

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)

PA CARE TRANSIT SERVICES, 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?** ___NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 14643405

(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).**

OMAR MONTANEZ	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. **Mailing Address**

3460 J STREET UNIT 1	
Street Address	
PHILADELPHIA PA 19134	PHILADELPHIA
City, State and Zip Code	County
267-975-3330	PACARETRANSIT@GMAIL.COM
Telephone Number	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 BETWEEN POINTS IN PHILADELPHIA COUNTY
VIA PARATRANSIT FOR NON MEDICAL TRANSPORTATION

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.

OMAR MONTANEZ

(Print Name)

OMAR MONTANEZ

(Signature)

02/06/2026

(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.

PA CARE TRANSIT SERVICES, LLC			
Legal Name of Applicant			
Trade Name, if any			
3460 J STREET UNIT 1	PHILADELPHIA	PA	19134
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.

I, OMAR MONTANEZ, AM THE PRESIDENT AND SOLE OWNER OF "PA CARE TRANSIT SERVICES LLC" AND MAKING THIS VERIFIED STATEMENT ON BEHALF OF MYSELF AND MY COMPANY. MY BUSINESS ADDRESS IS 3460 J STREET UNIT 1 PHILADELPHIA PA 19134. BUSINESS TELEPHONE NUMBER IS 267-975-3330.

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

PA CARE TRANSIT SERVICES LLC OR ,I, OMAR MONTANEZ , DO NOT HAVE ANY AFFILIATION WITH ANY OTHER COMPANY OR 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.

I, OMAR MONTANEZ, HAVE OVER TEN YEARS EXPERIENCE IN THE MEDICAL AND WELL AS TRANSPORTATION FIELD. I HAVE SHADOWED AND HAVE SEEN ALL ASPECTS ON THE VEHICLES AS WELL AS IN THE OFFICE OF AN NREMT COMPANY AS WELL AS MARKETING STRATEGIES. I WILL BE COMPLETING AN EMSVO PA TRAINING WITHIN THE NEXT THIRTY(30) DAYS.

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.

MY OFFICE IS IN A SECURED BUILDING WITH TWO COMPUTERS, A PHONE, FAX LINE, PRINTER/SCANNER, AS WELL AS A VISUAL SCREEN THAT WILL BE ATTACHED TO TRACK MY VEHICLE FOR LOCATION AS WELL AS BEING ABLE TO KEEP UP WITH ANY CHANGES THAT MAY OCCUR DURING THE DAY. WE PLAN TO KEEP OUR TRIP SHEETS IN A LOCKED SECURE CABINET AS WELL AS IN THE COMPUTER ON "MEDIROUTES", WHICH IS AN ONLINE DISPATCHING SYSTEM THAT CAN PROVIDE EACH TRANSPORT AND INCLUDE BUT NOT LIMITED TO TIME, DATE, LOCATION, AND SIGNATURES; THESE TRIPS WILL ALSO BE DOWNLOADED ON A DRIVE AS WELL AS A USB. WE WILL BE ABLE TO PROVIDE ALL INFORMATION NECESSARY IN EVENT OF A SPOT INSPECTION. COMMUNICATION IS RECEIVED THRU TELEPHONE, TEXT, OR ELECTRONIC DEVICES AS WELL AS OUR ONLINE PLATFORM THRU MEDIROUTES. EMPLOYEE INFORMATION AND BACKGROUND CHECKS WILL ALSO BE KEPT ELECTRONICALLY AS WELL AS IN A LOCKED SECURED LABELED CABINET AND AVAILABLE UPON REQUEST IF NECESSARY.

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.

I WILL BEGIN WITH 1-2 DRIVERS.
 A.) DRIVERS MUST BE OVER 23 YEARS OLD, AND BE ABLE TO PASS A CRIMINAL BACKGROUND CHECK AND HAVE A CLEAN DRIVING RECORD. THEY MUST BE ABLE TO PROVIDE REFERENCES UPON REQUEST.
 B.) CRIMINAL BACKGROUND FOR STATE OF PA AS WELL AS CHILD ABUSE AND FBI PRINGERPRINTS
 C.) DRIVERS WILL COMPLETE AN EMSVO CLASS PRIOR TO HIRE AT A LOCAL EMS AGENCY.
 D.) PENNDOT ONLINE SYSTEM
 E.) ANY DRIVER WHO DOES THAT NOT PASS A DRUG AND ALCOHOL SCREENING WILL NOT BE HIRED. WE WILL CONDUCT RANDOM DRUG AND ALCOHOL SCREENING AND ANYONE FOUND WITH ILLICIT SUBSTANCES IN THEIR SYSTEM, WILL BE FIRED AND WE DO NOT PROVIDE AFTERCARE.

PLEASE SEE ADDITIONAL INFORMATION ATTACHED PAGES 9,10, AND 11

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>
				001	

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

I WILL START WITH ONE VEHICLE, I PLAN TO LOOK FOR A SECOND ONCE I AM STARTED. I HAVE THE RESOURCES NEEDED TO OBTAIN

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).

A.) VEHICLES WILL HAVE A DAILY CHECKSHEET FOR DRIVERS TO COMPLETE PRE AND POST TRIP. WE ARE PARTNERED WITH A LOCAL MECHANIC SHOP TO COMPLETE VEHICLE MAINTENANCE. ANY VEHICLE FOUND WITH AN ISSUE, WILL IMMEDIATELY REMOVED AND REPLACED WITH ANOTHER VEHICLE.

