

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)

UNITED FAMILY HOME CARE

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** **NO** **Previous Authority?** **NO**

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** **NO**

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 7362559

(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).

FAREEDA MOHAMMED _____
SHAHAN MEKKI _____

6. Mailing Address

1031 Barbeck Avenue _____
Street Address

Philadelphia 19111 PA _____ (PA) PHILADELPHIA _____
City, State and Zip Code County

267 616 5198 _____ support@unitedfamilyhomes.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.)

same as mailing address _____
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)

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. 4505146

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

To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Philadelphia County to points in PA 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.

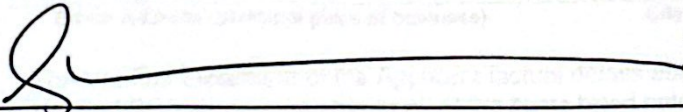
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure 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.

SHAHNAH MEKEI
(Print Name)


(Signature)

12/12/2025
(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.

UNITED FAMILY HOME CARE

Legal Name of Applicant

Trade Name, if any

1031 BORBECK AVENUE

Street Address (principal place of business)

PHILADELPHIA

City or Municipality

PA

State

19111

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.

SHAHAN MEKKI; CEO; 1031 Borbeck Avenue Philadelphia PA 19111.
610-505-1860

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.

Applicant has 4yrs experience operating and managing a home health Care agency and has 20yrs working in the field of behavioural health / intellectual disability setting. Duties including supervising individuals, transporting individual and administrative duties.

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 "Description of facilities, record maintenance Plan and communication network"

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:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - 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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2018	Mazda	CX-5	5	JM3KFBCM1J043406	122501

*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:
- 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).

see attach "

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

- Multiple Insurance providers were contacted to request quotes based of insurance requirements .
- Created a financial plan to accumulate sufficient capital to cover initial premium and ongoing insurance cost .
- Confirmed ability to cover expenses .

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.

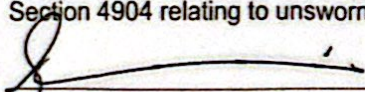
YES NO

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.

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)
SHAHAN MEHRA CEO

(Name and Title, printed or typed)

12/12/2025

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$ 4000,	
Other Current Assets (specify)		
Total Current Assets		
Tangible Assets		
Motor Vehicle Equipment	\$15000,	
Property (buildings, land, etc.)	0	
Office Equipment		
	TOTAL ASSETS	\$ 19000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	\$ 78,	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		
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		
	TOTAL LIABILITIES	\$ 78

Question 4

Description of Facilities, Record Maintenance Plan, and Communication Network

1. Physical Location and Office Facilities

Our administrative office is located at **1031 Borbeck Ave, Philadelphia PA 19111**. The office is fully equipped to support day-to-day paratransit operations. Office equipment includes:

- Desktop and laptop computers with secure cloud-based data backup
- Multi-line telephone system and VoIP service
- High-speed internet access
- Printers, scanners, and fax capability
- Secure file cabinets for storing hard-copy documents
- Designated workspace for dispatch personnel and administrative staff

Vehicle Housing Facility:

Our vehicles are stored at the above address, which provides adequate parking space, lighting, and security. The facility allows for routine cleaning, inspections, and maintenance. If needed, we maintain relationships with local certified maintenance shops to provide repairs and scheduled servicing.

Storage of Household Goods (If Applicable):

The vehicle will not be used as a carrier of household goods in use.

2. Record Maintenance Plan

We maintain all required Public Utilities Commission (PUC) records as well as standard business documents in accordance with state and federal regulations. Our record-keeping system includes:

- **Digital Records:**
All operational files, driver qualification files, maintenance logs, trip logs, customer records, and PUC compliance documents are stored in a secure, cloud-based system with automatic backups.
- **Hard-Copy Records:**
Physical documents, when required, are stored in locked filing cabinets within our administrative office. Files are organized and retained in accordance with the PUC's mandated retention schedule.

