

## 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)

Pantrails Logistics Corporation

- 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** 3881176  
(See checklist and indicate type of business entity registered)

15158475- jbs 1/30/26

5. If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).

Philip Owusu-Antwi  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Mailing Address

1359 McDivitt Drive  
Street Address

Bluebell, PA 19422  
City, State and Zip Code

Montgomery  
County

610-247-9581  
Telephone Number

pantwi@yahoo.com  
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)

\_\_\_\_\_  
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 whose personal convictions prevent them from owning or operating motor vehicles from Philadelphia county to points in PA 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.

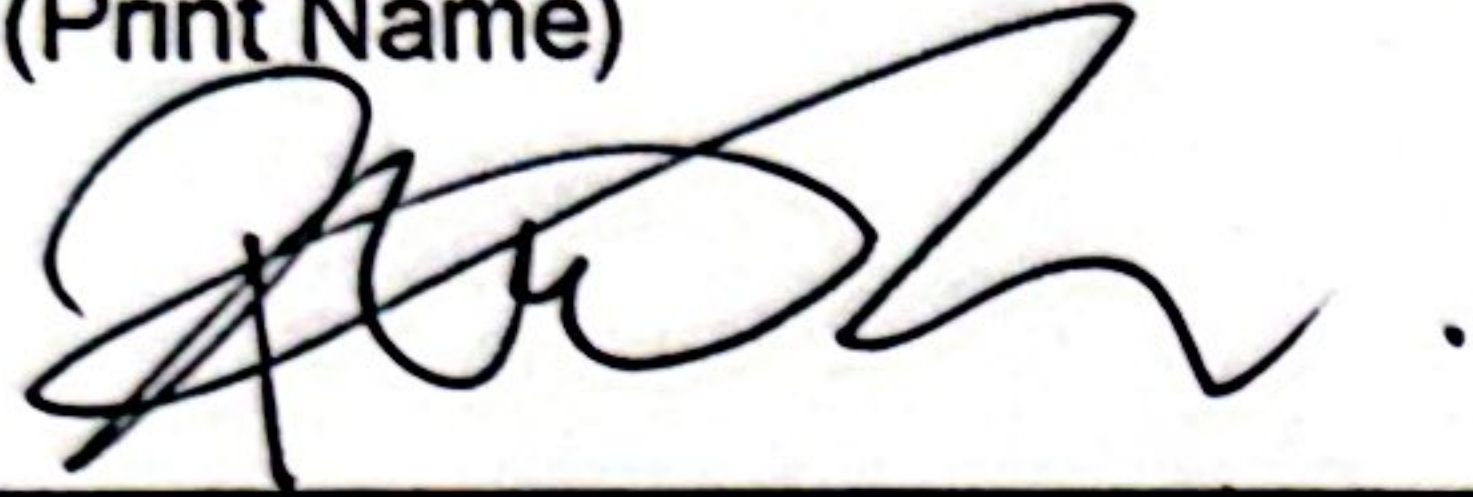
## Verification of Application

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.

Philip K. Owusu-Antwi

(Print Name)



(Signature)

Jan 28 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.

Pantrails Logistics Corporation

---

Legal Name of Applicant

---

Trade Name, If any

1359 McDivitt Dr

Bluebell

PA

19422

---

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.

Philip K. Owusu-Antwi CEO.  
1359 McDivitt Dr. Bluebell, PA 19422  
610-247-9581

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

Owner

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.

I have training and work experience in the industry, certification in assisting disabled passengers, defensive driving, CPR and Path

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.

Records will be stored in a locked and secured filing cabinet. Office space is setup to standards with desk phone, PC and printer. A schedule and booking planner for appointments and trip records. This will be replaced by route genie. There is storage for PPEs and medical equipment. Starting with one vehicle and looking to expand to 3 to 4 vehicles soon. Drivers in the future will be monitored by in vehicle cameras.

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.

Driving records will be request through PA DMV. Any negatives accidents will lead to a disqualification. They will also be required to produce PA state police criminal record and pass a drug and alcohol test. These will be conducted randomly when they are employed. Failure in any of these will not qualify for employment.

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>
2024	Toyota	Sienna	4	5TDKRREC2RS212891	43,086

\*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:
- 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).

Vehicle to be inspected daily. Beginning and end of each day. Any faults posing immediate hazard to be addressed immediately. Vehicle will be additionally be inspected monthly.

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

Insurance will be financed by savings. Insurance payments will be automatically changed to buiness credit card.


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.

### 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.

  
\_\_\_\_\_  
(Signature)  
Philip K. Owusu-Antwi CEO  
\_\_\_\_\_  
(Name and Title, printed or typed)

Jan 27 2026  
\_\_\_\_\_  
(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 01/27/2026**  
**(Must be less than 6 months old)**

**ASSETS**

<b>Current Assets</b>		
Cash	150.000	
Other Current Assets (specify)	150.000	
Total Current Assets		<u>                    </u>
<b>Tangible Assets</b>		
Motor Vehicle Equipment	30.000	
Property (buildings, land, etc.)	850.000	
Office Equipment		<u>2000</u>
<b>TOTAL ASSETS</b>		<u><b>1002.030</b></u>

**LIABILITIES**

<b>Current Liabilities (Due within one year of date)</b>		
Loans	280.000	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		<u>280.000</u>
<b>Long Term Liabilities (Due after one year of date)</b>		
Mortgage	3000	
Long term commercial loan	30.000	
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		<u>                    </u>
<b>TOTAL LIABILITIES</b>		<u><b>313.000</b></u>



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**ARTICLES OF INCORPORATION - FOR PROFIT**  
 Fee: \$125

Pennsylvania Department of State

**-FILED-**

File #: 0015158475  
 Date Filed: 1/27/2026

**DSCB:15-1306/2102/2303/2702/2903/3101/3303/7102 (rev. 1/2023)**

In compliance with the requirements of (relating to corporations and unincorporated associations), the undersigned, desiring to incorporate a corporation for profit, hereby states that:

Business Filing Type

Filing type Domestic Business Corporation  
 Business filing subtype Professional

Corporation Name

Business name Pantrails logistics corporation

Effective Date

The filing shall be effective when filed with the Department of State

Additional Information

The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

Registered Office

The address of this association's proposed registered office in this Commonwealth is  
 1359 MCDIVITT DR  
 BLUE BELL, PA 19422-3357  
 MONTGOMERY

Stock

The corporation is organized on a stock share basis and the aggregate number of shares authorized is:  
 Number of shares authorized 100

Incorporators

Name of individual or organization	Address
Pantrails logistics corporation	Philip Owusu-Antwi 1359 MCDIVITT DR bluebell, PA 19422

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation.

philip owusu antwi

01/27/2026

Pantrails logistics corporation

Date