

TEMPLE LAW LLC

111 Buck Road, Building 500, Suite 1
Huntingdon Valley, PA 19006
215-421-4391

dave@templolaw.org

January 30, 2026

Matthew L. Homsher, Secretary
Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

Re: First Response Medical Transport Inc
Docket No A-2026-3059702

Dear Secretary Homsher:

Detailed below are the answers to the data request dated January 20, 2026, pertaining to the application of the above carrier:

1. The full description of the rights that the Applicant seeks to transfer is as follows:

To transport, as a common carrier, by motor vehicle, persons in Paratransit Service, from points in the Counties of Berks, Dauphin, Delaware, Lancaster, Lebanon, Lehigh, Northampton and York, and the City and County of Philadelphia, to points in Pennsylvania, and return

2. The statement of financial position submitted by the Applicant is accurate. Attached hereto to this letter are , however attached hereto are a bank statement reflecting the amount of money immediately available to them and copies of the titles for their vehicles already in operation for the business.

Thank you for your assistance in the completion of this application. Please call if you have any additional questions or require additional information.

Very truly yours,

A handwritten signature in black ink, appearing to read 'D. Temple', written over a horizontal line.

DAVID P. TEMPLE

VERIFICATION

I, David P. Temple, Esquire attorney for First Response Medical Transport Inc verifies that he is acquainted with the answer attached hereto and that is true and correct to his knowledge, information and belief; and that this Verification is made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.



DATE: 1/30/26



Deposit Support PM
P.O. Box 4887
Lancaster, PA 17604

Statement Date: 12/01/25 through 12/31/25
Primary Account: XXXX6624

For information regarding your account,
please call Customer Service at 800.385.8664.

Account Statement

FIRST RESPONSE MEDICAL TRANSPORT INC
3300 S KESWICK PLAZA UNIT 2
PHILADELPHIA PA 19114

We want you to be aware of changes we are making to the Rules and Regulations for Deposit Accounts (the "Agreement")

A new Agreement, which has been revised to reflect these changes, and which will become effective on March 2, 2026, is available at fultonbank.com/rulesregs. A summary of the changes to the Agreement is below. Please take a few minutes to read the notice and the Agreement, and please keep the Agreement for your records.

IMPORTANT NOTICE REGARDING ARBITRATION. REVISED SECTION E OF THE AGREEMENT IS AN ARBITRATION PROVISION WHICH WILL APPLY TO YOU UNLESS YOU REJECT THE ARBITRATION PROVISION BY MAILING A PERSONALLY SIGNED REJECTION NOTICE TO FULTON BANK, N.A. DEPOSIT OPERATIONS 1695 STATE STREET, EAST PETERSBURG, PA 17520 WITHIN 30 DAYS AFTER DELIVERY OF THIS NOTICE. UNLESS YOU REJECT IT, THE ARBITRATION PROVISION WILL SIGNIFICANTLY AFFECT YOUR RIGHTS IF A DISPUTE ARISES BETWEEN YOU AND US. FOR EXAMPLE, YOU WILL NOT BE ABLE TO BRING OR PARTICIPATE IN A CLASS ACTION OR REQUEST A JURY TRIAL FOR MATTERS ARISING UNDER THIS AGREEMENT.

Important Changes to Your Account Terms: The following is a summary of changes that are being made to your account terms. These changes will be in effect on March 2, 2026. For more detailed information, please refer to the linked Agreement. These changes will impact your account as follows: **ACCOUNT CLOSURE.** We are updating provisions related to accrued interest after your checking account is closed. **ARBITRATION.** We are updating provisions related to your rights and our responsibilities under the Arbitration Provision including Military Lending Act applicability, the administrator for any arbitration, mass arbitration rights, arbitration procedural requirements, and arbitration fees and costs under the Agreement.

BUSINESS PREMIUM CHECKING Account XXXX6624

Prior Statement Balance	Total Deposits/Credits	Total Checks/Debits	Ending Statement Balance
\$101,653.83	\$306,512.67	\$314,983.89	\$93,182.61

Account Activity

Date	Description	Deposits/Credits	Checks/Debits	Balance
11/30	ENDING BALANCE FROM PRIOR STATEMENT			101,653.83
12/01	ZELLE SAMVEL AIRAPETIAN 5334POG0J8W3		2,156.89	99,496.94

TAP INTO BIGGER PROFITS

Accept multiple forms of payment and give your customers a better experience—all while growing your sales.

