PA 19006
montgomery

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
HLSC, LLC Domestic Limited Liability Company Registered Office Address 67 BUCK RD, STE B63, HUNTINGDON VALLEY, PA 19006-1563 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
MATTHEW BOLD

Additional provisions, if any

B0749-0622 10/30/2024 1:48 PM Received by Pennsylvania Department of State

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

Electronic Signature

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

MATTHEW BOLD

10/30/2024

HLSC, LLC

Date