



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

January 21, 2026

A-6228564
A-2026-3059857

MOBILITY PATIENT TRANSPORT SERVICES LLC
1882 SAND HILL ROAD
HERSHEY PA 17033

RE: Application of Mobility Patient Transport Services LLC

To Whom It May Concern:

On January 16, 2026, the application of Mobility Patient Transport Services LLC, at A-2026-3059857, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website, OR you may submit your filing by mail. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, _____, 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).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are **not** accepted.

Sincerely,

A handwritten signature in cursive script that reads "Matthew L. Homsher".

Matthew L. Homsher
Secretary

Enclosure

Docket No. A-2026-3059857
Mobility Patient Transport Services LLC

Request for Information

- 1.) Based upon the information provided, it would appear that you have applied for the wrong authority type. The authority that you need to apply for would be Paratransit authority. Please provide a statement that you wish to amend your authority to Paratransit, and provide the Commission with a completed Paratransit application, which can be found at the following web address. https://www.puc.pa.gov/documents/utility-files/432/App_MC_Persons_Paratransit_Service120621.pdf
- 2.) You failed to adequately answer all aspects of question #5 of the Verified Statement of Applicant. You may wish to operate as an owner operator, but the Commission needs to know that you have compliant policies/plans for the hiring/employment of drivers, should ever you choose to expand once you have gained a Certificate of Public Convenience, or not. **Please review Title 52 Pa Code §29.501-509 Driver Regulations to see what is required of motor carriers.**
 - a. Please explain your hiring standards for drivers; **(Title 52 Pa Code §29.503 – Age Restrictions)**
 - i. Are there any age restrictions?
 - b. Your system for conducting criminal background checks; **(Title 52 Pa Code §29.505 – Criminal History)**
 - i. How will background checks be conducted?
 - ii. How often will you conduct criminal background checks?
 - iii. What type of things in their criminal background check would disqualify them from employment?
 - iv. How will you maintain records (record retention) of the criminal background checks performed?
 - c. Your driver training program;
 - d. Your system for conducting driver license/history checks; **(Title 52 Pa Code §29.504 – Driver History)**
 - i. How will driver license/history checks be performed?
 - ii. How often will you conduct driver license/history checks?
 - iii. How will you maintain records (record retention) of such checks?
 - e. Your policies regarding alcohol and drug use by your drivers.

- 3.) In your application you stated that you will get regular oil changes and vehicle inspections. Please define the schedule that preventative maintenance will be performed, and what exactly that would entail.
- 4.) Please review the below criteria and submit a revised compliant Statement of Financial Position:
 - a. The statement presented must be DATED and comprised of information which is less than 6 months old.
 - b. The submission MUST be comprised of information which is accurate as of the date provided.
 - c. The information is to be exact and should not include estimates or approximations when accurate numbers are available. Property and vehicle valuations may be approximations, but bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).
 - d. All relevant assets and debts are to be included (for example: vehicle loan balances/vehicle asset value, lease expenses, etc.).
 - e. The information provided is also to be strictly limited to assets and debts held by the applicant (Mobility Patient Transport Services LLC), and not the individual member(s). Any property and accounts listed must be registered or titled to the corporation. Bank accounts must be in the name of Mobility Patient Transport Services LLC. Vehicles must be registered to Mobility Patient Transport Services LLC. Property must be titled to Mobility Patient Transport Services LLC. If these items are not in the name of Mobility Patient Transport Services LLC, then they should not be included on the balance sheet.

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority.

- f. In order to fully assist the Commission in determining your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration vehicle titles, vehicle registrations, property titles, purchase agreements, etc.
- 5.) You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application.

**PLEASE PROVIDED A THOROUGH TYPED RESPONSE TO
THESE QUESTIONS ON A SEPARATE SHEET OF PAPER**