

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)

Invicta Med Transports 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)

Not 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 14844633

(See checklist and indicate type of business entity registered)

Pennsylvania Limited Liability Company

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

Non-emergency medical transportation between any and all hospital systems within the Commonwealth of Pennsylvania

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.

Travis C Petty
(Print Name)


(Signature)

10/21/25
(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).

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.

Our location at 1401 2nd Ave. has a garage to house our vehicles and equipment. We will to maintain our records, including but not limited to vehicle maintenance, driving records, maintenance, and safety and training schedules for all employees.

All calls and communications for service will occur through the app "ROUND TRIP" to our dispatch center which will assign a driver. All communication with the driver and dis leave our facility will be conducted in real time through hands free tablets installed in each Our dispatch center can track the vehicles in real time using gps tracking. Lastly, all vehicle that can be monitored in real time.

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.

3 drivers, 3 vehicles

- a. Comprehensive background checks.
- b. Applicants will have to pass PA state police background checks.
- c. We have a comprehensive driving training program, including defensive, driving techniques.
- d. All drivers will have to have valid drivers license and provide semi annual reports.
- e. No tolerance, drug and alcohol policy.
- f. driver's will be required to be at least 21 years of age
- g. driver history will be reviewed annually and records will be maintained at least 3 years
- H. in addition to the preemployment background check, background checks will be completed annually and maintained for 3 years

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	Ford	Explorer	4	1FM5K8AR2EGC37904	137,679
2017	Ford	Taurus	4	1FAHP2MKXHG106700	176,710
2014	Ford	Taurus	4	1FAHP2MT4EG178738	136,679

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

please see exhibit B for further explanation

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).

please see exhibit c

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

please see exhibit d

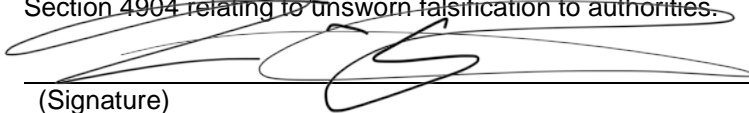
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ 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.



(Signature)

10/21/25

(Date)

Travis C. Petty, Esq

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 12/5/2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	5,000	
Other Current Assets (specify)		
Total Current Assets		
Tangible Assets		
Motor Vehicle Equipment	22,000	
Property (buildings, land, etc.)	5,000	
Office Equipment		
TOTAL ASSETS		37,000

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	0	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		
TOTAL LIABILITIES		0

Invicta has a \$50,000 line of credit available that currently has a 0.00 balance.

EXHIBIT A

Driver Training

1. Program Purpose

To ensure all Pennsylvania NEMT drivers meet required **PUC safety, service, documentation, and regulatory standards** before operating a vehicle in service.

2. Required Training Components

Each driver must complete the following modules **BEFORE transporting passengers**:

MODULE 1 — Pennsylvania PUC Compliance for NEMT Drivers

Topics Covered

- Role of the Pennsylvania Public Utility Commission (PUC)
- Paratransit/Call-and-Demand authority rules for drivers
- Tariff awareness (fare adherence, no overcharging, no unauthorized discounts)
- PUC driver qualification standards
- Vehicle requirements (inspections, insurance, equipment)
- Driver recordkeeping obligations
- Required onboard documents (PUC certificate, registration, insurance, tariff, complaint process notice)
- Passenger rights & complaint procedures
- Prohibited driver behavior (unauthorized stops, cash handling violations, unsafe transport, refusing service to eligible riders)

Demonstrations/Proof of Competency

- Knowledge test (20 questions)
 - Review of tariff and complaint posting procedures
-

MODULE 2 — Vehicle Safety, DOT Standards & Daily Inspections

Topics Covered

- Driver licensing requirements (Class C or CDL if applicable)
- DOT physical requirements (if operating CDL vehicle)
- Pre-Trip/En-Route/Post-Trip vehicle inspections

- Use of vehicle safety equipment:
 - Seatbelts
 - First-aid kit
 - Fire extinguisher
 - Flares/triangles
 - Lift/ramp safety locks
- Safe driving practices:
 - Defensive driving
 - Speed control
 - Weather conditions
 - Backing protocols
 - Railroad crossing rules
- Understanding incident vs. accident and reporting duties

