

## APPLICATION CHECKLIST

### Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at [www.puc.pa.gov](http://www.puc.pa.gov) ).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

If not e-Filed, mail your application and attachments to: **SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2<sup>ND</sup> FLOOR, HARRISBURG, PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps) on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

## General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
  - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
  - Transportation of people to correctional facilities for visitation.
  - Transportation of people in wheelchair and stretcher vans.

***\*Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at [www.nicinsurancefilings.com](http://www.nicinsurancefilings.com) . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- |                        |     |  |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).  |
|                        | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
|                        | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).   |

## 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)

Komfort Ride Transportation 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)

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 \_\_\_0015125278\_\_\_  
(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).**

Janay A Hawkins co-owner \_\_\_\_\_  
Kayla S Hawkins co-owner \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

116 2nd Ave  
Street Address  
West Mifflin PA 15122 Allegheny  
City, State and Zip Code County  
412 707 7177 komfortridellc@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.)

same as above  
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?**

x 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).

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The proposed service area is designed to support the non emergency medical transportation needs of nursing home residents by providing reliable shuttle service to essential healthcare destinations. Service will operate within Allegheny, Beaver, Westmoreland and Washington Counties connecting long term care facilities with hospitals, physician offices, dialysis centers, rehabilitation clinics, and other medical providers. The primary population to be served includes residents of nursing homes, assisted living facilities, and other various patients who require transportation to scheduled medical appointments. Transportation will be provided by Komfort Ride Transportation LLC within the defined local and regional boundaries, ensuring access to medical providers commonly used by residents in the service area.

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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.

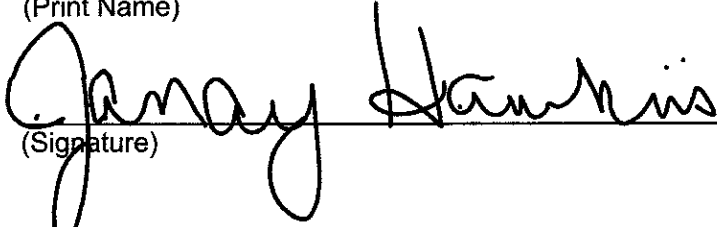
## Verification of Application

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.

Janay Hawkins

(Print Name)



(Signature)

2/8/2026

(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.

Janay A Hawkins

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Legal Name of Applicant

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Trade Name, if any

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116 2nd Ave	West Mifflin	PA	15122
Street Address (principal place of business)	City or Municipality	State	Zip Code

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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.

Janay Hawkins, Co-Owner  
116 2nd Ave  
West Mifflin, PA 15122  
412 707 7177

Kayla Hawkin, Co-Owner  
116 2nd Ave  
West Mifflin, PA 15122  
412 707 7177

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

see attached

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.

see attached

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.

see attached

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.

see attached

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.

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SEATING CAPACITY*</b>	<b>VEHICLE ID #</b>	<b>MILEAGE</b>
2013	Ford	Econoline	13	1FDFE4FL6DDA	164,214
				30909	

\*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).

see attached

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

see attached

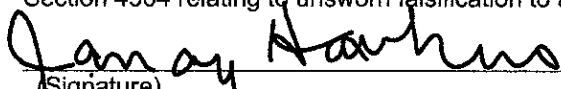
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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)  
Janay Hawkins Co-owner  
\_\_\_\_\_  
(Name and Title, printed or typed)

2/8/2026  
\_\_\_\_\_  
(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 2/8/2026**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	2000	
Other Current Assets (specify)	0	
Total Current Assets		2000
Tangible Assets		
Motor Vehicle Equipment	5000	
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		7000

LIABILITIES

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

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, Janay Hawkins (Janay Hawkins), hereby state that the facts above set forth are true and correct to

the best of my knowledge, information and belief, and that I expect to be able to prove

the same at a hearing held in this matter. I understand that the statements herein are made

subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative,

and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will

result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at

(717) 346-9738. Faxed or emailed filings are not accepted.

Sincerely,

Matthew L. Homsher

Secretary

Enclosure

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

**RE: Application of Komfort Ride Transportation LLC**

**To Mr. Matthew L. Homsher,**

**Please accept this statement to amend my application A-2026-3060229. I would like to amend my authority to Paratransit and have included a completed Paratransit application for your review.**

**Sincerely,**

A handwritten signature in black ink that reads "Janay Hawkins". The signature is written in a cursive, flowing style.

