



**COMMONWEALTH OF PENNSYLVANIA**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

January 6, 2026

Docket No. A-2025-3059525

**GOD'S GRACE MEDICAL TRANSPORTATION LLC  
638 ERFORD RD  
CAMP HILL PA 17011**

**RE: Application of God's Grace Medical Transportation, LLC, 638 Erford Rd., Camp Hill, Cumber County, PA 17011. 717-704-7995**

To Whom It May Concern:

On December 30, 2025, the application of GOD'S GRACE MEDICAL TRANSPORTATION, LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile: <https://www.puc.state.pa.us/efiling/default>**

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, \_\_\_\_\_, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

A handwritten signature in black ink that reads "Matthew L. Homsher". The signature is written in a cursive style with a large initial 'M'.

Matthew L. Homsher

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2025-3059525  
GOD'S GRACE MEDICAL TRANSPORTATION, LLC  
Data Request

1. Before your application can be processed further, you are required to provide an acceptable description of the proposed service area. Your request should be limited to a scope which can be supported by your present resources and financial position. As your business grows, additional territories and rights may be applied for. Applicants who request service areas beyond the scope of their resources risk the outright denial of their application, or possible Commission dictated revisions to their original request.

Your proposed service area must be fully bound, and easily discernible. This may be achieved by the use of municipal boundaries, roads, railroads, or natural boundaries such as rivers and streams, etc.

YOU SHOULD ONLY SPECIFY AREAS FROM WHICH YOU WISH TO ORIGINATE SERVICE.

Example:

- a. Between points in Pennsylvania
  - b. between points in the counties of X, Y, and Z.
  - c. from points in the counties of X, Y, and Z, to points in Pennsylvania, and return.
  - d. from points in the counties of X, Y, and Z, to points in the counties of A, B, and C, and return
2. Your response to question #4 of the verified statements is not optional. Provide a complete response which addresses EACH portion of the question.
  3. Your response to question #5 of the verified statements is incomplete. Provide a complete response which addresses EACH portion of the question.

Be advised that your policy must specifically address the following sections of 52 Pa Code:

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**The purpose of the verified statement questions is to determine your ability to provide safe, efficient, and reasonable transportation. It is in your best interest to provide accurate, complete, and timely responses. Failure to do so is sufficient grounds to justify the denial of your application because YOU have failed to provide sufficient evidence of your fitness to operate. Be advised that additional corrections may not always be requested; therefore, prior to submitting your responses, your consultation with an attorney or financial expert familiar with Commission regulated Motor Carrier related proceedings is highly encouraged.**

- § 29.503. Driver age.
  - § 29.504. Driver history. (frequency and record retention)
  - § 29.505. Criminal history. (frequency and record retention)
4. Your response to question #6 of the verified statements is not optional. Provide a complete response which addresses EACH portion of the question.
  5. You indicate regular maintenance will be performed but mention nothing about pre and post trip vehicle inspections. Can you please explain your policy? Will daily inspections not be performed prior to placing the vehicle into service each day? If so, what will those inspections entail? If not, why not?
  6. What is your projected annual cost for commercial insurance coverage? Please provide evidence of actual insurance quotes seeking coverage for your intended vehicle. Please, **at a minimum**, include the coverage amounts, the vehicle model, policy terms, and annual/monthly premiums.
  7. Please review the below criteria and, if necessary, submit a revised compliant Statement of Financial Position (**if corrections are required**) and the evidence to support the statement of financial position (**the evidence is mandatory regardless of revisions being necessary**):
    - a. The statement presented must be **DATED** and comprised of information which is less than 6 months old.
    - b. The submission **MUST** be comprised of information which is **accurate as of the date provided**.
    - c. **The information is to be exact and should not include estimates or approximations when accurate numbers are available**. Property and vehicle valuations may be approximations; however, if the valuation is higher than typical Kelly Blue Book (or similar) valuations, you should provide an explanation as to why (e.g. vehicle with an installed wheelchair lift, etc). Bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).
    - d. **ALL relevant assets and debts** are to be included (**vehicle loan balances/vehicle asset value, lease expenses, etc.**). *For example, your submitted bank statement indicates a loan payment on a Chase card, but this is not accounted for on the balance sheet.*

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- e. **The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (GOD'S GRACE MEDICAL TRANSPORTATION LLC), and not the individual member(s). Any property and accounts listed MUST be registered or titled to the corporation. Bank accounts must be in the name of GOD'S GRACE MEDICAL TRANSPORTATION LLC. Vehicles must be registered to GOD'S GRACE MEDICAL TRANSPORTATION LLC. Property must be titled to GOD'S GRACE MEDICAL TRANSPORTATION LLC. If these items are not in the name of GOD'S GRACE MEDICAL TRANSPORTATION LLC, should NOT be included on the balance sheet.**

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority.

**Finally, in order to fully assist the Commission in verifying your financial fitness**, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). *Any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, leases, property titles, purchase agreements, etc.*

**You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application.**

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