

Application for Motor Contract Carrier of Persons

This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

MOBILITY Patient Transport Services, 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?** yes
If NO, you must register (see checklist on how to register).

If YES, provide your PA Corporation Bureau Entity ID Number

0014819425

(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 Myers sole owner/operator

6. **Mailing Address**

1882 Sand Hill Road
Street Address

Hershey PA 17033 Dauphin
City, State and Zip Code County

717-649-9751 john@mobilitypatienttransport.com
Telephone Number 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 from Physical Address. Do not use a PO 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)

n/a
Attorney's Name & Telephone Number for this Filing

n/a n/a
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).

attached

Examples:

- To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.
- To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.

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.

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 Myers

(Print Name)

[Signature]

(Signature)

1/13/26

(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 Myers

Legal Name of Applicant

Trade Name, if any

1882 Sand Hill Road

Street Address (principal place of business)

Hershey

City or Municipality

PA

State

17033

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.

attached

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

attached

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.

attached

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. With 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.

attached

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.

attached

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>

attached

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).

attached

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

attached

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.

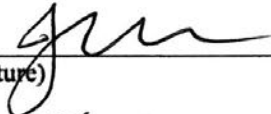
____ YES NO

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.

attached

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. § 4904 relating to unsworn falsification to authorities.



(Signature)

1/13/26

(Date)

John Myers, Owner/operator, sole employee

(Name and Title, printed or typed)

Application for Motor Contract Carrier of Persons

10. NEMT and wheelchair transportation service serving Dauphin, Cumberland, Perry and Lebanon counties and all areas within a 50-mile radius of Harrisburg, PA. Customers will primarily be wheelchair-bound patients going to and from healthcare facilities, personal homes, or retirement communities.

QUESTIONS UNDER VERIFIED STATEMENT OF APPLICANT

1. John Myers, Founder/Owner, sole employee of MOBILITY Patient Transport. The business address is 1882 Sand Hill Road, Hershey, PA 17033, (717) 602-2415
2. n/a
3. John has +25 years in driving-centric employment (tax auditing, merchandising, prescription courier services) experience throughout his business career. John has experience in the healthcare industry from working in a pharmacy during college, pharmaceutical and medical sales experience, growing up in a medical family (father and father-in-law are cardiologists, mother and mother-in-law both nurses). John is also very strong and capable to handle heavy-set patients in wheelchairs, but also experienced enough to know to be gentle enough with smaller, older patients. John also has experience with owning and operating his own business.
4. MOBILITY has one wheelchair-accessible vehicle, a Chrysler Pacifica. We have an ADA-approved ramp to navigate steps, step-stools for non-wheelchair patients to enter the vehicle, and two Drive-Blue streak wheelchair, a 22-inch Medline wheelchair, and an 18-inch Invacare wheelchair. Wheelchairs are secured via a 5-point anchor and restraint system, manufactured by Q-STRAINT. John has face masks and protective gloves from Cardinal Health for when entering healthcare facilities. John will use Squarespace for website maintenance, and Square for invoicing and accepting credit card payments. John will track all rides in Microsoft Excel, as well as tax accounting in Quickbooks. John is the only point of contact for customers and will schedule transports based on his own availability.

5. John will be the only driver for MOBILITY, as it's sole owner. John has a clean driving record and does not use drugs or alcohol. John will re-evaluate the need for additional drivers/employees and update the PUC as necessary.
6. 2023 Chrysler Pacifica, seating: 6, VIN #2C4RC1BG6PR560149, 19k miles
7. John will get regular oil changes and vehicle inspections to ensure its safety. John will perform daily security checks on the restraints and seatbelt, and anything not passing safety inspection will be reported and taken to the appropriate repair shop.
8. John has already obtained and purchased a commercial liability insurance and vehicle insurance policy for MOBILITY. The expected revenue of \$8,000 monthly will be more than enough to pay for vehicle maintenance, the auto loan for the vehicle, the monthly insurance premium, with plenty left over for taxes and disbursements.

ASSETS

	<u>Value</u>
Cash	\$ 5,000.00
Chrysler Pacifica	\$63,000.00
Invacare Tracer X5 wheelchair	\$ 435.00
Medline extra-wide wheelchair	\$ 350.00
Drive wheelchairs	\$ 330.00
iPhone 16	\$ 850.00
iPad Pro	\$ 900.00

\$70,865.00 Total**LIABILITIES**

	<u>Amount Owed</u>
Auto Loan - Chrysler	\$ 58,500.00
iPhone 16	\$ 765.00
iPad Pro	\$ 885.00
Auto Ins Policy	\$ 3,455.00

\$ 63,585.00 Total