Visit fultonbank.com/payments to learn more.



COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

FUEL: GAS

241660010001017-001

1FDYR2CM7GKA21330 | 2016 | FORD | 87427617601 FI
VEHICLE IDENTIFICATION NUMBER | YEAR | MAKE OF VEHICLE | TITLE NUMBER

AMB | 0 | SEAT CAP | NH | 7/15/24 | 154708 | 0
BODY TYPE | DUP | SEAT CAP | PRIOR TITLE STATE | ODOM. PROCD. DATE | ODOM. MILES | ODOM. STATUS

7/15/24 | 7/15/24 | UNLADEN WEIGHT | GVWR | GCWR | TITLE BRANDS
DATE PA TITLED | DATE OF ISSUE

- ODOMETER STATUS**
- 0 = ACTUAL MILEAGE
 - 1 = MILEAGE EXCEEDS THE MECHANICAL LIMITS
 - 2 = NOT THE ACTUAL MILEAGE
 - 3 = NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED
 - 4 = EXEMPT FROM ODOMETER DISCLOSURE
- TITLE BRANDS**
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 - C = CLASSIC VEHICLE
 - D = COLLECTIBLE VEHICLE
 - F = OUT OF COUNTRY
 - G = ORIGINALLY MFGD. FOR NON-U.S. DISTRIBUTION
 - H = AGRICULTURAL VEHICLE
 - L = LOGGING VEHICLE
 - P = IS/WAS A POLICE VEHICLE
 - R = RECONSTRUCTED
 - S = STREET ROD
 - T = RECOVERED THEFT VEHICLE
 - V = VEHICLE CONTAINS REISSUED VIN
 - W = FLOOD VEHICLE
 - X = IS/WAS A TAXI

REGISTERED OWNER(S)
**FIRST RESPONSE MEDICAL
 TRANSPORT
 2424 E YORK ST
 PHILADELPHIA PA 19125**

FIRST LIEN FAVOR OF

SECOND LIEN FAVOR OF

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee.

FIRST LIEN RELEASED _____ DATE _____
 BY _____ AUTHORIZED REPRESENTATIVE

SECOND LIEN RELEASED _____ DATE _____
 BY _____ AUTHORIZED REPRESENTATIVE

MAILING ADDRESS
 217144
**FIRST RESPONSE MEDICAL
 TRANSPORT
 2424 E YORK ST
 PHILADELPHIA PA 19125**



MICHAEL B. CARROLL
Secretary of Transportation

I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle

D. APPLICATION FOR TITLE AND LIEN INFORMATION

SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO. _____ DAY _____ YEAR _____

SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF A NOTARY

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the encumbrances and other legal claims set forth here.

SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED

If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (on death of one owner, title goes to surviving owner) CHECK HERE . Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to his/her heirs or estate).

IF NO LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____

1ST LIENHOLDER NAME

STREET

CITY STATE ZIP

IF NO 2ND LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____

2ND LIENHOLDER NAME

STREET

CITY STATE ZIP

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

91625602

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

FUEL: GAS

17014

241290014000676-003

1FDYR2MXHKAL6783 <small>VEHICLE IDENTIFICATION NUMBER</small>	2017 <small>YEAR</small>	FORD <small>MAKE OF VEHICLE</small>	87329591401 FI <small>TITLE NUMBER</small>
AMB <small>BODY TYPE</small>	0 <small>DUP</small>	DE <small>SEAT CAP</small>	6/14/24 <small>PRIOR TITLE STATE</small>
			240010 <small>ODOM. MILES</small>
			0 <small>ODOM. STATUS</small>

6/14/24 <small>DATE PA TITLED</small>	6/14/24 <small>DATE OF ISSUE</small>				
		<small>UNLADEN WEIGHT</small>	<small>GVWR</small>	<small>GCWR</small>	<small>TITLE BRANDS</small>

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TITLE BRANDS

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 - S = STREET ROD
 - T = RECOVERED THEFT VEHICLE
 - V = VEHICLE CONTAINS REISSUED VIN
 - W = FLOOD VEHICLE
 - X = IS WAS A TAXI

REGISTERED OWNER(S)

**FIRST RESPONSE MEDICAL
TRANSPORT INC
3300 S KESWICK PLZ UNIT
2
PHILADELPHIA PA 19114**

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee.

