

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

Application for Motor Contract Carrier of Persons

This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Howard Med-Tans 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?** YES
If NO, you must register (see checklist on how to register).

If YES, provide your PA Corporation Bureau Entity ID Number

99-3966412

(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).**

Jaime Howard (CEO/Sole Member)

6. **Mailing Address**

128 Parkview Road
Street Address

Cheltenham, PA 19012
City, State and Zip Code

Montgomery
County

215-970-1533
Telephone Number

howardmedtrans@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 from Mailing Address. Do not use a PO 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 persons requiring non-emergency transportation, including individuals with disabilities and seniors, between points within Montgomery County, Pennsylvania, and return, on a pre-arranged, demand-response basis.

Examples:

- *To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.*
- *To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.*

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.

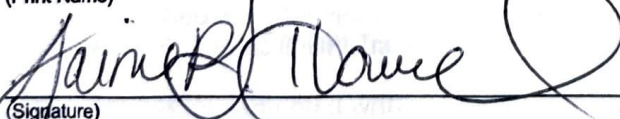
Verification of Application

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.

Jaime Howard

(Print Name)



(Signature)

2/1/2026

(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.

Howard Med-Trans LLC

Legal Name of Applicant

Trade Name, if any

128 Parkview Road

Cheltenham

PA

19012

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.

This Verified Statement is made by Jaime Howard, Sole Member and Managing Member of Howard Med-Trans LLC.

128 Parkview Road, Cheltenham, PA 19012
(215) 970-1533

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

Applicant is not affiliated with any other carrier.

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.

Howard Med-Trans LLC has developed operational readiness through regulatory compliance, policy development, and staff training related to the transportation of individuals requiring assistance. The applicant is enrolled with the Pennsylvania Department of Human Services and approved as an Office of Developmental Programs (ODP) Transportation Trip provider.

The applicant has implemented written policies governing staff qualifications, driver training, incident management, vehicle safety, and the transportation of multiple individuals. While the applicant is newly seeking authority from the Pennsylvania Public Utility Commission, these preparations demonstrate fitness, an understanding of regulatory responsibilities, and readiness to operate safely and compliantly.

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. With 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.

The applicant maintains administrative operations at its principal place of business. Office equipment includes computers, secure electronic recordkeeping systems, telephone service, and internet connectivity to support scheduling, dispatch, and compliance documentation. Vehicles will be housed at secure locations suitable for commercial passenger vehicles. Records required by the Pennsylvania Public Utility Commission, including driver qualification files, training documentation, vehicle inspection and maintenance records, incident documentation, and insurance records, will be maintained securely and made available for inspection as required. Transportation requests will be received on a pre-arranged basis via telephone or electronic communication. Vehicles will be dispatched by the applicant, and continuous communication with drivers will be maintained through mobile communication methods during service delivery.

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.

*Please see supplemental page included, for answers 5a-5e.

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> |
|--|-------------|--------------|--------------------------|---------------------|----------------|
| Initially, the applicant plans to operate one wheelchair-accessible vehicle, with additional vehicles added gradually as demand increases. This phased approach ensures safe, efficient, and manageable service delivery within Montgomery County. | | | | | |
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| | | | | | |
| | | | | | |

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).

Vehicles will be maintained in accordance with manufacturer recommendations and industry best practices. Inspections and maintenance activities are documented. All vehicles will continuously comply with applicable Pennsylvania vehicle equipment and inspection standards, including 67 Pa. Code Chapter 175.

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

The applicant has consulted with insurance professionals and determined that required insurance coverage for paratransit operations is obtainable and financially sustainable. Proof of insurance will be filed electronically with the Commission prior to commencement of service.

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.

