

GOD'S GRACE MEDICAL TRANSPORTATION LLC  
638 ERFORD ROAD  
CAMP HILL CUMBERLAND, PA 17011  
DECEMBER 9, 2025

**Docket No: A-2025-3059525**

COMMONWEALTH OF PENNSYLVANIA  
Pennsylvania Public Utility Commission  
Commonwealth, Keystone Building  
400 Street, Second Floor  
Harrisburg PA 17120.

### **ADDITIONAL INFORMATION RESPONSE**

4. Company facility, record maintenance plan and communication network:

Facilities include off street parking space, office tables, chairs, multipurpose printer/ fax machine, desktop, laptops, filing cabinet, Wi-Fi, etc.

Record maintenance: standard filing system categorized into departments, customers, transactions, correspondences, and cases in alphabetical order updated daily.

**Communication network:** with a central station in the office, requests from customers shall be received and processed in the office and communication to drivers shall be via company issued hands free handheld communication devices.

Also, business hours shall be from 8am to 11pm Monday to Saturday, however, demand for our services and requests from customers may determine a review of our business hours.

In case of number of employees and their job descriptions:

**a. Office Manager (1)** – To ensure the daily running of the business, including ensuring proper record keeping and overseeing logistics and operations. The Office Manager is the chief customer service representative, chief marketer and administrator, and any other duties delegated to him/her by Management.

**b. Administrative officers (2)** – Run the central control station, office bookkeeping, cashiers, and customer/clerical responsibilities and execute any other duties delegated to them by management.

This number of workers is adequate because they would be able to handle the current demand at this early stage.

5. God's Grace Medical Transportation LLC intends to employ two drivers. This number is sufficient to handle the anticipated demand for our services.

a. Only drivers who are at least 21 years with a current and valid Pennsylvania driver's license will be hired.

b. A background check will be done for every driver from Pennsylvania State Police prior to their commencement with God's Grace Medical Transportation LLC.

A criminal history check will be done for every driver in the company's employment every 2 years from the date of last history check.

In Accordance with 52 Pa. code 29.505, any individual that was convicted of felony or misdemeanor under the laws of the commonwealth or under the laws of another jurisdiction to the extent the conviction relates adversely to that person suitability to provide service safely and legally shall not qualify to be employed by God's Grace Medical Transportation LLC.

c. Regular training programs shall be scheduled periodically on defensive driving, customer service, operations, CPR administration and other first aid procedures. Drivers shall be required to report any issue that would impede their ability to execute their responsibilities.

d. Before any individual can be onboarded as a driver, 3 years' history shall be requested from PennDOT.

God's Grace Medical Transportation LLC will obtain a driver's history once every 12 months from date of last report for every driver in the company's employment.

**e. GOD'S GRACE MEDICAL TRANSPORTATION LLC -  
DRUG AND ALCOHOL POLICY**

God's Grace Medical Transportation LLC is a drug-free workplace. The purpose of this policy is to ensure the safety of all employees and to promote productivity. This policy applies to all employees, contractors, and temporary workers. Substance covered under this policy includes alcohol, illegal drugs, inhalants, prescriptions, and over-the-counter drugs.

We reserve the right to inspect our premises for these substances. We reserve the right to conduct alcohol and drug tests at any time. We may terminate your employment if you violate this policy, refuse to be tested, or provide false information.

Definitions under this policy:

A "substance" includes alcohol, illegal drugs, inhalants, and prescription and over-the-counter drugs.

An "illegal drug" is any substance that is illegal to use, possess, sell, or transfer.

"Drug paraphernalia" is any item used or intended for use in making, packing, concealing, injecting, inhaling, or consuming illegal drugs or inhalants.

"A prescription drug" is any substance prescribed for an individual by a licensed health care provider.

An "inhalant" is any substance that produces mind-altering effects when inhaled.

You are "under the influence" if any substance impairs your behavior or your ability to work safely and productively; results in a physical or mental

condition that creates a risk to your own safety, the safety of others, or company property; or is shown to be present in your body, by laboratory evidence, in more than an identifiable trace.

I, **Rufus O Abiona**, 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).

Signed

A handwritten signature in black ink, appearing to read 'Rufus O Abiona', written over a horizontal line.

Date: 12/12/25

## 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)

GOD'S GRACE MEDICAL 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)

---

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** 0013974757

(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).**

_____	_____
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

638 ERFORD ROAD  
Street Address

CAMP HILL, PA, 17011  
City, State and Zip Code

CUMBERLAND  
County

717 704 7995  
Telephone Number

rufusolayinka4@gmail.com  
E-mail Address

*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?**

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).
- 

Paratransit Tariff Naming Rates, Rules and Regulations Governing the Transportation of Peron in Paratransit Services between Points in Pennsylvania. To transport, as a common carrier, by motor vehicle, persons in Paratransit Services, in the counties of Cumberland, Dauphin, Lancaster and York subject to the following restriction:

Issue under authority of 52 PA Code Section 23.42

---

*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.

RUFUS O ABIONA

---

(Print Name)



(Signature)

12/09/2025

---

(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.

GOD'S GRACE MEDICAL TRANSPORTATION LLC

---

Legal Name of Applicant

---

Trade Name, if any

---

638 ERFORD ROAD	CAMP HILL	PA	17011
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.

RUFUS O ABIONA  
638 ERFORD ROAD  
CAMP HILL, CUMBERLAND 17011

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

NO AFFILIATIONS

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.

RUFUS O ABIONA

I have Bachelor's of Science with over 20 years experience in business personnel and financial management. I have been operating motor vehicles for over 20 years without any record of violations or accidents.

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.

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.

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>
2017	NISSAN	QUEST	7	JNBAE2KP6H9165512	120,000

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

**We are going with one vehicle at this time, we have no client but we are using this one vehicle as a start up and hoping to expand by getting more infrastructures and staffing as we getting more clients.**

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).

a. I have a periodic maintenance plan with CARELESS AUTO on Cameron Street, Harrisburg PA

b. God's Grace Medical Transportation LLC shall conduct a semi-annual inspection on it's vehicle and receive a report on what needs to be changed

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

God's Grace Medical Transportation LLC has made an arrangement with State Farm Insurance

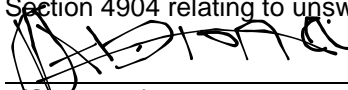
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ YES       X   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)  
 RUFUS O ABIONA (ADMINISTRATOR)

\_\_\_\_\_  
 (Name and Title, printed or typed)

12/09/2025

\_\_\_\_\_  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 12/09/2025**  
**(Must be less than 6 months old)**

ASSETS

Current Assets			
Cash			
Other Current Assets (specify)			
Total Current Assets			
Tangible Assets			
Motor Vehicle Equipment	\$ 10,500.00		
Property (buildings, land, etc.)	\$10,500.00		
Office Equipment			
TOTAL ASSETS			\$10,500.00

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans	0.00		
Credit cards/revolving credit			
Other Liabilities (Attach schedule)			
Total Current Liabilities			
Long Term Liabilities (Due after one year of date)			
Mortgage	0.00		
Long term commercial loan			
Other Liabilities (Attach Schedule)	0.00		
Total Long-Term Liabilities			
TOTAL LIABILITIES			

**NOTE: The only asset owned by the business is the listed vehicle.**