Hands-On Skills

- Perform full pre-trip inspection
- Demonstrate safe operation in a road test

Assessment

- Practical inspection test
- Road performance test

MODULE 3 — ADA Compliance & Passenger Assistance

Topics Covered

- Americans with Disabilities Act (ADA) basics
- Requirements for accessible NEMT vehicles
- Proper use of wheelchair lifts & ramps
- 4-point wheelchair securement + shoulder/lap belts
- Transporting mobility devices (walkers, canes, scooters)
- Service animal rules
- Professional, dignified physical assistance techniques
- Avoiding discrimination
- Sensitivity training (elderly, mentally impaired, dialysis, rehab patients)

Hands-On Skills

- Correctly operate wheelchair lift/ramp
- Secure wheelchair using 4-point tie-down system
- Assist passenger safely during boarding/alighting

Assessment

- Practical ADA equipment test
 - 10-question ADA knowledge check
-

MODULE 4 — HIPAA & Passenger Privacy

Topics Covered

- What constitutes PHI (Protected Health Information)
- Confidentiality during transport and at facilities
- Proper handling of manifests and trip notes
- Mobile device and GPS privacy safeguards
- Prohibited disclosures or discussions
- Handling privacy breaches

Assessment

- HIPAA compliance quiz (10 questions)
-

MODULE 5 — Customer Service & Professional Conduct

Topics Covered

- Professional driver appearance
- Communication skills with patients, caregivers, and medical staff
- Handling emotional or cognitively impaired passengers
- Cultural competency and empathy
- Maintaining rider dignity
- How to professionally refuse unsafe passenger requests

Assessment

- Customer-service scenario evaluation
-

MODULE 6 — Emergency Preparedness & Incident Response

Topics Covered

- Responding to medical emergencies (when to call 911)

- Vehicle breakdown protocol
- Passenger injury procedures
- Fire extinguisher use
- Evacuating the vehicle (wheelchair and ambulatory passengers)
- Mandatory incident/accident reporting to company and PUC
- Completing incident report forms accurately

Hands-On Skills

- Fire extinguisher demonstration
- Emergency evacuation drill

Assessment

- Emergency procedures practical test

MODULE 7 — Documentation, Trip Logging & Communication

Topics Covered

- How to complete NEMT trip logs accurately
- Recording timestamps and mileage (PUC requirement)
- Manifest handling (paper or electronic)
- No-show/cancel documentation
- Facility pickup/drop-off communication
- Proper radio/cell communication protocols
- Reporting delays, hazards, or safety concerns immediately

Assessment

- Trip log accuracy exercise

3. Required Hours of Training

Category	Hours
PUC Compliance	1 hr
Safety, DOT, Vehicle Operations	3 hrs
ADA/Passenger Assistance	3 hrs

Category	Hours
HIPAA/Privacy	0.5 hr
Customer Service	1 hr
Emergency Response	2 hrs
Documentation/Communication	1 hr

Total Initial Required Training: ~11.5 hours
(Most PA NEMT providers round up to 12–15 hours.)

4. Certification Process

To become certified for service, each driver must:

1. Complete all training modules

Document date, instructor, and signatures.

2. Pass all assessments

- Written tests: 80% or higher
- Practical tests: Pass/fail

3. Pass a road test conducted by a certified trainer or supervisor

4. Complete driver qualification file

- Valid driver's license
- PSP criminal background check
- Child abuse clearance (if required by contract)
- Motor vehicle report (MVR)
- Drug test (if company policy or CDL requirement)
- Completed physical (if DOT medical required)

5. Final approval by Safety/Compliance Manager

5. Annual Refresher Training Requirements

PUC-compliant annual refreshers must include:

- Safety & defensive driving (1 hr)
- ADA securement refresher (1 hr)
- HIPAA/privacy reminder (15–30 min)

- Emergency procedures review (1 hr)
- Policy updates and PUC regulatory changes (30 min)

Total: **3–4 hours per year**

6. Documentation Requirements (PUC Compliance)

Maintain a **Driver Training Record File** containing:

- Signed training checklist
- Test scores
- Practical demonstration forms
- Annual refresher logs
- Copy of driver's license & medical docs
- Incident reports (if any)
- Disciplinary or retraining documentation

Records should be **kept for at least 2 years** for PUC inspection.