X YES NO

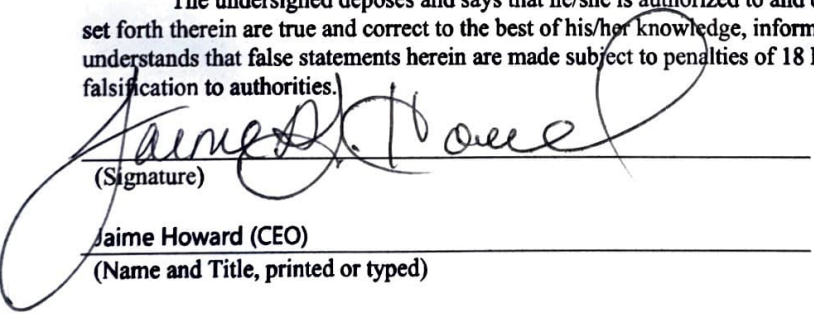
In 2007, I entered a plea agreement to a misdemeanor assault charge. This was an isolated incident that occurred more than fifteen years ago and did not involve transportation, passengers, controlled substances, fraud, or any conduct related to the proposed service.

Since that time, I have maintained a law-abiding record and have met all background and fitness requirements for provider enrollment with the Pennsylvania Department of Human Services. I understand the responsibilities associated with holding motor carrier authority and am committed to operating in full compliance with all applicable safety and regulatory requirements.

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. § 4904 relating to unsworn falsification to authorities.



(Signature)

2/1/2026

(Date)

Jaime Howard (CEO)

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

| | | |
|----------------------------------|----------|-----------------|
| Current Assets | | |
| Cash | \$25,000 | |
| Other Current Assets (specify) | \$0 | |
| Total Current Assets | | \$25,000 |
| Tangible Assets | | |
| Motor Vehicle Equipment | \$0 | |
| Property (buildings, land, etc.) | \$0 | |
| Office Equipment | | |
| TOTAL ASSETS | | \$25,000 |

LIABILITIES

| | | |
|---|-----|------------|
| Current Liabilities (Due within one year of date) | | |
| Loans | \$0 | |
| Credit cards/revolving credit | \$0 | |
| Other Liabilities (Attach schedule) | \$0 | |
| Total Current Liabilities | | \$0 |
| Long Term Liabilities (Due after one year of date) | | |
| Mortgage | \$0 | |
| Long term commercial loan | \$0 | |
| Other Liabilities (Attach Schedule) | \$0 | |
| Total Long-Term Liabilities | | \$0 |
| TOTAL LIABILITIES | | \$0 |

Supplemental Page – Answers for questions 5a – 5e:

All driver qualification, hiring, training, and monitoring practices are administered in compliance with applicable Pennsylvania Public Utility Commission regulations governing motor common carriers of persons, including 52 Pa. Code and 67 Pa. Code requirements, as well as all applicable state and federal laws.

5. Drivers

Number of Drivers

Initially, the applicant intends to utilize **two (2) drivers** to operate one vehicle. As service demand develops, additional vehicles and drivers may be added incrementally to ensure adequate coverage within Montgomery County.

5(a) Hiring Standards

Drivers must be at least 21 years of age, possess a valid Pennsylvania driver's license, have a minimum of two years of driving experience, maintain a satisfactory driving record, and meet physical requirements necessary to safely assist passengers. All drivers must comply with company policies and procedures.

5(b) Criminal Background Checks

Criminal background checks are conducted prior to hire through the Pennsylvania State Police and, where applicable, other states of residence. Background checks are repeated periodically in accordance with company policy and applicable law. Records are retained in driver qualification files.

5(c) Driver Training Program

All drivers must complete Passenger Assistance, Safety, and Sensitivity (PASS) training, including wheelchair securement, through the Community Transportation Association of America (CTAA), as well as CPR certification through the American Red Cross, prior to providing service. Recertification is required every two years. Training completion is documented and maintained.

5(d) Driver License Checks

Driver license status and driving history are verified prior to hire and reviewed at least annually thereafter. Driver history records are retained for a minimum of two years.

5(e) Alcohol and Drug Policies

The applicant maintains strict zero-tolerance policies prohibiting the use of alcohol or controlled substances while on duty or operating company vehicles. Pre-employment and annual drug testing is required. Violations result in disciplinary action up to and including termination.