



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

February 9, 2026

A-6428610
A-2026-3060231

PRIME TRANSPORT CARE LLC
3 LAKE POINT DRIVE
HARRISBURG PA 17111

RE: Application of Prime Transport Care LLC

To Whom It May Concern:

On February 3, 2026, 2026, the application of Prime Transport Care LLC, at A-2026-3060231, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

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

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

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

I, _____, 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,

A handwritten signature in cursive script that reads "Matthew L. Homsher".

Matthew L. Homsher
Secretary

Enclosure

Docket No. A-2026-3060231
Prime Transport Care LLC

Request for Information

- 1.) You failed to adequately answer all aspects of question #5 of the Verified Statement of Applicant. **Please review Title 52 Pa Code §29.501-509 Driver Regulations to see what is required of motor carriers.**
 - a. Please explain your hiring standards for drivers; **(Title 52 Pa Code §29.503 – Age Restrictions)**
 - i. Are there any age restrictions?
 - b. Your system for conducting criminal background checks; **(Title 52 Pa Code §29.505 – Criminal History)**
 - i. How will background checks be conducted?
 - ii. How often will you conduct criminal background checks?
 - iii. What type of things in their criminal background check would disqualify them from employment?
 - iv. How will you maintain records (record retention) of the criminal background checks performed?
 - c. Please provide your driver training program.
 - d. Your system for conducting driver license/history checks; **(Title 52 Pa Code §29.504 – Driver History)**
 - i. How will driver license/history checks be performed?
 - ii. How often will you conduct driver license/history checks?
 - iii. How will you maintain records (record retention) of such checks?
 - e. Please provide your policies regarding alcohol and drug use by your drivers.
- 2.) Please provide your vehicle safety program.
 - a. In your application you stated that you would conduct “regular maintenance checks,” and change oil regularly.
 - i. What type of regular maintenance will be conducted on your vehicles and on what schedule. Please explain in detail.
 - ii. Will there be any pre/post trip inspections by your drivers?
- 3.) Please review the below criteria and submit a revised compliant Statement of Financial Position:
 - a. The statement presented must be DATED and comprised of information which is less than 6 months old.

- b. The submission MUST be comprised of information which is accurate as of the date provided.
- c. The information is to be exact and should not include estimates or approximations when accurate numbers are available. Property and vehicle valuations may be approximations, but bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).
- d. All relevant assets and debts are to be included (for example: vehicle loan balances/vehicle asset value, lease expenses, etc.).
- e. The information provided is also to be strictly limited to assets and debts held by the applicant (Prime Transport Care LLC), and not the individual member(s). Any property and accounts listed must be registered or titled to the corporation. Bank accounts must be in the name of Prime Transport Care LLC. Vehicles must be registered to Prime Transport Care LLC. Property must be titled to Prime Transport Care LLC. If these items are not in the name of Prime Transport Care LLC, then they should not be included on the balance sheet.

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority.

- f. In order to fully assist the Commission in determining your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration vehicle titles, vehicle registrations, property titles, purchase agreements, etc.

You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application.

PLEASE PROVIDED A THOROUGH TYPED RESPONSE TO THESE QUESTIONS ON A SEPARATE SHEET OF PAPER

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).**
- Verified Statement of Applicant.**
- Acertified 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 PACorporation 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 PAPUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND 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 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 . 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)

PRIME TRANSPORT CARE 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)

PRIME TRANSPORT CARE LLC

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 PACorporation Bureau Entity ID Number 14962766

(See checklist and indicate type of business entity registered)

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

_____	_____
ALI DAFAALLA	
_____	_____
_____	_____
_____	_____

2. **Mailing Address**

850 walunt bottom rd , Lower Lever , Sutie 4	

Street Address	
Carlisle , PA, 17013	Cumberland
_____	_____
City, State and Zip Code	County
717-71-00519	ALIBRAHIM15963@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.

3. **Physical Address** (If different than mailing address. Do not use Ra post office box.)

850 walunt bottom rd , Lower Lever , Sutie 4	

Street Address	
Carlisle ,PA, 17013	Cumberland
_____	_____
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**

4. **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.

5. **Does applicant have a USDOT Number?**

_____ No

_____ Yes, at No. _____

1. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

-
- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Dauphin county and Lebanon County and Cumberland County to points in PA, and return.*

Examples:

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.*
- *To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.*
- *To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.*
- *To transport people between points in Northumberland County.*

2. **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.

Ali DAFALLA
(Print Name)


(Signature)

12/17/2025
(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.

Prime Transport Care LLC	Legal Name of Applicant	
Trade Name, if any		
3 LAKE POINT 17111 Street Address (principal place of business)	HARRISBURG City or Municipality Zip Code	Pa State

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.

