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Regulation is a maze. We can show you the way!

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January 14, 2026

**VIA ELECTRONIC FILING**

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

RE: Application of ADC Shuttle Inc. for Motor Common Carrier of Persons in Paratransit Service; Docket No. A-2026-\_\_\_\_\_

Dear Secretary Homsher:

Attached for filing with the Pennsylvania Public Utility Commission is the Application of ADC Shuttle Inc. for Motor Common Carrier of Persons in Paratransit Service. The filing fee of \$350 has been paid electronically.

Thank you for your attention to this matter. If you should have any questions regarding this filing, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in blue ink, appearing to read "T. Stewart", is written over a large, stylized blue scribble that extends across the signature line.

Todd S. Stewart  
*Counsel ADC Shuttle Inc.*

TSS/jld  
Enclosures

## 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)

Denis Aleksandrovich Davydov

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- 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)

ADC Shuttle Inc.

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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 NO **Previous Authority?** No NO

**If YES, at PUC No. A-** \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?** Yes NO  
If NO, you must register (see checklist on how to register)

**If YES, provide your PA Corporation Bureau Entity ID Number** 41-2699429  
(See checklist and indicate type of business entity registered)



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 in paratransit service from the city and county of Philadelphia to destinations in the city and county of Philadelphia, and return.

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*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.

Denis Aleksandrovich Davydov

(Print Name)

*Denis A Davydov*

(Signature)

01/05/2026

(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.

Denis Aleksandrovich Davydov

Legal Name of Applicant

ADC Shuttle Inc.

Trade Name, if any

11868 Sewell Rd	Philadelphia	PA	19116
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.

Denis Aleksandrovich Davydov  
President  
11868 Sewell Rd Philadelphia, PA 19116  
267-761-7648

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

Owner (President)

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.

- ADC's President, Mr. Davydov, has been an EMT since 2006, EMT Licence #129102
- Mr. Davydov has Managed/supervised multiple transportation companies 100+ employees in Pennsylvania area, running Busses/ Ambulances.
- Mr. Davydov planned, organized, and directed the accounting and finance function of the company; reporting of financial statements, tax related statements, and operational functions.
- Mr. Davydov Communicated with Base Station Hospitals and other receiving facilities to receive medical direction and provided critical patient care information.
- Assessed patients in all kind of Basic Life Support cases and assessments.
- Prepared patient care reports on each patient using different software's which detailed patient history diagnose. Comply with CMS.

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.

Please see **Attachment A**.

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.

Please see **Attachment B**.

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.

Company is planning to buy one Ford Transit vehicle with seating capacity of 12 people.

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).

Please see **Attachment C**.

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

Multiple insurance agents have been contacted and pre -approval has been obtained for 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      No   NO

Clean Record.

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.

*Denis A Davydov*

\_\_\_\_\_  
(Signature)

Denis Aleksandrovich Davydov

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

01/05/2026

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

**Statement of Financial Position (Balance Sheet)**  
**As of (date) December 31, 2025**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$30,000.00	
Other Current Assets (specify)	\$0.00	
Total Current Assets		\$30,000.00
Tangible Assets		
Motor Vehicle Equipment	\$0.00	
Property (buildings, land, etc.)	\$0.00	
Office Equipment		\$4200.00
TOTAL ASSETS		\$34,200.00

LIABILITIES

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



Palmer Ranch  
8595 S Tamiami Trl  
Sarasota, FL 34238

wellsfargo.com

January 13, 2026

ADC SHUTTLE INC DENIS A DAVYDOV  
11868 SEWELL RD  
Philadelphia, PA 19116

Dear to Whom it May Concern:

This letter indicates that the Customer named above has requested a verification of the following deposit accounts with Wells Fargo Bank, N.A.

Row	Account Number <i>(Last 4-digits)</i>	Account Name	Date Opened	Current Balance <i>(see Note 1 below)</i>	Average Balance Last 12 Months <i>(see Note 2 below)</i>
1	2336	Initiate Business Checking	11/26/2025	\$30,000.00	\$1,000.00
2					
3					
4					
5					

**Note 1:** The Current Balance is the opening available balance as of the date of this letter, but such balance does not include any uncollected items and/or amounts that have not yet been posted to such account as of the date hereof.

**Note 2:** The Average Balance Last 12 months is the average amount of money you had in your account over the past year, calculated by adding up the closing balance of each day within that 12-month period and dividing by the number of days in that time frame.

### Important Disclosures

The recipient of this information hereby acknowledges that Wells Fargo (“we”, “us”) does not represent or warrant that the information provided herein is complete or accurate, and any errors or omissions in the information shall not be a basis for a claim against us. This information may not disclose the entire relationship the Customer maintains with us.

This information is subject to change at any time without notice. We are not obligated to notify the recipient of any change in this information, or if any deposit account relationship referenced herein is, or is in the process of being, modified, terminated, or cancelled, unless we are required to do so by law or under the terms of the applicable deposit account agreement.

This letter does not constitute a guaranty of future balances or credit support of any nature, nor do we accept any duty, responsibility, liability or obligation that may arise from providing this letter, including any reliance upon the information or for any loss or damage that may result.