FIRST LIEN RELEASED _____ DATE _____
BY _____ AUTHORIZED REPRESENTATIVE

SECOND LIEN RELEASED _____ DATE _____
BY _____ AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

217144
**FIRST RESPONSE MEDICAL
TRANSPORT INC
3300 S KESWICK PLZ UNIT
2
PHILADELPHIA PA 19114**



MICHAEL B. CARROLL

Secretary of Transportation

I certify, as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle

D. APPLICATION FOR TITLE AND LIEN INFORMATION

SUBSCRIBED AND SWORN TO BEFORE ME: _____
NO DAY YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED

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IF NO LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____

1ST LIENHOLDER NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

IF NO 2ND LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____

SIGN IN PRESENCE OF A NOTARY

The undersigned hereby makes application for Certificate of title to the vehicle described above, subject to the encumbrances and other legal claims set forth here.

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

91387

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

1,890

FUEL: DIESEL

242080065000894-001

1F DUF SHT4HED12294 <small>VEHICLE IDENTIFICATION NUMBER</small>		2017 <small>YEAR</small>	FORD <small>MAKE OF VEHICLE</small>	87442834201 FI <small>TITLE NUMBER</small>	
AMB <small>BODY TYPE</small>	<input type="checkbox"/> <small>DUP</small>	NH <small>SEAT CAP</small>	7/30/24 <small>PRIOR TITLE STATE</small>	250444 <small>ODOM. PROCD. DATE</small>	<input type="checkbox"/> <small>ODOM. MILES</small>
7/30/24 <small>DATE PA TITLED</small>	7/30/24 <small>DATE OF ISSUE</small>	 <small>UNLADEN WEIGHT</small>	 <small>GVWR</small>	 <small>GCWR</small>	 <small>TITLE BRANDS</small>

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 - T = RECOVERED THEFT VEHICLE
 - V = VEHICLE CONTAINS REISSUED VIN
 - W = FLOOD VEHICLE
 - X = IS/WAS A TAXI

REGISTERED OWNER(S)
FIRST RESPONSE MEDICAL
TRANSPORT INC
 2424 E YORK ST UNIT
 100E
 PHILADELPHIA PA 19125

FIRST LIEN FAVOR OF

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED _____ DATE _____
 BY _____ AUTHORIZED REPRESENTATIVE

SECOND LIEN RELEASED _____ DATE _____
 BY _____ AUTHORIZED REPRESENTATIVE

MAILING ADDRESS
 217144
FIRST RESPONSE MEDICAL
TRANSPORT INC
 2424 E YORK ST UNIT
 100E
 PHILADELPHIA PA 19125

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee.



MICHAEL B. CARROLL

Secretary of Transportation

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D. APPLICATION FOR TITLE AND LIEN INFORMATION

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SIGNATURE OF PERSON ADMINISTERING OATH

IF NO LIEN, CHECK IS THIS AN ELT? (IF YES, PIN REQUIRED) YES NO

SIGN IN PRESENCE OF A NOTARY

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER:

1ST LIENHOLDER NAME

STREET

CITY STATE ZIP

IF NO 2ND LIEN CHECK IS THIS AN ELT? (IF YES, PIN REQUIRED) YES NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER:

2ND LIENHOLDER NAME

STREET

CITY STATE ZIP

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the encumbrances and other legal claims set forth here.

SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

91784257

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

FUEL: DIESEL

1,906

223060058001971-001

1G8B6G5CLOB1127051 <small>VEHICLE IDENTIFICATION NUMBER</small>	2011 <small>YEAR</small>	CHEVROLET <small>MAKE OF VEHICLE</small>	82902296102 FI <small>TITLE NUMBER</small>
AMB <small>BODY TYPE</small>	0 <small>DUP</small>	SC <small>SEAT CAP</small>	11/07/22 <small>PRIOR TITLE STATE</small>
2/10/21 <small>DATE PA TITLED</small>	11/07/22 <small>DATE OF ISSUE</small>	150100 <small>UNLADEN WEIGHT</small>	0 <small>GWR</small>
			150100 <small>ODOM. MILES</small>
			0 <small>ODOM. STATUS</small>

- ODOMETER STATUS**

 - 0 - ACTUAL MILEAGE
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TITLE BRANDS

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 - D - COLLECTIBLE VEHICLE
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 - G - ORIGINALLY DESIG. FOR NON-U.S. DISTRIBUTION
 - H - AGRICULTURAL VEHICLE
 - L - LOGGING VEHICLE
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 - R - RECONSTRUCTED
 - S - STREET ROD
 - T - RECOVERED THEFT VEHICLE
 - V - VEHICLE CONTAINS REISSUED VIN
 - W - FLOOD VEHICLE
 - X - IS WAS A TAXI