**Janay Hawkins, Co-Owner**

**Komfort Ride Transportation LLC**

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

The applicant, Kayla Hawkins, has been affiliated with other passenger transportation carriers solely in the capacity of an independent contractor driver. Specifically, Kayla provided passenger transportation services through rideshare platforms including Uber and Lyft, and as a driver for Classy Cab. She held no ownership interest, management role, or controlling authority with any of these carriers. Kayla's affiliation was limited to operating vehicles in accordance with each carrier's policies and applicable traffic laws. She had no responsibility for corporate management, regulatory filings, insurance coverage, or operational control of these carriers. At no time has Kayla Hawkins owned, managed, or exercised control over any other certificated or licensed motor 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.**

The applicant, Kayla Hawkins, has direct, practical experience providing passenger transportation services through rideshare and taxi operations, including driving for Lyft, Uber, and Classy Cab. Through this experience, Kayla has developed a strong understanding of passenger safety, professional conduct, route planning, and timely service delivery, all of which are essential to the operation of a non-medical shuttle transportation service regulated by the Pennsylvania Public Utility Commission.

While operating under these platforms, Kayla was responsible for the safe transportation of passengers, adherence to traffic laws, maintaining vehicle cleanliness and roadworthiness, and delivering a high standard of customer service. This experience required consistent attention to defensive driving practices, situational awareness, and compliance with applicable traffic laws and carrier policies.

In addition to hands-on driving experience, Kayla has experience with scheduling, trip coordination, customer communication, and recordkeeping related to passenger transportation. These operational responsibilities align with the Bureau of Transportation & Safety's focus on safety oversight, accountability, and service reliability. In preparation for operating an independent non-medical shuttle service, the co-owners Kayla and Janay have familiarized themselves with Pennsylvania PUC regulations, Bureau of Transportation & Safety requirements, insurance and vehicle inspection standards, and driver qualification rules. They are committed

to ensuring that all vehicles and drivers comply with PUC statutes and safety regulations, including proper licensing, inspections, and ongoing maintenance.

Through a combination of real-world passenger transportation experience, operational knowledge, and a strong commitment to regulatory compliance and public safety, Kayla and Janay are qualified and prepared to responsibly operate a non-medical shuttle transportation service within the Commonwealth of Pennsylvania.

While the applicant, Janay Hawkins, does not have direct practical experience operating a transportation service, she possesses relevant education and training that provides a solid foundation for managing such an operation. She holds a B.S. in Management and has completed training in business management, organization, operations, customer service, and regulatory compliance. Janay has developed skills in planning, organization, budgeting, and problem solving, all of which are directly applicable to the transportation industry. In addition, she is committed to gaining practical experience, maintaining compliance with all applicable regulations, and implementing industry best practices to ensure safe, dependable, and efficient transportation services.

While Janay's direct experience in transportation is limited, her solid background in business operations and management highlights her ability to efficiently supervise transportation services and swiftly adapt to industry-specific demands.

**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.**

#### **Physical Location**

Komfort Ride Transportation LLC maintains its principal place of business at 116 2nd Ave, West Mifflin, PA 15122. This location serves as the administrative office for management, customer service, dispatch, and recordkeeping functions.

## **Office Equipment**

The administrative office is equipped with standard office machines and technology necessary to conduct business operations, including computers, printers, scanners, telephones, and secure internet access. These systems are used for scheduling, dispatching, billing, compliance, and record maintenance.

## **Vehicle Facilities**

The vehicle used in the transportation of passengers is housed at 240 Kenneth St, Whitaker, PA 15120, which is separate from the administrative office. The facility provides adequate space for secure parking, routine inspections, and basic upkeep to ensure the vehicle is maintained in safe and compliant operating condition.

## **Storage Facilities**

Komfort Ride Transportation LLC does not provide storage of household goods. All transportation services are performed on a direct pickup and delivery basis only.

## **Plan to Maintain Required Records**

Records required by the Pennsylvania Public Utility Commission and applicable laws, including tariffs, service contracts, trip records, invoices, insurance documents, vehicle and driver qualification files, and customer complaints, will be maintained. PUC and business records are stored electronically with appropriate security measures and regular backups, and any required paper records are secured at the principal place of business. Access to records is limited to authorized personnel. Standard business records, including accounting, payroll, tax, and vendor records, are maintained in accordance with Pennsylvania PUC retention requirements and generally accepted business practices.

## **Receiving Customer Requests**

Transportation service requests are taken by phone, email, or the company website and recorded and scheduled by dispatch or administrative staff at the main office.

## **Dispatch of Vehicles**

The administrative team supervises vehicle dispatch operations. Vehicle assignments are determined according to availability, driver schedules, client specifications, and the designated service location.

