

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)

Warm Hearts Home Care 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)

N/A

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) yes

If YES, provide your PA Corporation Bureau Entity ID Number 6553572
(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).

Regine Lauture
Virginia Ostagne

6. **Mailing Address**

2707 Temple Drive
Street Address
Sinking Spring, PA 19608 Berks
City, State and Zip Code County
(610) 348-1588 Reginelauture@yahoo.com
Telephone Number E-mail Address
Services@warmheartscaregivers.com

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.)

529 Reading Ave. Suite A
Street Address
West Reading PA 19611 Berks
City, State and Zip Code County
(610) 750-6793 Services@warmheartscaregivers.com
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

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 people between points in Berks, Lancaster, York, Philadelphia, Lehigh, Lebanon, Allegheny

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.

Regine Lauture

(Print Name)

Regine Lauture

(Signature)

10-27-25

(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).

Commonwealth of PA
County of Berks

Signed and sworn to before

me on OCTOBER 27, 2025

by REGINE LAUTURE

Tiffany A. Sholly

Commonwealth of Pennsylvania - Notary Seal
Tiffany A. Sholly, Notary Public
Berks County
My commission expires September 24, 2029
Commission number 1151629

Member, Pennsylvania Association of Notaries

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.

Warm Hearts Home Care Services LLC

Legal Name of Applicant

N/A

Trade Name, if any

529 Reading Ave Suite A, West Reading

PA

19611

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.

Regine Lauture, Administrator / Co-owner 2707 Temple Drive, Sinking Spring PA 19608, (610) 348-1588

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

N/A

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.

The applicant has owned a restaurant in the past and is currently operating a home care agency.

The training programs will include:

- NEMT safety / Driver training
- Defensive driving course
- First Aid and CPR (applicant already has obtained this)
- Passenger Assistance / ADA securement (if required)
- Customer Sensitivity / Disability awareness (if required)

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.

- Our office located in West Reading, PA has a public parking space which is where we will park our vehicles.
- We will maintain our records in a locked file cabinet in the office.
- Customer requests will be received by phone and email or in person at the office
- Vehicles will be dispatched manually or electronically to fulfill requests and a company cell phone will be used to maintain continuous communication with our 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.

a.) Drivers must be at least 21 years old and possess a valid Pennsylvania drivers license with at least 2 years driving experience.

b.) All drivers are subject to background checks through Epatch.

c.) Drivers will be trained as explained in question 3: Hippa awareness and emergency and incident procedures. Must provide a clean motor vehicle record for the past 3 years and have no DUI or major violations. Must pass a Pennsylvania state police criminal background check, FBI fingerprint check and preemployment drug screening.

d.) Obtain drivers written consent. Check PA driving record through PennDOT or if drivers license has been obtained out of state DMV of that state will be contacted. Ensure license is active.

e.) Must pass a preemployment drug/alcohol screening and annual random drug/alcohol screenings

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2012	Toyota	Camry	5	1AT1BF1FK4C008794	180,000
2019	Nissan	Rogue	5	5N1AT2MVXKC139404	160375

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

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).

- a.) drivers will inspect cars pre-trip, tires and tire pressure, brake function, lights (headlights, brake lights, turn signals); windshield wipers and fluid mirrors, horn and seatbelts, light/ramp functionality for wheelchairs (if applicable) quick check for any damage, fluid leaks or incidents
- b.) schedule oil changes every 3,000-5,000 miles, maintain inspection logs, maintenance records and repair records. Ensure vehicles are
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums. for annual state inspections.

Will contact insurance company for quotes and will pay premiums using income from my job or Homecare business.

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.

Commonwealth of PA
County of Berks

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.

Regine Lature
(Signature)
Regine Lature, Administrator
(Name and Title, printed or typed)

10-27-25
(Date)
Signed and sworn to before
me on OCTOBER 27, 2025
by REGINE LAUTURE

Commonwealth of Pennsylvania - Notary Seal
Tiffany A. Sholly, Notary Public
Berks County
My commission expires September 24, 2029
Commission number 1151629
Member, Pennsylvania Association of Notaries

Tiffany A. Sholly

Statement of Financial Position (Balance Sheet)

As of (date) 11/23/25

(Must be less than 6 months old)

ASSETS

Current Assets

Cash

10,000

Other Current Assets (specify)

5,000 in BANK ACCOUNT

Total Current Assets

15,000

Tangible Assets

Motor Vehicle Equipment

0

Property (buildings, land, etc.)

0

Office Equipment

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

10,000

Credit cards/revolving credit

0

Other Liabilities (Attach schedule)

Total Current Liabilities

10,000

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan

0

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

0

TOTAL LIABILITIES

10,000