REGISTERED OWNER(S)

**FIRST RESPONSE MEDICAL
TRANSPORT**
2424 E YORK ST
PHILADELPHIA PA 19125

FIRST LIEN FAVOR OF: _____ SECOND LIEN FAVOR OF: _____

IF A SECOND LIENHOLDER IS LISTED UPON SUBSTITUTION OF THE FIRST LIEN, THE FIRST LIENHOLDER MUST FORWARD THIS CERTIFICATE OF TITLE TO THE BUREAU OF MOTOR VEHICLES WITH THE APPROPRIATE FORM AND FEE.

FIRST LIEN RELEASED: _____ DATE: _____

BY: _____ AUTHORIZED REPRESENTATIVE

MAILING ADDRESS: _____

217144
**FIRST RESPONSE MEDICAL
TRANSPORT**
2424 E YORK ST
PHILADELPHIA PA 19125

SECOND LIEN RELEASED: _____ DATE: _____

BY: _____ AUTHORIZED REPRESENTATIVE

I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle.



YASSMIN GRAMIAN P.E.
Secretary of Transportation

D. APPLICATION FOR TITLE AND LIEN INFORMATION

SUBSCRIBED AND SWORN TO BEFORE ME: _____ MO _____ DAY _____ YEAR _____

SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF A NOTARY

SIGNATURE OF APPLICANT OR AUTHORIZED OWNER

SIGNATURE OF CO-APPLICANT, TITLE OF AUTHORIZED SIGNER

TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED.

If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (on death of one owner, title goes to surviving owner) CHECK HERE . Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to his/her heirs or estate).

IF NO LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____

1ST LIENHOLDER NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

IF NO 2ND LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____

2ND LIENHOLDER NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

86408116

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

FUEL: GAS

1.157

241300055000193-002

1FDME3F39DDA07545 <small>VEHICLE IDENTIFICATION NUMBER</small>		2013 <small>YEAR</small>	FORD <small>MAKE OF VEHICLE</small>	87206748401 F1 <small>TITLE NUMBER</small>	
AMB <small>BODY TYPE</small>	0 <small>DUP</small>		NH <small>PRIOR TITLE STATE</small>	5/13/24 <small>ODOM. PROCD. DATE</small>	259250 <small>ODOM. MILES</small>
					0 <small>ODOM. STATUS</small>
5/13/24 <small>DATE PA TITLED</small>	5/13/24 <small>DATE OF ISSUE</small>				

ODOMETER STATUS

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TITLE BRANDS

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 W = FLOOD VEHICLE
 Z = IS WAS A TAXI

REGISTERED OWNER(S)

**FIRST RESPONSE MEDICAL
 TRANSPORT INC
 3300 S KESWICK PLZ UNIT
 2
 PHILADELPHIA PA 19114**

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED _____ DATE

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee.

BY _____ AUTHORIZED REPRESENTATIVE

SECOND LIEN RELEASED _____ DATE

MAILING ADDRESS

542002
**FIRST RESPONSE MEDICAL
 TRANSPORT INC
 3300 S KESWICK PLZ UNIT
 2
 PHILADELPHIA PA 19114**

BY _____ AUTHORIZED REPRESENTATIVE



MICHAEL B. CARROLL

Secretary of Transportation

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TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED.

SUBSCRIBED AND SWORN TO BEFORE ME _____
MO DAY YEAR

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SIGNATURE OF PERSON ADMINISTERING OATH

IF NO LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

SIGN IN PRESENCE OF A NOTARY

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER:

STAMP OR SEAL

1ST LIENHOLDER NAME

STREET

CITY STATE ZIP

IF NO 2ND LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER:

2ND LIENHOLDER NAME

STREET

CITY STATE ZIP

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the circumstances and other legal claims and liens hereon.

