



COMMONWEALTH OF PENNSYLVANIA

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

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

January 7th, 2026

Docket No. A-2026-3059553

**LIGHT CARE TRANSPORTATION INC
1806 BIRD DR
ERIE PA 16510**

**RE: Application of Light Care Transportation, Inc., 1806 Bird Dr., Erie, Erie County, PA 16510.
814-844-1772**

To Whom It May Concern:

On January 5, 2026, the application of LIGHT CARE TRANSPORTATION, INC, 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'.

Matthew L. Homsher

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2026-3059553
LIGHT CARE TRANSPORTATION, INC
Data Request

1. You have provided an outdated application. Please download the current version of the application for Paratransit Service at <https://www.puc.pa.gov/filing-resources/forms/motor-carrier-forms/> and re-submit the revised version (App MCC Persons Paratransit Service rev 12/6/21), When submitting the revised version, please ensure that you have incorporated the corrections/updates requested below. Failure to address the cited issues and to answer all questions fully will likely result in the denial of the application.
2. In your verified statements you have presented a policy related to the storage of household goods – do you intend provide household goods moving services in addition to the requested paratransit rights? If so, you are required to submit an addition Household Goods in Use application and pay the appropriate filing fee. The link provided above will also allow you to find the Household Goods in Use application.
3. Your response to question #4 (question #5 on the current version) of the verified statements is unacceptable as submitted. While you may outsource the checks to appropriate outside parties, you are still responsible for providing the Commission evidence that you are aware of what should be checked and when the checks are required. Be advised that your policy must specifically address the following sections of 52 Pa Code:
 - § 29.504. Driver history. (frequency and record retention)
 - § 29.505. Criminal history. (frequency and record retention)
4. Your response to question #5 (question #6 on the current version) of the verified statements fails to provide information about a vehicle. Please explain your plan to obtain a vehicle and provide information about how the purchase will be made – financed, paid in cash, etc. What monthly and service expenses do you anticipate?
5. You indicate that you have created a comprehensive vehicle safety program – please provide the Commission with a copy of the plan (such as might be supplied to a new employee at hiring).
6. What is your projected annual cost for commercial insurance coverage? Please provide evidence of actual insurance quotes seeking coverage for your intended

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.

- 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, you indicate the possession of office equipment but this is not included on the balance sheet.*
 - e. **The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (LIGHT CARE TRANSPORTATION INC), 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 LIGHT CARE TRANSPORTATION INC. Vehicles must be registered to LIGHT CARE TRANSPORTATION INC. Property must be titled to LIGHT CARE TRANSPORTATION INC. If these items are not in the name of LIGHT CARE TRANSPORTATION INC, 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.

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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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