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Rashida "RA" Dykes
Sr. Sales Director
Phone: 1-223-269-7841
Email: radykes@secondseasontransit.com
Website: www.secondseasontransit.com

To Whom It May Concern,

I am submitting the enclosed application for passenger carrier authority on behalf of Second Season and Transit. Included are all required forms, supporting documents, and payment for filing. Second Season and Transit is seeking approval to provide non-emergency transportation services in Pennsylvania. All required information regarding ownership, operating procedures, safety plan, vehicle information, and insurance readiness has been provided in the packet. Please contact me at 223-369-7841 or RADYKES@SECONDSEASONTRANSIT.COM if additional information or clarification is needed. Thank you for your time and consideration.

Sincerely,
Rashida Dykes
Owner, Second Season and Transit

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)

Rashida Dylkes

- 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 39-4450302
(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).

second season and Transit will provide non-emergency passenger transportation services to seniors and individuals in the general public within the Commonwealth of Pennsylvania, with a primary focus on Montgomery County and surrounding areas including Philadelphia, Chester, Delaware, and Bucks counties.

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.

Rashida Dykes

(Print Name)

Rashida Dykes

(Signature)

(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.

Rashida Dykes
Legal Name of Applicant

Trade Name, if any
632 E. Basin Street Norristown PA 19401
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.

Rashida Dykes the CEO of Second Season and Transit LLC, 632 E. Basin Street Norristown, PA, 19401, 223-269-7841
RADykes@secondseasontransit.com.

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

None. Second Season and Transit LLC is independently owned and operated with no affiliations with any other transportation company, organization, or business entity.

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.

The applicant, Rashida Dykes, has 20 yrs of ^{experience} customer services for seniors and individuals with limited mobility. I have experience managing schedules, ensuring timely transportation, and maintaining client safety. I have training in safe driving practices and CPR/First Aid, and certified Nursing Assistant. I have experience operating and maintaining vehicles, handling business records, and managing client communication.

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.

Second Season and Transit will operate from a secure office located in Norristown, PA. Vehicles will be parked in a dedicated space when not in service. A comprehensive record-keeping system will be implemented to track vehicle maintenance, driver schedules, and client trips, with all records retained in accordance with PUC regulations.

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.

Second Season and Transit intends to begin operations with one driver (Rashida Dykes) and one additional part-time driver to accommodate scheduling flexibility. All drivers will undergo background checks. All drivers have a valid PA driver's license appropriate for the vehicle size and type. Ongoing monitoring (MVRs) zero tolerance policy. Drivers are prohibited from consuming alcohol or illegal drugs. Must not report to work under the influence. Pre-Employment Screen

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
2014	Ford	Explorer	7	1FMSK8F89E GB32275	145154

*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).

My purpose to ensure all vehicles are safe, reliable, and compliant with Pennsylvania regulations, protect passengers, drivers, and the public. The periodic vehicle maintenance plan is to make sure all vehicles will have scheduled maintenance based on manufacturer includes: oil change and fluid checks, tire inspection and rotation, brake inspections and replacement, light, signal, and mirror check, general vehicle check before each trip.

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.
- I have contacted multiple insurance providers including trip state farm to obtain quotes for coverage meeting PUC requirements for passenger transport. The business had reviewed projected startup costs and operating expenses to confirm that insurance premium can be paid on an ongoing basis. Documentation of coverage, including binders or quotes, will be provided to the PUC as required prior to commencing operations.

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.

Rashida Dybes
 (Signature)
Rashida Dybes (owner)
 (Name and Title, printed or typed)

12/02/25
 (Date)

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

ASSETS

Current Assets		
Cash	2,000	
Other Current Assets (specify)		
Total Current Assets		
Tangible Assets		
Motor Vehicle Equipment	SUV approx 8,000	
Property (buildings, land, etc.)	office equipment	
Office Equipment		
	TOTAL ASSETS	

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
	TOTAL LIABILITIES	

Rashida Dykes
632 E. Basin Street
Norristown, PA 19401

Retail



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Secretary of the Commission
400 North Street
Harrisburg, PA 17120

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