

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)

Drive Safely Transportation 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)

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 **NO** **Previous Authority?** NO **NO**

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** YES **NO**
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 02 4708630
(See checklist and indicate type of business entity registered)

Entity ID #13645746-AEL-12/17/25

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

<u>Isameldin ahmed</u>	_____
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

31 N Millbourne Ave
Street Address

Upper Darby, PA, 19082

City, State and Zip Code _____ County _____

610-440-4040

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.)

31 N Millbourne Ave
Street Address

Upper Darby pa 19082

City, State and Zip Code _____ County _____

4842739815

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 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 passengers requiring paratransit services between points in the City and County of Philadelphia.

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.

Isameldin Ahmed

(Print Name)



(Signature) 12/13/2025

(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.

Drive Safely Transportation Ilc			
Legal Name of Applicant			
Trade Name, if any			
31 N Millbourne Ave	Upper darby, pa 19082		
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.

Name: Isameldin Ahmed
Title: Founder / Owner
Business Address: 31 N Millbourne Ave, Upper Darby, PA 19082
Telephone Number: 610-440-4040

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

Applicant is 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.

The applicant has over 35 years of experience in the transportation industry.

This experience includes non-emergency medical transportation (NEMT), student transportation, and paratransit services.

The applicant has extensive knowledge of passenger safety, vehicle operations, scheduling, driver oversight, and compliance with local and state transportation requirements.

The applicant has worked closely with schools, medical facilities, and community organizations, and is familiar with providing pre-arranged transportation services to passengers with special needs.

This experience provides the applicant with the practical knowledge necessary to safely and efficiently operate a paratransit transportation service.

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:

The applicant operates from a physical office located at 31 N Millbourne Ave, Upper Darby, PA 19082.
 The office is equipped with standard office machines including a computer, telephone, printer, and internet access.
 Vehicles are housed at the same location in a secure driveway/parking area.

Record Maintenance Plan:

The applicant maintains all required records in a secure and organized manner
 . This includes trip logs, driver schedules, vehicle inspection reports, insurance documents, and any records required by the PUC.
 Records are kept electronically and in hard copy, ensuring they are readily available for inspection.
 Normal business records, such as financial documents and client contracts, are maintained concurrently.

Communication Network:

Customer requests for transportation will be received via telephone and email.
 Upon receipt, the applicant or designated staff will schedule and dispatch vehicles according to trip requirements.
 Drivers will maintain continuous communication with the office via cell phone to ensure timely updates, coordination, and response to any issues that may arise during service.

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.

The applicant intends to initially use one driver to operate the paratransit service within the City and County of Philadelphia. This number is appropriate given the size of the territory and the volume of trips anticipated at the start of operations. Additional drivers will be hired as the business grows and the demand for services increases.

a. Hiring Standards for Drivers:

All drivers will be carefully screened to ensure they meet state requirements and demonstrate a commitment to passenger safety. Drivers must have a valid driver's license, a clean driving record, and experience in passenger transportation is preferred.

b. Criminal Background Checks:

All prospective drivers will undergo a thorough criminal background check, including checks through state and federal databases, prior to hiring.

c. Driver Training Program:

Drivers will receive training in vehicle operations, passenger safety, ADA compliance, emergency procedures, and company policies. Ongoing training will be provided to ensure compliance with all state and federal regulations.

d. Driver License Checks:

Driver licenses will be verified before hiring and checked periodically through official state records to ensure validity and compliance with PUC requirements.

e. Alcohol and Drug Policies:

Drivers are strictly prohibited from using alcohol or drugs while on duty. The applicant will maintain a zero-tolerance policy, including pre-employment drug testing and periodic random testing as allowed by law.

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>
2014	toyota	sienna	6	5tddkk3dc0es074668	168474

*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).

a. Periodic Vehicle Maintenance Plan: The applicant maintains a strict, scheduled vehicle maintenance program to ensure all vehicles are in safe operating condition. This includes regular oil changes, brake inspections, tire rotations, fluid checks, light inspections, and other routine maintenance as recommended by the vehicle manufacturer. Records of all maintenance activities are documented and kept on file for PUC inspection.

b. Compliance with Pennsylvania Vehicle Equipment Standards:

The applicant ensures that all vehicles continuously comply with applicable Pennsylvania vehicle equipment standards as outlined in 67 Pa. Code, Chapter 175. This includes maintaining proper lighting, brakes, tires, mirrors, horn, windshield wipers, and other required equipment. Vehicles are inspected prior to entering service and on a regular basis to verify compliance with all safety and equipment requirements. Any deficiencies are immediately corrected before the vehicle is placed into operation.