If you have any questions about the information provided or need additional information, please contact the bank’s customer as the bank has not been authorized to provide you with any additional information.

Thank you. We appreciate your business.

Wells Fargo Bank, N.A,

Xhejisi Gremi  
Personal Banker

# **ATTACHMENT A**

## **ATTACHMENT A**

### **RECORD MAINTENANCE, COMMUNICATION & FACILITY OVERVIEW**

#### **Physical Location and Infrastructure**

The company's administrative headquarters is located in a dedicated professional space within a two-story single residential building. The facility features an attached garage and a designated parking area to accommodate fleet maintenance checks and essential business vehicles. The home office is situated on the upper level to ensure a quiet, professional environment, while the ground-floor garage serves as a staging area for vehicle inspections and safety equipment storage.

#### **Office Equipment and Security**

The home office is fully equipped with modern business infrastructure, including high-speed computers, dedicated printers, a fax machine for secure document transmission, and a multi-line phone system for driver and client communication. While the company prioritizes digital workflows, physical archives—such as original titles, notarized contracts, and backup maintenance logs—are secured in heavy-duty, lockable storage files. Access to these files is strictly limited to the Owner/Compliance Officer to maintain confidentiality and prevent unauthorized tampering.

#### **Communication and Data Management**

To ensure maximum operational efficiency, all primary business communication is conducted via professional phone lines and recorded lines where necessary. Central to our compliance strategy is the use of a secure, HIPAA-compliant third-party dispatch and management system. All business information, including driver qualification files, sensitive client data, and shipping documents, is stored within this encrypted cloud-based environment. Utilizing a HIPAA-compliant solution ensures that even sensitive medical certifications or personnel records are protected by industry-leading security protocols, providing a robust audit trail and safeguarding against data breaches. This digital-first approach allows for seamless remote oversight while maintaining the highest standards of regulatory record-keeping.

# **ATTACHMENT B**

## ATTACHMENT B

In the beginning, I'm planning to hire two drivers to operate one vehicle, and I will grow the number of employees and vehicles with demand growing.

### A. Hiring standards for drivers

#### Core Driver Qualifications

- Age: Drivers must generally be at least 21 years of age. A limited exception exists for paratransit services, where drivers may be 18–20 years old if they are registered as a certified Emergency Medical Service Vehicle Operator (EMSVO) with the PA Department of Health.
- Licensing: Drivers must possess a valid Pennsylvania motor vehicle operator's license of the appropriate class for the vehicle they are operating.
- Applicants must have at least 3 years of driving experience with a clean, satisfactory driving record and no serious violations. All applicants will go through a practical driving examination prior to their recruitment. A designated monitor driver will provide a field orientation and shadow the applicant on a drive under the typical conditions. The monitor driver will confirm that the applicant is fully competent, aware of all traffic laws and violations, and is able to drive the type of vehicle that they would be using on company business
- Physical Fitness: Drivers must be physically qualified to perform their duties. For most commercial drivers, this includes maintaining a valid Medical Examiner's Certificate (DOT Physical Card) on record with PennDOT.
- English Proficiency: Drivers must be able to read and speak English well enough to converse with the public, understand traffic signs, and complete required reports.

#### Mandatory Background & Record Checks

- Criminal History: ADC Shuttle Inc., will obtain and review a criminal history record for all applicants from the Pennsylvania State Police and any other state where the driver resided in the last 12 months.
- Disqualifications: Convictions for felonies or certain misdemeanors may disqualify an applicant if the crime relates adversely to their suitability for safe service.
- Recurring Checks: For all drivers, criminal and driving history checks must be repeated every two years.
- Driving Record: A review of the applicant's motor vehicle record (MVR) is required to ensure a safe driving history.

**B. System for conducting criminal background checks.**

The company will hire a third-party vendor for criminal background checks, like PreCheck, Inc.

**C. Driver training program**

All drivers will be required to receive CTAA certification.

**D. System for conducting driver license checks**

The company will use PennDOT to conduct driver license check. A copy of every driver's valid driver's license will be maintained in secured records and will be reviewed at least annually.

**E. Policy regarding alcohol and drug use by drivers**

**Drug & Alcohol Policy**

**1. Applicability** - This policy applies to all drivers. All tests will be performed at the expense of ADC Shuttle Inc. All test results will be provided to ADC Shuttle Inc. and will be maintained as confidential in locked employee files. Employees will be notified of results within 7 days of the receipt of said results by employer. Employee time spent on obtaining tests will be considered paid time.

**2. Prohibited Conduct** - Alcohol: No consumption while on duty, or immediately prior to being on duty. Drugs: Zero tolerance for unauthorized controlled substances (including marijuana). Refusal: Refusing a drug or alcohol test or providing an adulterated sample is treated as a positive result.

**3. Required Testing** - Drug and/or alcohol testing is required under the following circumstances:

- Pre-Employment: Must have a verified negative drug result before driving.
- Random: Drivers are subject to unannounced annual drug testing.
- Post-Accident: Required if there is a fatality, an injury treated away from the scene, or a vehicle is towed (with citation).
- Reasonable Suspicion: Drug and or alcohol testing can be required based on supervisor observation of impairment.