ALI DAFAALLA
Phone number 717-710-0519
Address 3 LAKE POINT Harrisburg .17111

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.
ALI DAFAALLA
3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

I have experience with US MEDICAL TRANSPORTATION LLC.

I have Certificate (PCR, First Aid).

- 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.
1. Quick Quick Auto Repair ,550 north front street , Steelton , pa , 17113 is our primary maintenance shop, we will send our cars to this location for a regular maintenance check and repair as needed, and we do oil change regularly and get inspected annually.
Business phone number 615-892 -2401.
2. Our car is located at our office parking lots and we have a car garage storing the equipment and tools that we have.
3. We have laptop + Printer + chairs + Desk as an office supplier. We will add more equipment.
4. Usually, the complete operation will be in following steps:
5. We will be receiving notification when the ride is available from our brokers, sometime email notification or phone call.
6. B- After we received the trip notification and soon as we excepted will get contacted to a dispatcher of that ride via email or phone call and get all the trips information indicated source and destination of the ride.
7. We'll have our driver to attach the ride details on the apps or papers documents send to the driver by forward the email or print out the papers that we got it from the Broker.
8. All above process also sometime can be communicated in text messages via phone or WhatsApp app messages.
9. 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:
In my business plan, we intend to employ **3** drivers to effectively cover the territory we will be serving. This number is based on several key factors can be change.
 - Territory Size and area are Coverage.
Depend or based anticipated trip volumes and peak period like one trip per day or more.
10. Our target area spans more driver and more area , requiring sufficient drivers to ensure timely and efficient service
 1. We are committed to maintaining a well-trained and reliable driver team to ensure safe, efficient, and customer-focused service.

4. 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.

YEAR	MAKE	MODEL	<u>SEATING CAPACITY*</u>	VEHICLE ID #	MILEAG E
2016	Kia	FORTE	5 passenger	KNAFX4A87G5447744	198.847

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

For now I have one Vehicles and one drivers.

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

I requested quote for the insurance and will submit the approval for that insurance when you requested. This includes general liability insurance and auto commercial insurance and work comp. I have attached the quote for each of insurance.

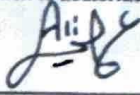
8. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

YES NO

9. 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.

 1/28/2026
(Signature) (Date)
ALI DAFALLA
(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		
Other Current Assets (specify)	cash in Bank 5,005.43	
Total Current Assets		
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)		
Office Equipment	Car value	\$1989
TOTAL ASSETS		6,994.43

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	N/A	
Long term commercial loan	N/A	
Other Liabilities (Attach Schedule)	N/A	
Total Long-Term Liabilities		N/A
TOTAL LIABILITIES		0



MEMBERS 1st

FEDERAL CREDIT UNION

PO Box 8893 • Camp Hill, PA 17001

800.237.7288 • members1st.org

DATE FROM	DATE TO	PAGE	ACCOUNT NUMBER
01/01/2026	01/31/2026	1 of 2	XXXXXXXX432

PRIME TRANSPORT CARE LLC
3 LAKEPOINT DR
HARRISBURG PA 17111-2922

ACCOUNT BALANCES AT A GLANCE

Your account falls within the Small Volume Business tier.

CHECKING	5,005.43
SAVINGS	5.00
CERTIFICATES	0.00
LOANS	0.00

BUSINESS CHECKING (0007)

BEGINNING BALANCE: \$5,005.26

Eff. Date	Post Date	Description	Deposits	Withdrawals	Balance
01/31	01/31	Deposit Dividend	0.17		5,005.43
		Annual Percentage Yield Earned 0.04% from 01/01/26 through 01/31/26			
ENDING BALANCE:					\$5,005.43
Total Deposits		0.17	Average Daily Balance		5,005.26

BUSINESS SAVINGS (0000)

BEGINNING BALANCE: \$5.00

Eff. Date	Post Date	Description	Deposits	Withdrawals	Balance
No Activity During This Statement Period					
ENDING BALANCE:					\$5.00

YTD SUMMARY

TOTAL DIVIDENDS PAID

0000	BUSINESS SAVINGS	0.00	
0007	BUSINESS CHECKING	0.17	
Total Year to Date Dividends Paid (Includes Closed Shares)			0.17

ACCOUNT ANALYSIS STATEMENT

Small Volume Business

Total Balance at a Glance:

Business Checking:	5,005.43
Business Savings:	5.00
Certificates:	0.00
Loans:	0.00

Account Charges:

