

## 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)

Real-ER Medical Transport LLC

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- 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)

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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** \_14535111\_\_\_\_\_

(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).

John A. Realer  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Mailing Address

4050 Yorktown Drive  
Street Address

Upper Chichester, PA. 19061 Delaware  
City, State and Zip Code County

(610) 800-2180  
Telephone Number

realermedicaltransport@  
E-mail Address  
yahoo.com

*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.)

\_\_\_\_\_  
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?

X 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).

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Real-ER Medical Transport LLC proposes to provide non-emergency medical transportation services primarily within Philadelphia County and Delaware County. Services will include transportation for ambulatory and wheelchair passengers traveling to and from medical appointments, hospitals, dialysis centers, rehabilitation facilities and other approved healthcare-related destinations.

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*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.

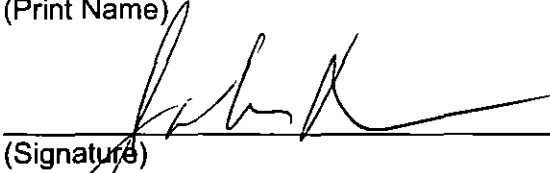
## Verification of Application

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.

John A. Realer

(Print Name)



(Signature)

11-24-2025

(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.

John A. Realer

Legal Name of Applicant

Trade Name, if any

4050 Yorktown Drive Upper Chichester, PA. 19061

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.

self - John A. Realer (owner + operator)

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

John A. Realer (owner + operator)

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.

I worked for Life-Med Ambulance - (NEMT) for 2 years 1 month. I have an Emergency Medical Service Vehicle Operator (exp 6-30-2027) CPR/AED/First Aid (exp 9-17-2026) Blood borne Pathogens (exp 9-17-2026) Defensive Driving Course License ID# ~~35~~ 3250 2699 Experienced in patient care safety

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 paper*

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 paper*

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
2017	Ford	Transit 350	4	1FBVU4KM1HKB08724	Mileage - 132,512

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

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Real-ER Medical Transport LLC operates from its main office located...

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From Cynthia So <msbennett811@icloud.com>  
Date Tue 11/25/2025 2:34 PM  
To DocuCare@msn.com <DocuCare@msn.com>

**Real-ER Medical Transport LLC operates from its main office located at 4050 Yorktown Dr., Upper Chichester, PA 19061.**

**The office is equipped with standard administrative equipment including computers, printers, secure file storage, internet access, and telephone systems used for scheduling, dispatching, and daily operations.**

**Record Maintenance Plan:**

**Real-ER Medical Transport LLC maintains all operational records, trip logs, driver files, maintenance reports, and compliance documents both electronically and in secure physical storage. Electronic records are backed up regularly and stored on secure, password-protected systems. All records will be retained in accordance with PUC requirements and HIPAA guidelines for protected health information.**

**Communication Network:**

**The company uses cell phones and mobile applications to maintain direct communication between dispatch and drivers. GPS-enabled devices allow real-time trip monitoring, efficient routing, and timely updates. Dispatch operations are available 24/7 to ensure reliable coordination of transportation services.**

**Vehicle Housing Facility:**

**Vehicles are housed at the same Upper Chichester location, where they are parked securely when not in service. Routine inspections are conducted on-site, and any mechanical service is coordinated with licensed automotive repair facilities. The company ensures that all vehicles remain safe, clean, and in compliance with PUC regulations.**

Sent from my iPhone

## Driver Standards & Compliance Policies

### Hiring Standards for Drivers

At this time, the company is owner-operated with only one driver (the owner). All hiring standards that would apply to employees apply to the owner-driver, including maintaining a valid driver's license, a clean driving record, and meeting all state and federal requirements for NEMT operations. If additional drivers are hired in the future, all candidates will undergo background checks, driving record reviews, drug/alcohol policy acknowledgments, and required training before being permitted to transport passengers.

### System Used for Conducting Background Checks

As the sole driver, the owner has completed a Pennsylvania State Police Criminal Background Check and Child Abuse Clearance, and will complete an FBI fingerprint check if required. If future drivers are hired, the company will use the Pennsylvania State Police PATCH system and/or a certified third-party background check service compliant with state regulations.

### Driver Training Program

As the only driver, the owner maintains training in CPR/First Aid, Passenger Assistance Safety and Sensitivity (PASS), wheelchair securement, defensive driving, and emergency procedures. Any future employees will be required to complete the same training prior to operating vehicles.

### System for Conducting Driver License Checks

As the only driver, the owner monitors his Pennsylvania driver's license status through PennDOT's online system. For future employees, the company will obtain and verify a Motor Vehicle Report (MVR) from PennDOT before hire and conduct annual MVR checks.

### Policies Regarding Alcohol and Drug Use

The company maintains a zero-tolerance drug and alcohol policy. As the sole driver, the owner complies with all state and federal regulations prohibiting the use of alcohol or controlled substances during or before operating a vehicle. Any future drivers will be required to follow the same zero-tolerance policy, with immediate suspension or termination for violations.