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

The applicant has contacted a licensed insurance agent who is familiar with Pennsylvania PUC paratransit requirements. The agent has confirmed that appropriate liability coverage, including the minimum PUC-required limits, is available for the vehicle(s) listed in this application. The applicant has reviewed premium costs and confirms the business has the financial resources to pay all required insurance premiums. The applicant understands that insurance must be filed with the PUC and maintained continuously as a condition of authority.

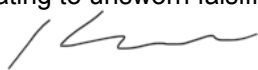
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ YES N 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)

Isameldin Ahmed, CEO

(Name and Title, printed or typed)

12-13-2025

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 10/15/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	10,000.00	
Other Current Assets (specify)	10,000.00	
Total Current Assets		20,000.00
Tangible Assets		
Motor Vehicle Equipment	7000.00	
Property (buildings, land, etc.)	5000.00	
Office Equipment		
TOTAL ASSETS		32,000.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)		
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		32,000.00

Drive Safely Transportation LLC

Application for Motor Common Carrier of Persons in Paratransit Service

Business Information:

Legal Name of Applicant: Drive Safely Transportation LLC

Business Address: 31 N Millbourne Ave, Upper Darby, PA 19082

Telephone Number: 610-440-4040

Email: isam@drivesafelytrans.com

Owner / Officer: Isameldin Ahmed, Founder / Owner

Minority-Owned Business Enterprise: Yes

Purpose of Application:

The purpose of this application is to obtain authority from the Pennsylvania Public Utility Commission (PUC) to operate a paratransit transportation service within the City and County of Philadelphia. Drive Safely Transportation LLC intends to provide safe, reliable, and pre-arranged transportation services to passengers, including individuals with special needs, students, and clients of medical facilities, in compliance with all applicable state and federal regulations.

Scope of Services:

To transport passengers requiring paratransit services between points in the City and County of Philadelphia.

Business Experience:

Drive Safely Transportation LLC is owned and operated by Isameldin Ahmed, who has over 35 years of experience in the transportation industry. This experience includes:

- Non-emergency medical transportation (NEMT)
- Student transportation
- Paratransit services
- Knowledge of passenger safety, vehicle operations, scheduling, driver oversight, and regulatory compliance

Mr. Ahmed has worked extensively with schools, medical facilities, and community organizations, providing safe, pre-arranged transportation services to individuals with special needs.

Facilities and Communication:

Office Location: 31 N Millbourne Ave, Upper Darby, PA 19082

Office Equipment: Computer, telephone, printer, internet

Vehicle Storage: Secure driveway/parking area on premises

Record-Keeping: All PUC-required records, trip logs, vehicle inspections, insurance, and financial records are maintained electronically and in hard copy

Communication: Customer requests are received via phone and email. Drivers maintain continuous communication with the office via cell phone.

Drivers:

Initial Drivers: 1 driver, expanding as demand grows

Hiring Standards: Valid license, clean driving record, commitment to safety

Background Checks: State and federal criminal background checks

Training: Vehicle operations, passenger safety, ADA compliance, emergency procedures

License Checks: Verified before hiring, periodically reviewed

Alcohol & Drug Policy: Zero-tolerance, pre-employment and random testing

Vehicle Safety and Compliance:

Vehicles maintained according to a scheduled maintenance plan

Regular inspections, oil changes, brakes, tires, lights, etc.

Vehicles comply with PA vehicle equipment standards (67 Pa. Code, Chapter 175)

Insurance Readiness:

A licensed insurance agent has confirmed that the required PUC coverage is available. The business has the financial resources to pay all premiums and will maintain continuous insurance as required.

FINANCIAL CAPABILITY STATEMENT

Drive Safely Transportation LLC

Drive Safely Transportation LLC affirms that it maintains sufficient and ongoing financial resources to support its continued operations as a paratransit transportation provider. The company has invested between \$10,000 and \$20,000 toward vehicles, insurance, office infrastructure, and operational expenses, with additional capital readily available for continued and future investment as operational needs expand. These financial commitments demonstrate the company's established ability to maintain vehicles in safe operating condition, satisfy all applicable insurance and regulatory obligations, and support reliable service delivery. Drive Safely Transportation LLC maintains the financial capacity and flexibility necessary to sustain safe, compliant, and uninterrupted paratransit operations within the City and County of Philadelphia.

Authorized Certification

Authorized Representative Signature: Ahmed Ahmed
Printed Name: Ahmed Ahmed
Title: CFO
Date: 12/15/2025

Notary Acknowledgment

State of Pennsylvania County of Delaware Subscribed and sworn to (or affirmed) before me on this 15th day of December, 2025, by Ahmed Isameldin Ahmed, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public Signature:

Biju Chacko
Biju Chacko