**4. Consequences** - Immediate Removal: Any driver with a BAC of 0.04+ or a positive drug test will be removed from safety-sensitive duties immediately. Reporting: All violations are reported to compliance. Reinstatement: Drivers must complete a Substance Abuse Professional (SAP) process and a Return-to-Duty test to drive again.

**5. Compliance Requirements** - Training: Supervisors must complete 120 minutes of impairment recognition training.

## **6. Record Keeping**

ADC Shuttle Inc.'s confidentiality policy regarding drug and alcohol testing results will be in accordance with all privacy laws and regulations.

All employee drug and alcohol test records are considered confidential information and will be maintained in a secure manner, whether physically or digitally, accessible only to designated employees.

All drug and alcohol test results will be secured at the Company's principal place of business and regarded as highly confidential employee information. Employee alcohol and controlled substance test records will only be released in the following situations:

1. To an active employee, upon their request.
2. Upon written consent by the employee authorizing the release to a specified individual.
3. Upon request of a DOT agency with regulatory authority over the Company.
4. Upon request of state or local officials with regulatory authority over the Company.
5. Upon request of the United States Secretary of Transportation.
6. Upon request by the National Transportation Safety Board (NTSB) as part of an accident investigation.
7. In a lawsuit, grievance, or other proceeding when legally applicable.
8. Upon request by subsequent employers upon receipt of a written request by an employee.
9. To the DOT recognized National Drug & Alcohol Clearinghouse for truck and bus drivers.

# **ATTACHMENT C**

## ATTACHMENT C

### A. Periodic vehicle maintenance plan

Company vehicles are intended to be used for company use only. Company implemented a systematic and proactive maintenance plan to ensure all vehicles remain in safe operating condition:

**Routine Checks:** Drivers shall conduct pre-trip and post-trip inspections daily, using a checklist to identify immediate safety concerns such as inoperative lights, low fluid levels, or tire damage. The checklist will at a minimum, include the following items:

- Odometer - note daily mileage change.
- Hours Meter - note daily hours driven.
- Fluids - check radiator, oil, transmission, brake, steering, and wiper pump fluids and note any signs of leakage.
- Tires - check tire pressure, check tire rims for signs of damage or wear.
- Brakes - check brakes and emergency brake functionality, check for break warnings.
- Lights - check functionality of headlights, driving lights, tail lights, signal lights, and emergency hazard lights.
- Horn - check horn functionality.
- Mirrors - check interior rear view mirror and exterior side mirrors for functionality and proper adjustment.
- Windshield washers/wipers - check windshield wipers functionality and cleanliness.
- Defrost/heater - check defrost heater functionality.
- Steering - check steering wheel functionality and range of motion.
- Lift/ ramps - check wheelchair lift and ramp functionality.
- Safety - check seat belt operation, check first aid kit and fire extinguisher.
- Cleanliness - check vehicle's general condition, as well as interior & exterior cleanliness.

**Scheduled Maintenance:** Comprehensive service, including oil changes, fluid level checks, brake system inspections, and general performance reviews, is scheduled every 5,000 miles or every 6 months, whichever comes first.

**Annual Comprehensive Service:** A full, in-depth service and inspection are performed annually in conjunction with the state safety inspection. This ensures all components are checked thoroughly by a certified mechanic.

**Documentation:** All maintenance activities, repairs, and inspection records are meticulously maintained on-site to provide a complete history for each vehicle in our fleet, ensuring accountability and compliance with record-keeping requirements.

**Corrective Action:** Any identified defects or issues that could affect the safe operation of a vehicle are repaired immediately by qualified mechanics, and the vehicle is removed from service until the repair is completed and verified.

**B. System for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175)**

To ensure continuous compliance with 67 Pa. Code, Chapter 175 (Vehicle Equipment and Inspection Regulations), our system includes:

**Mandatory Annual Safety Inspections:** All vehicles in our fleet undergo a mandatory annual safety inspection at an official PennDOT-certified inspection station. These inspections cover critical safety components such as:

- Braking systems
- Steering and suspension
- Tires and wheels (checking tread depth and condition)
- Lighting and electrical systems
- Glazing/windshield condition and wiper operation
- Frame and body integrity
- Seatbelts and seating systems
- Fuel and exhaust systems

**Certified Mechanics:** Inspections and major repairs are performed by certified inspection mechanics who are knowledgeable about the specific requirements of 67 Pa. Code Chapter 175.

**Proactive Compliance Management:** Beyond the annual inspections, our internal periodic maintenance plan (described above) focuses on preventing issues before they become compliance violations. This disciplined, proactive approach ensures vehicles consistently meet or exceed state safety standards year-round, not just at inspection time.

**Emissions Inspection Program:** Where required for our vehicles' registration and operating area, we also ensure compliance with the annual emissions inspection program as detailed in 67 Pa. Code Chapter 177, performed concurrently with the safety inspection.

**Regulatory Monitoring:** We regularly reference the official PennDOT Pub 45, the Vehicle Equipment and Inspection Regulations Manual, and monitor any regulatory updates to ensure our maintenance program is always current with the latest standards.