## **Communication With Drivers**

The company maintains continuous communication with drivers via mobile phones. Dispatch instructions and pickup or drop-off details are transmitted electronically, and drivers are required to remain accessible throughout their assignments. This communication system allows for real-time updates, efficient coordination, and prompt response to operational or emergency situations.

**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.**

Komfort Ride Transportation, LLC intends to use two (2) drivers to operate one (1) shuttle vehicle. This number of drivers is appropriate for the size of the territory to be served and ensures continuous service coverage, compliance with applicable hours-of-service and safety requirements, and operational flexibility in the event of driver illness, absence, or emergency. This staffing level allows the applicant to provide safe, reliable, and timely passenger transportation throughout the authorized territory.

**a. Hiring Standards for Drivers**

All drivers must be at least 21 years of age, possess a valid Pennsylvania driver's license appropriate for the vehicle operated, maintain an acceptable driving record, successfully pass a criminal background check, and pass a pre-employment drug and alcohol screening. Drivers must demonstrate good moral character, professionalism, and the ability to safely transport passengers.

**b. Criminal Background Check System**

Criminal background checks are conducted on all prospective drivers prior to hire through a qualified third-party background screening service. Background checks are reviewed for any disqualifying criminal convictions, including but not limited to offenses involving violence, theft, fraud, sexual offenses, or substance abuse, in compliance with Pennsylvania law and Pennsylvania Public Utility Commission regulations. Following receipt of the initial criminal history record, a common or contract carrier shall obtain and review a criminal history record for each driver operating under its authority from the Pennsylvania State Police every 2 years from the date of the last criminal history check. A copy of the criminal history shall be maintained by the common or contract

carrier for at least 3 years. All background checks shall be kept in a file folder for all prospective drivers both electronically and paper files.

**c. Driver Training Program**

All drivers receive training prior to transporting passengers. Training includes Pennsylvania Public Utility Commission rules and regulations, company policies and procedures, defensive driving techniques, passenger safety practices, vehicle operation and inspection requirements, route familiarization, accident and incident reporting procedures, emergency response procedures, and customer service standards.

**d. Driver License Check System**

Driver license status is verified prior to employment and monitored at regular intervals thereafter to ensure continued validity and compliance. Any suspension, revocation, or significant driving infraction is addressed immediately in accordance with company policy and Pennsylvania Public Utility Commission requirements. 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.

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's 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. A copy of the driver history shall be maintained by the common or contract carrier for at least 2 years. All driver license checks shall be kept in a file folder for all prospective drivers both electronically and paper file.

**e. Alcohol and Drug Use Policy**

The company maintains a strict zero-tolerance policy regarding alcohol and illegal drug use by drivers. Drivers are prohibited from operating a vehicle while under the influence of alcohol, illegal drugs, or any substance that may impair safe driving ability. Pre-employment, reasonable suspicion, and post-accident drug and alcohol testing are conducted as applicable. Violations result in immediate disciplinary action, up to and including termination.

**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.**

The company, Komfort Ride Transportation LLC, intends to use two (2) drivers to operate one (1) shuttle vehicle. This number of drivers is appropriate for the size of the territory to be served and ensures continuous service coverage, compliance with applicable hours-of-service and safety requirements, and operational flexibility in the event of driver illness, absence, or emergency. This staffing level allows the applicant to provide safe, reliable, and timely passenger transportation throughout the authorized territory.

**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 vehicle will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).**

**a. Periodic Vehicle Maintenance Plan**

The vehicle safety program is built around a structured, preventive maintenance schedule designed to keep all vehicles in safe, reliable operating condition. Key components include:

- **Routine Inspections:** Vehicles undergo regular inspections based on mileage and time intervals. Typical checkpoints include brakes, tires, steering components, suspension, lighting, mirrors, windshield wipers, fluid levels, belts, and exhaust systems.
- **Scheduled Preventive Maintenance:** Maintenance tasks such as oil and filter changes, tire rotations, brake service, and replacement of worn components are performed according to manufacturer recommendations or sooner if conditions warrant.
- **Daily/Pre-Trip Checks:** Drivers complete a brief inspection before operating the vehicle. This includes checking lights, horn, mirrors, tires, visible leaks, and ensuring all safety equipment is present and functional.
- **Maintenance Documentation:** All inspections, repairs, and service activities are logged and retained. Records include dates, mileage, findings, and corrective actions. This documentation ensures accountability and supports compliance audits.
- **Immediate Correction of Deficiencies:** Any safety-related defect identified by a driver or mechanic results in the vehicle being removed from service until repairs are completed.