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 attached paper

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

Called numerous Insurance companies for quotes  
 Was able to obtain commercial auto insurance  
 from Berkshire Hathaway Direct Insurance Comp.  
 Policy # 0069760-01-CA single combined limit of  
 500,000

Professional-General Liability from Kinsdale Insurance  
 Comp. Policy # 0100410538-0 \$1million \$3million

9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is aggregate 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)

John A. Realer

(Name and Title, printed or typed)

(Date)

11/24/2025

**DOCUCARE COPY SERVICE**

900 North Broad Street, Philadelphia, PA 19130

Phone: (215) 235-8740 • Fax: (215) 235-8742

E-mail: docucare@msn.com

Open 5 Days: Mon. - Fri. (9:00am - 7:00pm)

4 PM

Date In: 11/25/25 Date Due: 11/28/25

Customer: CYNTHIA SO

Phone #: 610-800-2180 4699

Docucare Representative: JDE

Description	Qty	Unit	Total
PERF WINDOW			215.00
SIGN -			
48X27(x2)	x2		/
28x28	x2		/
12x12	x1		/
			215.00
		Tax	8%
		Total	235.00
		Deposit	
		Bal Due	

**PAID**

DOCUCARE IS NOT RESPONSIBLE FOR ANY ITEMS LEFT OVER 60 DAYS  
NO REFUSED OR CREDITS FOR ANY ORDERS LEFT OVER 60 DAYS

## Vehicle Safety Program

Real-ER Medical Transport LLC maintains a comprehensive Vehicle Safety Program designed to ensure the safe, reliable, and compliant operation of all company vehicles. Our program focuses on preventive maintenance, routine inspections, driver accountability, and strict adherence to state and federal transportation standards.

### 1. Vehicle Maintenance & Inspection Procedures

#### Daily Pre-Trip & Post-Trip Inspections

All drivers are required to complete a written inspection before and after each shift. This includes checking brakes, tires, lights, mirrors, fluid levels, wheelchair equipment, and safety supplies. Any defects must be documented and reported immediately.

#### Scheduled Preventive Maintenance

Vehicles follow a maintenance schedule based on manufacturer requirements and mileage. Routine services include oil changes, brake inspections, tire rotation, lift maintenance, HVAC checks, and battery testing. Records are maintained in the company office.

### 2. Safety Equipment Requirements

Each vehicle used for service is equipped with a first aid kit, fire extinguisher, reflective triangles, seat belts, wheelchair securements, non-slip floors, backup camera/alarm, adequate lighting, and communication devices.

### 3. Vehicle Cleanliness & Infection Control

Vehicles are cleaned daily and disinfected after transports as needed. High-touch surfaces are wiped down, debris removed, and deep cleaning performed regularly following CDC guidelines.

### 4. Reporting & Corrective Action

Drivers must immediately report safety concerns, vehicle damage, or mechanical issues. Vehicles are removed from service until repairs are documented and complete.

### 5. Accident & Incident Procedures

In the event of an accident: ensure passenger safety, call 911 if needed, notify the company, document with photos and a written report, and submit to insurance/PUC as required. Supervisors review incidents for corrective action.

### 6. Compliance

All vehicles comply with Pennsylvania PUC regulations, ADA standards, inspection laws, and insurance requirements.

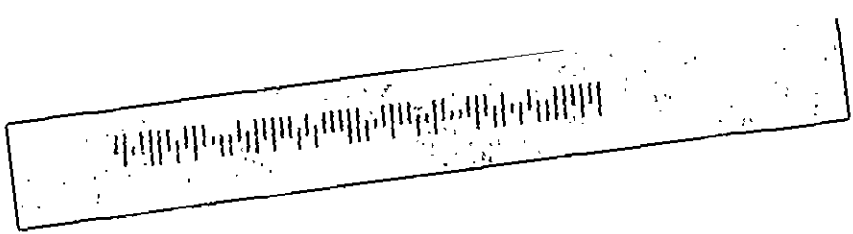
**Statement of Financial Position (Balance Sheet)**  
**As of (date) November 24, 2025**  
**(Must be less than 6 months old)**

ASSETS



Current Assets		
Cash	\$ 50,000	
Other Current Assets (specify)	\$ 21,000	truck is paid for
Total Current Assets		-\$ 71,000
Tangible Assets		
Motor Vehicle Equipment	\$ 1500.00	
Property (buildings, land, etc.)	Ø	Ø
Office Equipment		\$ 3500.00
TOTAL ASSETS		\$ 76,000

LIABILITIES

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



WILMINGTON, DE 1  
NOV 26, 2025

17120

**\$7.74**

S2324M500938-06

RDC 99

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL**



9589 0710 5270 3002 8471 20


Secretary PA Public Utility  
Commission  
400 North Street 2nd floor  
Harrisburg, PA. # 17120

**RECEIVED**

DEC 01 2025

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

9589071052703002847120




12/1/2025 10:02:52 AM

External Carrier

Floor:

Agency: PUC

**To: PUC MASTER**



717-705-1952

CMPC