

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

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)

NEW HOPE HOME CARE INC

- 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 6710215

(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).**

Md Sayduzzaman	50%
Kutubul Alam	10%
Mst Hosneara	40%

6. **Mailing Address**

802 Garrett Road
Street Address

Upper Darby, PA 19082 Delaware
City, State and Zip Code County

484-620-1189 newhopehomecr@gmail.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 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)

David Temple 215-421-4391
Attorney's Name & Telephone Number for this Filing

111 Buck Rd, Bldg 500, Ste 1, Huntingdon Valley, PA 19006 dave@templelaw.orgX
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).

To transport as a common carrier, by motor vehicle, persons in paratransit service from points in the County of Delaware and the City and County of Philadelphia to points in Pennsylvania and return

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.

Md Sayduzzaman, President

(Print Name)

Md Sayduzzaman

(Signature)

01/05/26

(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.

New Hope Home Care Inc

Legal Name of Applicant			
Trade Name, If any			
802 Garrett Road	Upper Darby	PA	19082
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.

See attached

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

See 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.

See 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. 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.

See 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.

See 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>

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

See attached

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).

See attached

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

See 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 on the next page). Please feel free to also provide additional information explaining why you believe you have sufficient resources to ensure your transportation business can provide reliable service to the public under all circumstances.

See attached

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this statement 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 48 Pa. Code Section 4904 relating to unsworn falsification to authorities.

Md Sayduzzaman
(Signature)
Md Sayduzzaman, President
(Name and Title, printed or typed)

01/05/26
(Date)

New Hope Home Care Inc.
Balance Sheet
JULY 31, 2025

		Total
ASSETS		
Current Assets		
Bank Accounts		
	PNC Checking 7857	\$524,911
	PNC Savings 0175	\$3,107
Total Bank Accounts		\$528,019
Accounts Receivable (Service-MCO's)		\$1,618,336
Other Current Assets		
	3 Kelly Drive LLC	\$63,495
	Loan - Liv Comfort	\$80,700
	Loans to Others (Entities Other than New Hope Property)	\$1,495,847
	Loans to Property	\$1,036,501
	Loans to Sheba Home Care	\$30,000
	Owner's Investment	\$849,500
Total Other Current Assets		\$3,556,043
Total for Current Assets		\$5,702,398
Fixed Assets		
	Accumulated Depreciation	(\$10,612)
	(Equipments / F/F/E)	(\$28,616)
Total for Accumulated Depreciation		(\$39,228)
	Furniture & Fixtures	\$39,228
Total Fixed Assets		\$0
TOTAL ASSETS		\$5,702,398
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
	Accounts Payable (Marketing Commission)	\$80,000
Other Current Liabilities		
	Loan Payable - 9173	\$158,886
	Payroll Liabilities	\$568,021
	Payroll Tax Liabilities	\$115,469
Total for Other Current Liabilities		\$842,375
Total for Current Liabilities		\$922,375
Long-term Liabilities		
	Payable-ERC	\$1,225,361
Total Liabilities		\$2,147,736
Equity		
	Retained Earnings	\$2,656,877
	Net Income	\$1,353,905
	Opening Balance Equity	\$103,522
	Owner's Equity	\$49,173
	Owner's Pay & Personal Expenses	(\$608,814)
Total Equity		\$3,554,662
TOTAL LIABILITIES AND EQUITY		\$5,702,398

New Hope Home Care Inc
802 Garrett Road
Upper Darby, PA 19082

1. Md Sayduzzaman
802 Garrett Road
Upper Darby, PA 19082
2. Applicant has no affiliation with any other carrier.
3. The shareholders of the Applicant operate a large home care agency that operates throughout Pennsylvania. Since beginning operation in 2018 they have grown this business annually. During that they have developed experience in all facets of the business including but not limited to personnel, maintenance and risk management. This business has overseen the transportation needs of its clients over the years and are very familiar with the logistics and the provision of services. Each of these shareholders will be directly involved in these matters on a daily basis, overseeing all functions of the operation including the transportation needs of their clients.
4. The Applicant will maintain an office at 802 Garrett Road, Upper Darby, PA 19082. The business office is complete with computer, telephones and fax machines. All records of the business whether required by the PUC or not, including logs, complaints, driver and maintenance records, as well as the home care records, shall be maintained at this office. All records shall be retained as long as required under the appropriate statute or regulation. All calls shall be taken from the client or any assigned home care worker for services necessary to the clients care. Fax and internet orders shall be taken at the office as well. All owners and drivers maintain company cell phones from which services shall be communicated. The business shall operate 24 hours per day, 365 days per year and vehicles shall be scheduled depending on the needs of the agency and their clientele.
5. The Applicant intends to begin service with one vehicle and one driver. It is the intention of the Applicant to operate this vehicle and make a determination of the required demand. As demand increases both drivers and vehicles shall be added.

The Applicant will employ standards for hiring drivers as required by the PUC. For a driver to be hired he shall be interviewed by one of the members or someone directly appointed to report to him. The Applicant shall comply with 52 Pa. Code 29.503 by not hiring any drivers under the age

of 21 which is also something that their insurance carrier would like to see. All drivers must have a clean driving history as acceptable by the PUC under 52 Pa Code 29.504 for at least the last three years from any state they resided during that time. The Applicant shall also conduct at minimum annual checks on their drivers records and maintain those driving records for at least two years. The Applicant shall also obtain a local and National criminal history for any new driver as required by 52 Pa Code 29.505 from any state that the driver resided in the past 12 months. With this criminal background check the company will also review the US Department of Justice National Sex Offender public website and disqualify all drivers that were convicted under the matters enumerated in 52 Pa Code 29.505 (b). All of these records shall be kept for a minimum of three years as required by the PUC and longer, if so required by the PPA

All drivers are required to notify the company of any change in their driving record and it is run annually to check the status. In addition to the annual run of licenses, spot checks of license validity are conducted. Possession, use or abuse of alcohol or drugs is cause for immediate dismissal

6. To be determined
7. All vehicles will be checked pre trip and post trip for any problems. A routine maintenance schedule is established for each vehicle where in addition to regular oil changes the safety components of the vehicle are regularly checked. Repairs and general maintenance will be done at local garages licensed through the Commonwealth. The Applicant is familiar with the regulations required of the PUC under 52 Pa. Code 29.403 and shall strictly adhere to the requirements.
8. Applicant has reviewed the current market and has been in contact with local insurance providers who have assured them of available insurance that is within their budget established for insurance
9. No
10. See attached financials

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

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		_____

See company balance sheet attached