**b. System for Ensuring Continuous Compliance with Pennsylvania Vehicle Equipment Standards (67 Pa. Code, Chapter 175)**

To maintain ongoing compliance with Pennsylvania's vehicle equipment regulations, the program incorporates the following measures:

- **Annual Pennsylvania Safety Inspection:** All vehicles are inspected annually at a certified Pennsylvania inspection station, as required by 67 Pa. Code, Chapter 175. Inspection stickers and documentation are monitored to ensure no vehicle lapses.
- **Internal Compliance Audits:** Periodic internal reviews are conducted to verify that all required equipment—such as lighting, brakes, tires, mirrors, emergency equipment, emissions components, and structural integrity—meets the standards outlined in Chapter 175.
- **Driver Reporting System:** Drivers are trained to identify and report equipment issues immediately. A standardized defect report form ensures consistent communication and rapid corrective action.
- **Ongoing Monitoring of Regulatory Requirements:** The program includes periodic review of updates to Pennsylvania's vehicle equipment regulations. Any changes in Chapter 175 requirements are incorporated into inspection checklists and maintenance procedures.
- **Use of Qualified Technicians:** Repairs and inspections are performed by trained personnel familiar with Pennsylvania's safety standards, ensuring that all corrective actions meet or exceed regulatory requirements.
- **Vehicle Removal from Service:** Any vehicle found to be out of compliance with Chapter 175 standards is immediately taken out of operation until all deficiencies are corrected and verified.

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

I reviewed the Pennsylvania Public Utility Commission (PUC) insurance requirements for passenger carriers to understand the minimum coverage levels needed for shuttle operations. I contacted insurers that provide auto and passenger-transportation policies in Pennsylvania and obtained quotes to confirm eligibility and premium costs. I provided details about my shuttle service vehicle type, seating capacity, and operating area to ensure the quotes met PUC standards. I evaluated my budget to confirm I can afford the required premiums and reviewed available payment plans. I also verified that I can supply all documentation needed for PUC compliance, including vehicle information, driver records, and proof of financial responsibility.





# MOTOR VEHICLE PURCHASE AGREEMENT/BILL OF SALE

(724) 245-9292 Main  
 (724) 245-7692 Fax  
 www.mondalesautosales.com

6794 National Pike  
 New Salem, PA 15468

SOLD TO <i>Komfort Ride Transportation Services LLC</i>		
ADDRESS <i>116 2nd Ave</i>		
CITY, STATE, ZIP <i>West M. Flin PA 15122</i>		
PHONE <i>412-654-3882</i>	SALESPERSON <i>Tyler</i>	DATE <i>1/21/26</i>

DESCRIPTION OF PURCHASE			DESCRIPTION OF TRADE - IN		
YEAR	MAKE	MODEL	YEAR	MAKE	MODEL
<i>2013</i>	<i>Ford</i>	<i>Excursion Bus</i>			
BODY TYPE <i>TK</i>	COLOR <i>White</i>	MILEAGE <i>164214</i>	BODY TYPE	COLOR	MILEAGE
VEHICLE NUMBER/SERIAL NUMBER <i>2PDEF64FL6DDA30909</i>	ENGINE NUMBER <i>8</i>		VEHICLE NUMBER/SERIAL NUMBER	ENGINE NUMBER	
LICENSE OR TITLE NO.	LIEN HOLDER'S NAME		LICENSE OR TITLE NO.	LIEN HOLDER'S NAME	
LIENHOLDERS ADDRESS			LIENHOLDERS ADDRESS		

Mondales Auto Sales excepts no responsibilities for vehicles that have any after market add-ons such as but not limited to lift kits, performance parts, and rusted frames or bodies. Nor Diesel vehicles or any vehicle that is intended for commercial use or evident that it has been. These vehicles are considered "AS IS - WHERE IS." All sales are final and the buyer has no right of rescission and no refund or exchange rights.

Since this vehicle is being sold "AS IS - WHERE IS", this means that the purchaser is buying it "with all faults" and without any warranty or guarantee of any type, express or implied.

It is your sole responsibility to ascertain, confirm, research, inspect, and investigate a vehicle and any information regarding such vehicle prior to purchase.