B.) SUPERVISORS WILL EXAMINE VEHICLES WITH CHECKSHEET AND MECHANIC SHOP WILL BE GIVEN PA PROTOCOLS TO ENSURE REGULATIONS ARE MET.

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

I AM VERY FAMILIAR WITH NREMT COMMERCIAL INSURANCE QUOTES AND HAVE A LICENSED AND INSURED AGENT READY TO INSURE MY VEHICLE UPON PURCHASE. I WILL BE ABLE TO FINANCE MY PREMIUM MONTHLY AND BE ABLE TO INSURE THRU CARDIGAN, NATIONALITY LIABILITY, OR PA ASSIGNED RISK

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 X 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.

OMAR MONTANEZ
 (Signature)
 OMAR MONTANEZ, PRESIDENT

 (Name and Title, printed or typed)

02/06/2026

 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) 02/01/2026

(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	50000	
Other Current Assets (specify)	<u>0</u>	
Total Current Assets		<u>50,000</u>
Tangible Assets		
Motor Vehicle Equipment	<u>0</u>	
Property (buildings, land, etc.)		
Office Equipment		<u>5000</u>
	TOTAL ASSETS	<u>55,000</u>

LIABILITIES

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

I, OMAR MONTANEZ, would like to clarify that the \$50,000 referenced in our application does not represent funds included with the vehicle itself. Instead, this amount reflects the initial capital dedicated to the company's operational expenses, separate from the vehicle's value or acquisition cost. The vehicle used for our medical transportation services was acquired independently, and its valuation and financing are not tied to the \$50,000 mentioned.

The \$50,000 is allocated toward operational costs such as insurance, maintenance, fuel, and other business expenses to ensure compliance and sustainability during the initial phase of operations. We are also actively working to secure additional funding and resources to support the growth of our services, ensuring compliance with all PUC regulations and requirements.

- § 29.503. Age restrictions AND § 29.504. Driver history

The Paratransit Driver should have a high school education. Those with a GED equivalent will be considered.

- Must have a current, valid driver's license.
- Must be knowledgeable of safe moving and lifting techniques to ensure safety of self and others.
- Must be knowledgeable in the correct use of hydraulic wheelchair lift.
- Must be knowledgeable in the correct use of safety straps used in securing patients while in the vehicle.
- Must successfully complete the Company's probationary program.

a) Common or contract carriers.

(1) A common or contract carrier may not permit a person to operate a vehicle in its authorized service until it has obtained and reviewed a driver history from the appropriate agency of every state in which that person held a motor vehicle operator's license or permit during the preceding 3 years.

(2) Following receipt of the initial driver history report, a common or contract carrier shall, at least once every 12 months from the date of the last report, obtain a driver history for each driver operating under its authority from the appropriate agency of the state in which the driver held an operator's license during the time period. Compliance with this subsection does not relieve a common or contract carrier of the responsibility to ensure its drivers hold a current, valid driver's license.

(3) A copy of the driver history shall be maintained by the common or contract carrier for at least 2 years.

Prior to permitting a person to act as a driver, a carrier shall obtain and review a driving history research report for the person from the Department of Transportation and other relevant sources. A person with more than three moving violations in the 3-year period prior

to the check or a major violation in the 3-year period prior to the check may not be a driver.

(2) One year after engaging a driver and every second year thereafter, a carrier shall conduct the driving history check required under this subsection and verify that a driver continues to be eligible to be a driver.

(3) A copy of the driver's history shall be maintained for each driver for at least 2 years.

Age restrictions.

(a) A common or contract carrier may permit a person to operate a vehicle in its authorized service if that person is at least 23 years of age.

(b) A common or contract carrier providing paratransit service may permit a person to operate a paratransit vehicle in its authorized service if that person is at least 23 years of age if the following conditions are met:

(1) The person shall be registered as a certified emergency medical services vehicle operator (EMSVO) with the Department of Health (Department).

(2) The person shall carry the Department-issued registration of their EMSVO certification on board while operating a paratransit vehicle under 28 Pa. Code § 1023.21(h) (relating to general rights and responsibilities).

(3) The carrier shall verify that the paratransit driver is in good standing with the Department and maintain records for 4 years to prove each person's EMSVO certificate registration. The records must be available for inspection by Commission staff upon request.

(4) The carrier shall notify the Commission's Bureau of Technical Utility Services within 3 calendar days of the occurrence of the following events involving a paratransit driver:

(i) an accident, regardless of the severity of the accident.

(ii) a driving-related violation such as a moving violation.

(iii) reckless driving.

(iv) driving under the influence of alcohol or drugs. AFTERCARE IS NOT PROVIDED. DRUG AND ALCOHOL SCREENING WILL BE PERFORM VIA LABCORP.

DRIVER MINIMUM AGE IS 23.

- § 29.505. Criminal history.

PRIOR TO PROVISIONAL OFFER OF EMPLOYMENT, THE PROSPECTIVE EMPLOYEE, OF WHOM, IS 23 YEARS OR OLDER MUST GO THROUGH THE FOLLOWING PRE SCREENING PROCESS:

- MEDICHECK EXCLUSION LIST -FBI FINGERPRINTS (IF HAVE NOT LIVED IN PA FOR TWO (2) YEARS) -CHILD ABUSE CLEARANCE -DRIVING RECORD

After hire, employees will be screened monthly to ensure they do not appear on exclusion list for Medicare, Medicaid, or any other federal health plan program. If determined, they appear on this list, or do not pass background check and/or any other clearance, the person will be terminated from their position within thirty (30) days.

We will perform self-audits on a quarterly basis to ensure proper handling and to comply with regulations as per Policy.