7. Training Checklists (Included)

Driver Skills Checklist

- Pre-trip inspection
- Defensive driving
- Lift/ramp operation
- Wheelchair securement
- Passenger assistance
- Radio/communication usage
- Emergency evacuation
- Trip log completion

Compliance Checklist

- Reviewed tariff
 - Knows passenger rights
 - Knows how to handle complaints
 - Understands privacy protections
 - Knows reporting chain of command
-

8. MISCELANEOUS

- Infectious disease control
- De-escalation techniques
- Bariatric passenger handling
- Winter driving hazards
- Broker-specific requirements (LogistiCare, MTM, Modivcare, etc.)

EXHIBIT B

We serve a small regional hospital in Danville, Pennsylvania and our service will take psychiatric patients to facilities throughout the Commonwealth that are better suited to handle the patient's needs than our regional hospital can provide. These include locations in Philadelphia, Pittsburgh, Erie and other locations throughout the Commonwealth. Three vehicles will be sufficient to service this facility. The bill of sale for our vehicles is attached hereto.



**Pennsylvania Motor Vehicle
BILL OF SALE**

I, BLACK OPS SECURITY SERVICES, LLC (the seller), have agreed to sell the vehicle listed below (and transfer full title and ownership rights) to INVICTA MED TRANSPORTS, LLC (buyer) for the total sum of 7,000.00 dollars \$ _____

Make: FORD Year: 2014
Model: TAURUS VIN: 1FAHP2MT4EG178738

I, the undersigned seller, hereby sell the above the above vehicle to the buyer for the amount shown and affirm/swear that all information provided by me on this form is true & accurate.

I, the undersigned buyer, acknowledge receipt of this Bill of Sale and understand there is no guarantee or warranty, expressed or implied, with respect to the above vehicle's mechanical condition, or ability to be driven safely. This vehicle is hereby sold in "AS - IS" condition.

Dated this 29 day of SEPTEMBER, 2025

Seller Signature: [Signature] President Buyer Signature: [Signature]
Driver's License #: _____ State: _____ Driver's License #: _____ State: _____
Address: 142 West Front St Address: 1401 2nd Ave
Berwick PA 18603 Berwick PA 18603
Phone #: _____ Phone #: _____



Pennsylvania Motor Vehicle BILL OF SALE

I, BLACK OPS SECURITY SERVICES, LLC (the seller), have agreed to sell the vehicle listed below (and transfer full title and ownership rights) to INVICTA MED TRANSPORTS, LLC (buyer) for the total sum of 6,500.00 dollars \$ _____

Make: FORD Year: 2017
 Model: TAURUS VIN: 1FAHP2MKXHG106700

I, the undersigned seller, hereby sell the above the above vehicle to the buyer for the amount shown and affirm/swear that all information provided by me on this form is true & accurate.

I, the undersigned buyer, acknowledge receipt of this Bill of Sale and understand there is no guarantee or warranty, expressed or implied, with respect to the above vehicle's mechanical condition, or ability to be driven safely. This vehicle is hereby sold in "AS - IS" condition.

Dated this 29 day of SEPTEMBER, 2025

Seller Signature: <u><i>[Signature]</i></u> <u>President</u> Driver's License #: _____ State: _____ Address: <u>142 West Front St</u> <u>Berwick PA 18603</u> Phone #: _____	Buyer Signature: <u><i>[Signature]</i></u> Driver's License #: _____ State: _____ Address: <u>1401 2nd Ave</u> <u>Berwick PA 18603</u> Phone #: _____
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Pennsylvania Motor Vehicle BILL OF SALE

I, **BLACK OPS SECURITY SERVICES, LLC** (the seller), have agreed to sell the vehicle listed below (and transfer full title and ownership rights) to **INVICTA MED TRANSPORTS, LLC** (buyer) for the total sum of **8,500.00** dollars \$ _____

Make: **FORD** Year: **2014**
 Model: **EXPLORER** VIN: **1FM5K8AR2EGC37904**

I, the undersigned seller, hereby sell the above the above vehicle to the buyer for the amount shown and affirm/swear that all information provided by me on this form is true & accurate.

I, the undersigned buyer, acknowledge receipt of this Bill of Sale and understand there is no guarantee or warranty, expressed or implied, with respect to the above vehicle's mechanical condition, or ability to be driven safely. This vehicle is hereby sold in "AS - IS" condition.