BUYER'S SIGNATURE: X *Jaray Hawkins*

DATE: *1/21/26*

MANAGER'S SIGNATURE: X *[Signature]*

DATE: *1/19/26* This contract is not valid unless signed by an Authorized Representative of this Company

SETTLEMENT	
CASH PRICE OF VEHICLE	<i>\$5,000.00</i>
LESS TRADE IN ALLOWANCE	
DIFFERENCE	
TAX, PLATE, TITLE, AND LIEN FEES	
TOTAL CASH PRICE	
LESS DEPOSITS	
BALANCE DUE UPON DELIVERY	<i>\$5,000.00</i>
DATE BALANCE RECEIVED	<input type="checkbox"/> CASH
	<input type="checkbox"/> CHECK
BALANCE RECEIVED BY	

Buyer hereby acknowledges receipt of a copy of this bill of sale.

*Jaray Hawkins* DATE: *1/21/26*

Options: \* Vehicle is sold As-Is Needs \*  
 looked over for inspection.  
 Mondale's Auto Sales holds no responsibility  
 for non-equip equipment on bus.



Named insured

KOMFORT RIDE TRANSPORTATION LLC  
 116 2ND AVE  
 WEST MIFFLIN, PA 15122

**Policy number: 869194486**

Underwritten by:  
 United Financial Casualty Company  
 February 5, 2026  
 Policy Period: Feb 4, 2026 - Feb 4, 2027  
 Page 1 of 2

**progressiveagent.com**  
**Online Service**

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

**1-412-727-1373**

**GLASCOE-WISE INS LLC**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

**This form is nonparticipating with regard to paying dividends to policyholders.**

Your coverage began the later of February 4, 2026 at 12:01 a.m. or the effective time shown on your application. This policy period ends on February 4, 2027 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852PA (10/20), 1652PA (02/19), Z311 (02/19), 4881PA (02/19), 4852PA (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

### COLLISION COVERAGE FOR RENTAL VEHICLES

**IF THIS POLICY PROVIDES COLLISION COVERAGE ON A PRIVATE PASSENGER VEHICLE, IT WILL APPLY TO A PRIVATE PASSENGER VEHICLE YOU RENT IF THE RENTAL IS COVERED AS A "TEMPORARY SUBSTITUTE AUTO" AS PROVIDED FOR IN PART II OF THIS POLICY.**

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,827
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$15,000 each accident		
Uninsured Motorist - Nonstacked	\$15,000 each person/\$30,000 each accident		68
Underinsured Motorist - Nonstacked	\$15,000 each person/\$30,000 each accident		134
Basic First Party Benefit - Full Tort			76
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Income Loss Benefit Without Workers Comp	up to \$1,000 each month/\$5,000 maximum		26
Comprehensive			129
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,672
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			83
See Auto Coverage Schedule			
<b>Total 12 month policy premium</b>			<b>\$4,015</b>

### Rated drivers

- KAYLA S HAWKINS



2. JAMES HAWKINS SR

**Auto coverage schedule**

1. **2013 FORD Econoline** Stated Amount: \* \$17,000 (including Permanently Attached Equip)  
 VIN: **1FDFF4FL6DDA30909** Garaging Zip Code: 15122 Radius: 50 miles  
 Personal use: N Body type: Passenger Van

Liability Premium	Liability Premium	UM Premium	UIM Premium	PIP Premium	Income Loss Premium	
	\$1827	\$68	\$134	\$76	\$26	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium		
	\$1,000	\$129	\$1,000	\$1672		
Other Coverages Premium	Rental Limit	Rental Premium				Auto Total
	\$50 per day Max \$1,500	\$83				<b>\$4,015</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

**Penalty for Insurance Fraud**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Information Regarding Your Premium**

A surcharge of \$1,091.00 due to moving violations or accidents is included in the total policy premium.

**Company officers**

*Cory W. Fincher*

President

*Patricia M. Lewis*

Secretary





02/09/2026

KOMFORT RIDE TRANSPORTATION LLC  
116 2ND AVE  
WEST MIFFLIN, PA 15122-1604

Dear To whom it may concern

In response to your request that PNC Bank, National Association provide written verification concerning your Business Checking account(s), we are providing the following information:

<u>Account No.</u>	<u>Routing No.</u>	<u>Date Opened</u>	<u>Balance as of date of this letter</u>
XXXXXXXX7262	043000096	01/30/2026	\$2,000.00

This information is subject to any outstanding items or charges.

Sincerely,

PNC Bank, National Association

Lam Vu  
Branch Banker  
412-461-8513

CUSTOMER AUTHORIZATION/ ACKNOWLEDGEMENT

I/we hereby acknowledge that I/we have requested and authorized PNC Bank, National Association to provide this written verification concerning my/our Business Checking account(s).

Dated this 9<sup>th</sup> day of Feb, 2026.

Customer Signature: Jaray Hawkins

Customer Signature: Randy Hawkins

