

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)

GFM Caring Transportation 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)

GFM Caring Transportation

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?** YES NO

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

If YES, provide your PA Corporation Bureau Entity ID Number ~~39-4759827~~
(See checklist and indicate type of business entity registered)

14929896 (apc)

5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

Kristian Sharobeem Fady Khalil
Girgis Henein _____

6. **Physical Address** (do not use PO Box)

911 Old Silver Spring rd
Street Address
Mechanicsburg, PA 17055
City, State and Zip Code
929-395-6685 Cumberland
Telephone Number County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

N/A
Attorney's Name & Telephone Number for this Filing

Attorney's 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. _____

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

The Proposed Service area includes all Counties within the state of Pennsylvania GFM Caring Transportation will Primarily Provide non-emergency Medical transportation and Wheelchair-accessible services to clients residing within 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.

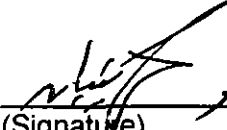

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure 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.

Kristian Sharobeem, Gungis Henein, Fady Khalil
(Print Name)

, , Fady Khalil 11/14/2025
(Signature) (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.

GFM Caring Transportation LLC
Legal Name of Applicant

GFM Caring Transportation LLC
Trade Name, if any

911 old silver Spring rd Mechanicsburg PA 17055
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.

Name: Kristian Sharobeem
Title: Co-Owner / Applicant
Business Address: 911 old silver Spring rd, Mechanicsburg, PA. 17055
Telephone #: 929-395-6685

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

None, The applicants (Kristian Sharobeem and Girgis Henein and Fady Khalil) have no ownership, Managerial or Controlling interest in any other Carrier

3. 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 office at 911 old silver Spring road Mechanicsburg, PA is equipped with computers, phones, printers, and internet, ~~with~~ vehicles are housed in a secure off-site parking facility. All records including PUC, required and business documents, are maintain electronically with backups and secure physical copies. customer requests are received via phone, email, and online forms dispatched through our office system. and drivers is ensured via GPS track

4. 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.

We plan to start with one driver to cover PA ensuring timely, safe, and reliable wheelchair, accessible transportation.

- Drivers must be 21+ have a valid license, clean record, Pass drug / Alcohol test.
- All drivers undergo state and Federal background checks, any serious offenses disqualify candidates
- Training covers safe driving, wheelchair assistance, customer service, and emergency procedures, updated annually.
- Licenses verified with PA DMV and rechecked regularly.
- Zero tolerance and duty, random testing violations lead to immediate termination.

5. 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

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

no vehicles owned yet
wheelchair-accessible vans will be purchased after PUC approval

6. 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).

GFM Caring Transportation Follow a strict Safety and Maintenance Plan to ensure all vehicles are safe and compliant with PA standards.

- vehicles are inspected every 3 months or 3,000-5,000 miles, Routine checks include brakes, tires, lights, fluids, and wheelchair equipment
- All vehicles receive annual state inspections and meet PennDOT and ADA requirements (67PA Code, Chapter 175) Any issues found during inspections are repaired immediately to keep vehicles safe.

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

We have contacted multiple insurance providers specializing in transportation services, including coverage for wheelchair-accessible vehicles, we have verified that we can obtain the necessary insurance and can afford the required premiums based on our projected revenue and operating costs

8. 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 X NO

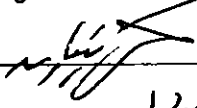
No - none of the applicants, members, officers, or shareholders have been convicted of misdemeanor or felony

9. 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)



(Name and Title, printed or typed)

Kristian Sharobeen

(Date)

11/12/2025

Statement of Financial Position (Balance Sheet)

As of (date) _____

ASSETS

Current Assets

Cash _____

Other Current Assets (specify) _____

Total Current Assets _____

Tangible Assets

Motor Vehicle Equipment _____

Property (buildings, land, etc.) _____

Office Equipment _____

TOTAL ASSETS _____

LIABILITIES

Current Liabilities (Due within one year of date)

Loans _____

Credit cards/revolving credit _____

Other Liabilities (Attach schedule) _____

Total Current Liabilities _____

Long Term Liabilities (Due after one year of date)

Mortgage _____

Long term commercial loan _____

Other Liabilities (Attach Schedule) _____

Total Long-Term Liabilities _____

TOTAL LIABILITIES _____