	Count	Unit Cost	Charge
Checks Deposited:	0	--	--
Checks Paid:	0	--	--
Total Items Processed:	0	--	--
Items Processed Free:	50	--	--
Items Processed Fee:	0	0.75	0.00
Rolled Coins Processed:	0	--	--
Rolled Coins Processed Free:	200	--	--
Rolled Coins Handling Fee:	0	0.10	0.00
Zero Balance Accounts (ZBA) Accounts:	--	--	0.00
Business Online Banking/Entitlements:	--	--	0.00
Business Online Banking Lite:	--	--	0.00
Subsidiary Management:	--	--	0.00
ACH Origination Services:	--	--	0.00
ACH Origination Items Processed:	0	0.00	0.00
Same Day ACH Items Processed:	0	0.00	0.00
Wire Services:	--	--	0.00
Wire Transfers (Domestic):	0	0.00	0.00
Wire Transfers (International):	0	0.00	0.00
Business Bill Pay Items Processed:	0	0.00	0.00
Lockbox Services:	--	--	0.00
Ancillary Item Fee:	--	--	0.00
Positive Pay:	--	--	0.00
Remote Deposit Fee:	--	0.00	0.00
Mobile Remote Deposit Capture Fee:	--	--	0.00
Sweep Services:	--	--	0.00
Sweeps:	0	5.00	0.00
Total Charges:	--	--	0.00
Flat Fee:	--	--	0.00

This fee will be deducted from your business checking account on 02/15/2026. If funds are not available, these funds will be deducted from your business savings.

Thank you for your business relationship.

(PART B)

FOLD AND DETACH HERE
R319

PENNSYLVANIA DEPARTMENT OF TRANSPORTATION

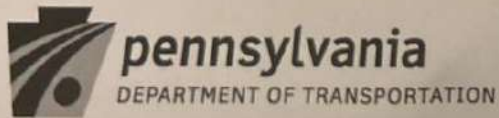
Control# C 0701671

Place Your
Registration Plate
Number and
Dealer/Business
Partner ID# Sticker
Here

MZP9441
8635044

E X P	05	22	26	E X P
R E S				R E S

TEMPORARY REGISTRATION PERMIT





APPLICATION FOR REGISTRATION

Attach PA Title - Type or Print • Make check payable to Commonwealth of Pennsylvania
Bureau of Motor Vehicles ♦ P.O. Box 68593 ♦ Harrisburg, PA 17109

MV-4ST (1-19)

A. VEHICLE PURCHASED	PA Title Number (as Shown on Attached Title) 75176082302		Make of Vehicle KIA SPN		Model Year 2016		
	Vehicle Identification Number KNAFX4A87G5447744			Condition <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> POOR			
B. SELLER	Last Name (or Full Business Name) Alshakada		First Name Mahmoud		Middle Name Mohammed		
	Co-Seller						
C. 1ST PURCHASER	Last Name (or Full Business Name) Prime Transport Care LLC		First Name		Middle Name		
	PA DL/ID# or Bus. ID# 39-5153083		Date of Birth 7/13/95				
	Co-Purchaser Last Name		First Name		Middle Name		
	PA DL/ID#		Date of Birth				
	Street 3 Lake Point Dr					COUNTY CODE	
City Harrisburg PA		State PA		Zip Code 17111		Date Acquired/Purchased 2/19/26	
						Refer to County Codes Listing on Reverse Side of Yellow Copy	
D. 2ND PURCHASER	Last Name (or Full Business Name)		First Name		Middle Name		
	PA DL/ID# or Bus. ID#		Date of Birth				
	Co-Purchaser Last Name		First Name		Middle Name		
	PA DL/ID#		Date of Birth				
	Street					COUNTY CODE	
City		State		Zip Code		Date Acquired/Purchased	
						Refer to County Codes Listing on Reverse Side of Yellow Copy	
E. VEHICLE TRADED	Make of Vehicle N/A		Vehicle Identification Number				
	Model Year A		Body Type (CP, TK, etc.)		Condition <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		
F. APPLICATION FOR REGISTRATION	<input type="checkbox"/> Registration plate to be issued by Department (Proof of insurance must be attached.) <input type="checkbox"/> Exchange registration plate to be issued by Department <input type="checkbox"/> Temporary registration plate issued by Full Agent (NOTE: This registration plate will expire 90 days from date of issuance.)		<input type="checkbox"/> Transfer of Previously Issued Registration Plate <input type="checkbox"/> Transfer & Renewal of Registration Plate <input type="checkbox"/> Transfer & Replacement of Registration Plate				
	Registration Plate No. MZP9441		Expires Month _____ Year _____		Reason for Replacement <input type="checkbox"/> LOST <input type="checkbox"/> _____ NOTE: If "NEVER"		
	Temp. Registration Plate No.		Transferred from Title No.		VIN		
	Vehicle Purchased		Signature of person from whom registration plate is being transferred (if other than seller)		Sign Here		