Dated this **29** day of **SEPTEMBER**, 2025

Seller Signature: <u><i>[Signature]</i></u> President Driver's License #: _____ State: _____ Address: <u>142 West front St</u> <u>Berwick PA 18603</u> Phone #: _____	Buyer Signature: <u><i>[Signature]</i></u> Driver's License #: _____ State: _____ Address: <u>1401 2nd Ave</u> <u>Berwick PA 18603</u> Phone #: _____
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EXHIBIT C

VEHICLE MAINTENANCE PLAN

1. Fleet & vehicle details

For each vehicle Invicta will maintain a log to include

- Vehicle identifier (e.g., “Vehicle A”)
- Make, model, year, VIN
- Mileage / hours (as applicable)
- Last maintenance date & odometer reading
- Next scheduled maintenance due date / mileage
- Inspection date & due date
- Notes (repairs, issues found, corrective actions)

Maintenance categories & schedule

A. Daily / pre-trip checks

Each time a vehicle is in service (especially before starting the day’s route) do the following:

- Walk-around inspection: tires (pressure & condition), lights (headlights, brake, turn), mirrors, windshield wipers, fluid leaks, visible damage.
- Check driver controls: horn, gauges, seat belts, emergency brake.
- Check documentation: inspection sticker, registration, insurance (for PUC review).
- Record in daily log: date, driver name, vehicle ID, odometer reading, any defects found and action taken.

B. Weekly checks

Once per week :

- Check oil level & quality; top off if needed.

- Check coolant level, hoses, belts for wear.
- Check brake fluid, power steering fluid, transmission fluid.
- Inspect tires in more detail: tread depth, sidewall condition, matching sizes, spare tire condition.
- Check battery: terminals clean and secured.
- Check lighting and electrical: all lights, warning indicators, mirrors, door latches.
- Check that the vehicle's equipment complies with PUC & PennDOT requirements (e.g., doors latches working, no obstruction of driver's view).
- Log weekly check: date, odometer, items inspected, any issues and corrective action.

C. Monthly checks -Once per month (or every ~1,000 miles / whichever comes first):

- Full engine compartment inspection: belts, hoses, leaks, mounting hardware.
- Inspect suspension components (shocks/struts, springs, bushings).
- Check exhaust system for leaks, proper hangers, damage.
- Check alignment and tire wear pattern; rotate tires as per manufacturer.
- Check brake system: pads/shoes, rotors/drums, lines, parking brake.
- Check vehicle's compliance documentation: inspection sticker, any PUC certificate references, ensure no overdue items.
- Review log of defects/repairs from previous month; ensure root causes addressed.
- Schedule any needed repairs before they become safety issues or regulatory violations.

D. Quarterly / 3-month or 5,000 miles maintenance

- Change engine oil & filter (or as per manufacturer recommendation).
- Replace fuel filter (if applicable) and inspect fuel system for leaks.
- Inspect and/or replace air filter and cabin filter.
- Inspect transmission fluid & filter (if applicable) and service as needed.
- Inspect drivetrain: driveshafts, U-joints, CV joints, differential oil.
- Inspect cooling system thoroughly: flush/replace coolant if due, replace worn hoses/clamps.

- Inspect all lighting, reflectors, marking compliance (if required by PUC).
- Inspect vehicle body and signage: no obstruction of driver's view, no damaged doors or latches (per § 29.402).
- Update maintenance log; mark next due dates.

E. Annual inspection & major service

At least once a year (or sooner depending on manufacturer/usage):

- Comprehensive inspection covering all systems: engine, transmission, brakes, steering, suspension, tires, exhaust, HVAC, electrical, body/doors/frames.
- Replace wear items: belts, hoses, suspension bushings, brake hardware, tires (if tread or sidewall condition mandates).
- Align wheels, balance tires.
- Inspect and service HVAC/heating system (important for driver/passenger comfort).
- Inspect corrosion, frame, undercarriage—especially in Pennsylvania where winter road salts accelerate rust.
- Ensure compliance with annual safety inspection requirements under § 4702 of Title 75.
- Make any required repairs to ensure the vehicle passes the official inspection station's review (per 67 Pa. Code Chapter 175).
- Renew or update any certification required by PUC or PennDOT.
- Review and archive the year's maintenance and inspection records in case of audit or compliance check.