- **Maintenance Records:**

Vehicle inspections, repairs, and preventative maintenance documents are kept in individual vehicle files, accessible both digitally and in hard copy.

- **Data Security:**

Access to records is restricted to authorized personnel. Files containing personal or sensitive information are encrypted and password-protected.

3. Communication Network and Transportation Coordination

Receiving Customer Requests:

Customer requests for transportation are received through multiple channels:

- Phone calls to our main dispatch line
- Email requests from clients or partner agencies

Dispatching Vehicles:

Our dispatch team uses real-time scheduling and fleet-management software to assign trips efficiently. Dispatch personnel monitor trip schedules throughout the day and adjust assignments as needed to ensure timely service.

Communication With Drivers:

We maintain continuous communication with drivers through multiple systems:

- Company-issued mobile phones
- GPS-enabled fleet management system, allowing real-time updates, route adjustments, and incident reporting

Drivers are required to check in at the beginning and end of each shift, as well as before and after each trip. In the event of delays, emergencies, or schedule changes, dispatch can communicate instantly and provide updated instructions.

Question 5

Number of Drivers and Justification

We intend to use two drivers for our initial operations. This number is appropriate for the territory we will be serving because it allows us to provide consistent, reliable coverage across our service area while maintaining flexibility for peak hours, customer demand, and driver scheduling. This staffing level ensures that we can meet same-day and pre-scheduled trip

requests without delays, while also allowing for sufficient backup personnel in case of absences, vehicle maintenance, or unforeseen service needs.

a. Hiring Standards for Drivers

Our hiring standards are designed to ensure that every driver is professional, qualified, and capable of providing safe and courteous paratransit service. Minimum requirements include:

- Must be at least 21 years of age
- Possession of a valid driver's license appropriate for the vehicle being operated.
- Obtain a DOT medical card if driver do not have a CDL.
- Minimum of 1 years of driving experience
- Clean driving history with no major violations
- Ability to pass a criminal background check
- Ability to safely assist passengers with mobility limitations
- Strong customer service and communication skills
- Successful completion of all required training before beginning service

b. System for Conducting Criminal Background Checks

We conduct comprehensive criminal background checks on all drivers before hiring. These checks are completed through a certified background-screening provider and include:

- State and national criminal history searches
- Sex offender registry searches
- Social Security number verification
- Employment and identity verification

Background checks are reviewed by management, and no applicant may begin working until the results have been cleared.

c. Driver Training Program

All drivers must complete a structured training program prior to transporting passengers. The program includes:

- Safe driving practices and defensive driving techniques
- Passenger assistance training, including ADA-compliant procedures
- Proper wheelchair securement and mobility-aid handling
- Sensitivity and disability-awareness training
- Emergency procedures, incident reporting, and vehicle safety protocols
- Company policies, customer service expectations, and trip documentation
- Road tests and supervised ride-along evaluations

Ongoing refresher training is provided at least annually or as needed.

d. System for Conducting Driver License Checks

Driver's license records are checked:

- **At the time of hiring**, through a certified Motor Vehicle Record (MVR) check
- **At least annually** for all drivers
- **More frequently if required**, such as after incidents, complaints, or safety concerns

Drivers are required to report any license suspensions, violations, or changes immediately. A driver may not operate a company vehicle unless their license is valid and in good standing.

e. Policies Regarding Alcohol and Drug Use

We maintain a strict zero-tolerance policy regarding drug and alcohol use. Our policies include:

- Pre-employment drug screening for all driver applicants
- Random drug and alcohol testing in accordance with federal and state regulations
- Post-accident testing
- Immediate removal from duty for any driver suspected of impairment
- Mandatory reporting of any prescription medications that may affect driving ability
- Termination for any confirmed violation of the drug/alcohol policy

Our commitment to safety requires that all drivers remain drug- and alcohol-free while on duty and comply with all related policies at all times.

Question 6

Proposed Number of Vehicles:

We plan to operate **one vehicle** during the initial phase of our paratransit service. This number is appropriate to provide reasonable and efficient service within our service territory because it allows us to meet anticipated rider demand while maintaining flexibility for scheduling, maintenance, and peak service hours.