SIGNATURE OF APPLICANT OR AUTHORIZED OWNER

SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

91103399

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

FUEL: GAS

1.347

222280014001063-001

1FDSS3ES4DDA09308 | 2013 | FORD | 84424618702 FI
VEHICLE IDENTIFICATION NUMBER | YEAR | MAKE OF VEHICLE | TITLE NUMBER

AMB | 0 | 0 | WI | 8/23/22 | 198184 | 0
BODY TYPE | DUP | SEAT CAP | PRIOR TITLE STATE | ODOM. PROCD. DATE | ODOM. MILES | ODOM. STATUS

3/09/22 | 8/23/22 | | | | | |
DATE PA TITLED | DATE OF ISSUE | UNLADEN WEIGHT | GVWR | GCWR | TITLE BRANDS

- | ODOMETER STATUS | |
|-----------------|--|
| 0 | ACTUAL MILEAGE |
| 1 | MILEAGE EXCEEDS THE MECHANICAL LIMITS |
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| 4 | EXEMPT FROM ODOMETER DISCLOSURE |
| TITLE BRANDS | |
| A | ANTIQUÉ VEHICLE |
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| V | VEHICLE CONTAINS REISSUED VIN |
| W | FLOOD VEHICLE |
| X | ISWAS A TAXI |

REGISTERED OWNER(S)

**FIRST RESPONSE MEDICAL
 TRANSPORT INC
 2424 E YORK ST
 PHILADELPHIA PA 19125**

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

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FIRST LIEN RELEASED _____ DATE _____
 BY _____ AUTHORIZED REPRESENTATIVE

SECOND LIEN RELEASED _____ DATE _____
 BY _____ AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

217144
**FIRST RESPONSE MEDICAL
 TRANSPORT INC
 2424 E YORK ST
 PHILADELPHIA PA 19125**

pennsylvania
 DEPARTMENT OF TRANSPORTATION

YASSMIN GRAMIAN P.E.

I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle.

Secretary of Transportation

D. APPLICATION FOR TITLE AND LIEN INFORMATION

SUBSCRIBED AND SWORN TO BEFORE ME _____ MO _____ DAY _____ YEAR _____

SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF A NOTARY

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the encumbrances and other legal claims set forth here.

SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED.

If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (on death of one owner, title goes to surviving owner) CHECK HERE . Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to his/her heirs or estate).

IF NO LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER:

1ST LIENHOLDER NAME

STREET

CITY

STATE

ZIP

IF NO 2ND LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER:

2ND LIENHOLDER NAME

STREET

CITY

STATE

ZIP

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

85673696

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

FUEL: DIESEL

1401

223400016000544-001

16BHG396X71239720 | 2007 | CHEVROLET | 73898822402 FI
VEHICLE IDENTIFICATION NUMBER | YEAR | MAKE OF VEHICLE | TITLE NUMBER

AMB | D | OH | 12/08/22 | EXEMPT | 4
[Barcode area]

10/08/14 | 12/08/22 | UNLADEN WEIGHT | GVWR | GCWR | TITLE BRANDS
DATE PA FILED | DATE OF ISSUE

ODOMETER DISCLOSURE EXEMPT BY FEDERAL LAW
REGISTERED OWNER(S)

FIRST RESPONSE MEDICAL
TRANSPORT
2424 E YORK ST
PHILADELPHIA PA 19125

ODOMETER STATUS	
0	ACTUAL MILEAGE
1	MILEAGE EXCEEDS THE MECHANICAL LIMITS
2	NOT THE ACTUAL MILEAGE
3	NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED
4	EXEMPT FROM ODOMETER DISCLOSURE
TITLE BRANDS	
A	ANTIQUE VEHICLE
C	CLASSIC VEHICLE
D	COLLECTIBLE VEHICLE
F	OUT OF COUNTRY
G	ORIGINALLY DESIGNED FOR NON-U.S. DISTRIBUTION
H	AGRICULTURAL VEHICLE
L	LOGGING VEHICLE
P	IS/WAS A POLICE VEHICLE
R	RECONSTRUCTED
S	STREET ROD
T	RECOVERED THEFT VEHICLE
V	VEHICLE CONTAINS REISSUED VIN
W	FLOOD VEHICLE
X	IS/WAS A TAXI

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee.

FIRST LIEN RELEASED: _____ DATE

SECOND LIEN RELEASED: _____ DATE

BY: _____ AUTHORIZED REPRESENTATIVE

BY: _____ AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

217144
FIRST RESPONSE MEDICAL
TRANSPORT
2424 E YORK ST
PHILADELPHIA PA 19125



pennsylvania
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1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____

1ST LIENHOLDER NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

IF NO 2ND LIEN, CHECK IS THIS AN ELT? (IF YES, FIN REQUIRED) YES NO

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER: _____

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

STAMP OR SEAL

SIGN IN PRESENCE OF A NOTARY

8665

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the circumstances and other legal claims set forth here.