

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

DEC 10 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Application for Motor Contract Carrier of Persons

This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Sonam LA 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)

NA

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?** _____

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** Yes

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

If YES, provide your PA Corporation Bureau Entity ID Number

0014076762

(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).**

TEK BAHADUR KHADKA

DIWASH KHADKA

KEDAR NATH KAFLEY

6. **Mailing Address**

2015 PITTSTON AVE.

Street Address

SCRANTON PA, 18505

City, State and Zip Code

LACKAWNNA

County

570-862-0221

Telephone Number

sonamlatransportation@gmail.com

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 from Physical Address. Do not use a PO Box.)

SAME AS ABOVE

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)

NA

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. _____

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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 in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for Sonam LA, LLC, from points in the following counties; Lackawanna, Luzerne, Monroe, Wayne, Susquehanna, and Wyoming Counties

Examples:

- To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.
- To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.

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.

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.

TEK KHADKA
 (Print Name)

DIWASH KHADKA

KEDAR KAFLEY

Yehkhada 12/9/25
 (Signature)

Diwash
 (Signature)

12/9/25
 (Date)

Kedar
 12/9/25
 (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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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.

SONAM LA LLC			
Legal Name of Applicant			
NA			
Trade Name, if any			
2015 PITTSTON AVE.	SCRANTON	PA	18505
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.

TEK BAHADUR KHADKA
COE of the Sonam LA LLC
2015 Pittston Ave. Scranton PA 18505
570-862-0221

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

NA

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.

DESCRIPTION IS ATTACHED WITH IN ADDITIONAL PAGE

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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. With 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.

DISCRIBTION IS ATTACHED WITH

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.

ALL THE ANSWER IS ATTACHED WITH

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>

Answer 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).

DISCRIBTION IS ATTACHED WITH

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

To remain comply with the State's requirements under General Information # 2
15 passengers or less: We have spoken to a licensed auto insurance company.

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

One of the partners, Kedar N Kafley, had an offense of misdemeanor in 2017. Completed all the court orders and remained compliance with all orders. The report can be produced upon request from Lackawanna County Court.

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. § 4904 relating to unsworn falsification to authorities.

(Signature)

Y. Khadka

(Date)

12/9/25

TEK BAHADUR KHADKA

CEO

(Name and Title, printed or typed)

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Descriptions to questions in the PUC Application

3.

Diwash Khadka possesses practical experience relevant to operating a transportation service, primarily through his hands-on role as a driver. Commercial Driver's License (CDL): He holds a CDL license and associated experience, which is the necessary credential for operating various types of commercial vehicles and demonstrates compliance with federal standards for knowledge and skill in vehicle operation. Transportation Service Operations: Mr. Khadka worked as a driver transporting residents in a senior living center. This experience involved the daily, scheduled, and often specialized operation of a transportation service, requiring skills in: Route Planning and Efficiency Passenger Safety and Customer Service Vehicle Maintenance Checks and Compliance This direct driving experience, supported by CDL, shows a foundational understanding of the day-to-day requirements and responsibilities of providing transportation services.

4.

Operates business from 2015 Pittston Ave. Scranton PA 18505. Office is equipped with computers, printer, phone service, internet access,

Secure File cabinets. All administrative tasks and communication are handled from this location.

For vehicles, facility parking lot/secured yard will be utilized where companies are safe and secured and also provide adequate space for inspection before

assigning driver.

Records will be maintained by using Trip log, maintenance logs, driver qualification, insurance documents in a secure file cabinet and digitally (iCloud

service) for back up.

Communication requests are/will receive through phone & email, once request accepted, company will schedule the service and dispatch drivers using (cell phone dispatch software or email).

Communication with drivers is continuous via two-way phone, text messaging and GPS live tracking using WhatsApp live location to ensure the real time update immediate response if any issue arises.

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- a. Will hire only qualified Drivers. The criteria are: 1. Minimum age of 18. 2. At least 1 or more years of driving experience. 3. Ability to pass background checks and drug testing. Professionalism and customer service skills.
- b. Background Check: Using State site PA patch; no driver will be hired if checks reveal major violation.
- c. Driving Training: 1. Minimum of 2 hours driving practice using company Vehicle. 2. Proper vehicle inspection training. 3. Emergency and incident protocols (911). 4. Hand on training with office staff or managers.
- d. Our system for driver license checks is a three-phased, redundant process designed to ensure that every driver is legally qualified and maintains a clean driving record throughout their employment.
 - 1 Initial Screening: Initial screening is to ensure the candidate meets all minimum legal and company standards before they are hired.
 - 2 Continuous Monitoring: Since a driver's license status and record can change at any time, we employ a system of periodic and continuous checks.
 - 3 Corrective Action: Any failure to meet the license standards triggers immediate action to protect public safety and maintain compliance.
- i. **Immediate Removal from Service:** If a driver's license is found to be expired, suspended, or revoked, or if a disqualifying violation is confirmed, the driver is **immediately taken off schedule** and prohibited from operating any company vehicle.
- ii. **Investigation and Documentation:** The compliance manager investigates the violation and documents all related communication and MVR reports.