The proposed fleet size supports timely pickups, minimizes passenger wait times. As ridership demand increases, we will evaluate service performance and add vehicles as necessary to maintain reliability and efficiency.

Question 7

Vehicle Safety Program Description

Our vehicle safety program is designed to ensure that all vehicles used in paratransit service are safe, reliable, and continuously compliant with applicable Pennsylvania vehicle equipment standards. The program emphasizes preventive maintenance, routine inspections, timely repairs, and thorough documentation.

a. Periodic Vehicle Maintenance Plan

All vehicles are maintained under a **preventive maintenance schedule** based on manufacturer recommendations and service intensity. Maintenance activities include:

- **Daily pre-trip and post-trip inspections** conducted by drivers to identify any safety or mechanical issues (e.g., brakes, lights, tires, wheelchair lifts/ramps, securement systems).
- **Scheduled preventive maintenance inspections** performed at regular mileage or time intervals (e.g., oil changes, brake inspections, tire rotation, fluid checks).
- **Immediate removal from service** of any vehicle found to have a safety-related defect until repairs are completed.
- **Use of qualified maintenance providers**, including licensed inspection stations or certified mechanics, to perform all required maintenance and repairs.
- **Maintenance records** maintained for each vehicle, documenting inspections, repairs, and corrective actions, and retained in accordance with state and local requirements.

This maintenance plan ensures vehicles remain roadworthy, minimizes service disruptions, and promotes passenger and driver safety.

b. Compliance with Pennsylvania Vehicle Equipment Standards

(67 Pa. Code, Chapter 175)

To ensure continuous compliance with **Pennsylvania vehicle equipment standards**, our program includes the following measures:

- **Annual Pennsylvania safety inspections** conducted at authorized inspection stations in accordance with 67 Pa. Code, Chapter 175.
- **Routine internal inspections** to verify compliance with required equipment standards, including brakes, steering, suspension, lighting, tires, mirrors, windshield condition, and safety systems.

- **Wheelchair accessibility equipment checks**, including lifts/ramps, securement devices, and restraint systems, to ensure proper operation and compliance with ADA and state requirements.
- **Driver training** on identifying equipment defects and reporting issues immediately.
- **Corrective action procedures** requiring that any vehicle failing inspection or identified with a compliance issue be repaired promptly and reinspected before returning to service.
- **Documentation and tracking** of inspection certificates, maintenance logs, and repair records to demonstrate ongoing compliance with state regulations.

Conclusion

Through regular preventive maintenance, systematic inspections, trained personnel, and strict adherence to Pennsylvania vehicle equipment standards, our vehicle safety program ensures that all vehicles operate safely, reliably, and in full regulatory compliance while providing high-quality paratransit service.

Question 10

Financial Data – Statement of Financial Position Narrative

The attached **Statement of Financial Position** accurately reflects the current financial condition of the business and demonstrates that sufficient financial resources are available to support safe, reliable, and continuous transportation services.

The business is adequately capitalized to cover **start-up and ongoing operating expenses**, including vehicle acquisition or leasing, insurance, fuel, maintenance, inspections, driver compensation, training, licensing, and administrative costs. Funds have been allocated to ensure that all vehicles are properly maintained and insured, and that required safety and regulatory standards are met at all times.

In addition to routine operating expenses, the business maintains **financial reserves** to address unexpected costs such as emergency vehicle repairs, temporary service disruptions, or increases in fuel or insurance expenses. These reserves ensure that service can continue without interruption and without compromising safety or reliability.

The company's financial planning is conservative and focused on sustainability. Operating expenses are monitored regularly, and budgets are adjusted as necessary to ensure that obligations are met promptly. Financial controls are in place to track income and

expenditures and to ensure that sufficient cash flow is available to support daily operations.

Based on the financial information provided and the availability of operating capital and reserves, the business is financially capable of providing **safe, dependable, and compliant transportation services to the public** on an ongoing basis.