Corrective Action/Termination:

1. **Minor issues (e.g., expired license):** The driver may be placed on temporary leave without pay until they provide proof of a valid, renewed license.

2. **Major issues (e.g., DUI, revocation):** The driver is subject to termination, as such offenses violate the company's core safety and insurability standards.

e. **Alcohol/Drug Policy:** Zero tolerance to drug and alcohol policy, pre-employment drug test, no random testing, however reasonable suspicious may result drug/alcohol test. If found violation of policy may result in immediate suspension/including termination if necessary.

6.

Will start with one wheelchair accessible vehicle and we will add on vehicles with the demand and growth of the business.

7.

Vehicle Safety Program Overview

Our Vehicle Safety Program is a systematic approach to proactively manage vehicle maintenance, ensure continuous regulatory compliance, and promote the safety of all operators and the public. It's built around **scheduled preventive maintenance** and a rigorous **compliance monitoring system** focused on the standards set forth in **67 Pa. Code, Chapter 175**.

a. Periodic Vehicle Maintenance Plan

Our maintenance plan is based on a blend of **manufacturer-recommended schedules** and **preventive maintenance inspections (PMIs)**, using mileage and time intervals to ensure all critical systems are checked before failure occurs.

Vehicle Type	Inspection/Service	Interval	Key Focus Areas
All Vehicles	Pre-Trip/Post-Trip Check	Daily	Lights, tires, fluid levels, brakes, mirrors, dashboard indicators.
All Vehicles	Level 1 PMI (Minor Service)	Every 5,000 miles or 3 months	Oil change, filter replacement, fluid top-offs, light system check, visual brake inspection, tire rotation/pressure check.

Vehicle Type	Inspection/Service	Interval	Key Focus Areas
All Vehicles	Level 2 PMI (Major Service)	Every 15,000 miles or 6 months	All Level 1 items plus: Comprehensive brake inspection, suspension/steering component check, battery/charging system test, exhaust system inspection.
All Vehicles	State Safety & Emission Inspection	Annually (or semiannually, if applicable)	Formal compliance check aligned with 67 Pa. Code Chapter 175.

Key Maintenance Principles:

- **Documentation:** All maintenance and repairs are tracked in a digital fleet management system, creating a complete service history for every vehicle.
- **Defect Reporting:** Operators are required to report any identified defects immediately via a standard form, which triggers a **repair order** and removes the vehicle from service until the repair is confirmed.
- **Maintenance and repair:** The agency contracts with one of the local State Certified vehicle maintenance and repair workshops with fully skilled technicians to maintain and ensure vehicle's safety operation.



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

February 5, 2025

SONAM LA LLC
630 DUNCAN ST
SCRANTON, PA 18505-3408

Entity Name: SONAM LA LLC
Entity File Date: January 23, 2025
Entity Number: 0014076762
Filing Type: Domestic Limited Liability Company

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for business taxes with the Department of Revenue and the Department of Labor and Industry. You may also visit www.Business.pa.gov to find resources for businesses through all stages of development.

Beginning in 2025, annual reports are required for all domestic filing entities, limited liability general partnerships and registered foreign associations. More information will be forthcoming from the Bureau. However, to ensure that you receive notice of how and when to make annual reports, keep all information on file with the Bureau up-to-date, particularly registered office address.

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**PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU**

Date of this notice: 02-05-2025

Employer Identification Number:
33-3262009

Form: SS-4

Number of this notice: CP 575 G

SONAM LA LLC
TEK KHADKA SOLE MBR
630 DUNCAN ST
SCRANTON, PA 18505

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 33-3262009. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

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IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is SONA. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 02-05-2025
EMPLOYER IDENTIFICATION NUMBER: 33-3262009
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
|||

SONAM LA LLC
TEK KHADKA SOLE MBR
630 DUNCAN ST
SCRANTON, PA 18505

OGDEN UT 84201-0046

In reply refer to: 0423633859
Aug. 08, 2025 LTR 3574C 0
33-3262009 000000 00

00046042
BODC: WI

SONAM LA LLC
TEK KHADKA MBR
630 DUNCAN ST
SCRANTON PA 18505

35367

Employer Identification Number: 33-3262009

Dear Taxpayer:

Thank you for your Form 8832, Entity Classification Election.

We've updated our records to show that your business is a multi-member limited liability company effective 01012025 and is required to file Form 1065, U. S. Return of Partnership Income.

If you need Forms, schedules, or publications, to respond to this letter, you can obtain them by visiting the IRS website at www.irs.gov or calling 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call the Entity Dept. at 801-620-6449 between the hours of 12:01 a.m. and 11:59 p.m. MT. If the number is outside your local calling area, there may be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us a contact name and telephone number with the hours we can reach you.

Please keep a copy of this letter for your records.

Name of person to contact _____

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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EXPECTED DELIVERY DAY: 12/15/25

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SHIP
TO:



FL 2
400 NORTH ST
HARRISBURG PA 17120-0202

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

TO:

Secretary PA Public
utility commission
400 North Street
2nd Floor
Harrisburg PA 17120

USPS TRACKING® #



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Label 228, December 2023

FOR DOMESTIC AND INTERNATIONAL USE

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