Advertisement

My Car's Value

2016 Kia Forte EX Sedan 4D 4.2 ★ (145 Ratings) [Write a Review](#)

VIN: **KNAFX4A87G5447744**

Values  Recall Alerts (1)

Your Values

Private Party **Instant Cash Offer** Trade-In Donate Your Car

 [Save This Car](#)



Kelley Blue Book
Instant Cash Offer

[FAQ](#) | [Email](#) | [Call](#) | [Print](#)

Congratulations, PRIME!

Participating Dealers are interested in your

2016 Kia Forte EX Sedan 4D

[Review vehicle details](#)

Offer ID: a044f4ac-163b-4ec6-8eee-152d0e3cd871

Email: ALIBRAHIM15963@GMAIL.COM

ZIP Code: 17111



REAR IMAGES

Your Kelley Blue Book® Instant Cash Offer

\$1,989



This offer can only be redeemed at a Participating Dealer. Kelley Blue Book doesn't redeem offers, purchase vehicles, or own/operate Participating Dealers.

Offer good until: 2/26/2026

[Add to Calendar](#)



Your Offer acceptance has been successfully submitted!

Key Factors Influencing Your Instant Cash Offer

Your Instant Cash Offer is determined by vehicle specific impacts and other considerations.

Mileage

Your vehicle mileage is higher than similar vehicles in the market.

MILEAGE

-\$970

Color

Silver is less desirable for this vehicle.

COLOR

-\$40

Condition ⓘ

You told us your car has little or no damage.

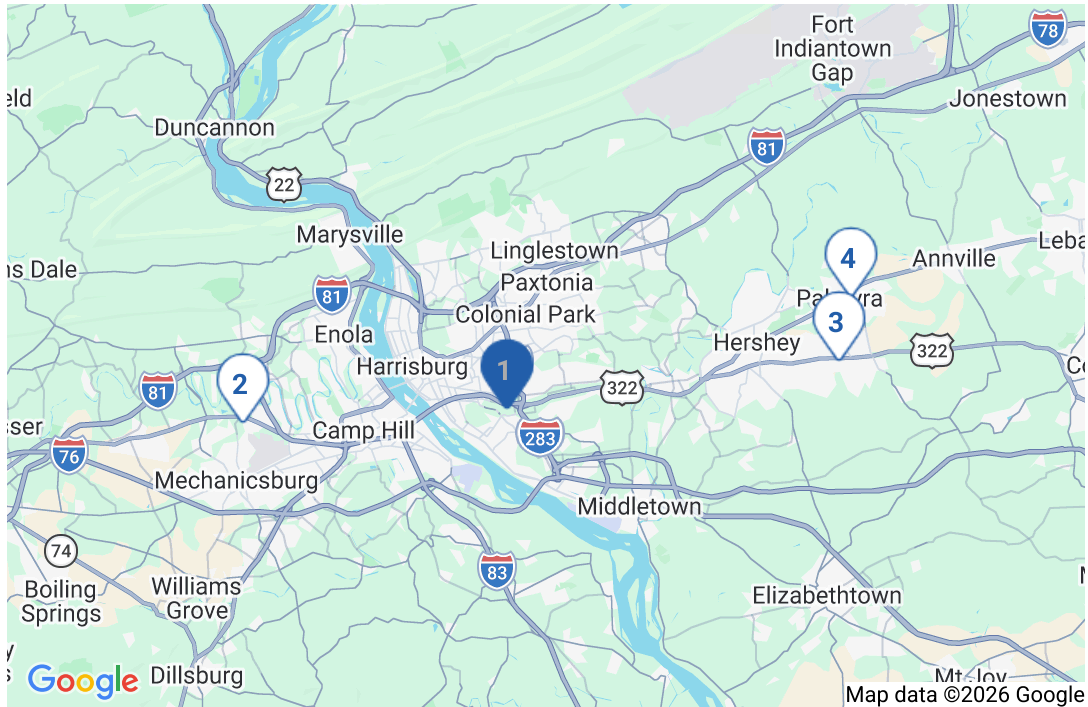
CONDITION

+\$640

Instant Cash Offer Breakdown and individual adjustments for exterior color, mileage, equipment and condition applies only to your Offer and is not applicable to other Kelley Blue Book value types including Trade-In and Private party. Dealer inspection required the Offer amount may be decreased.

These Dealers are Ready To Buy Your Car

Dealers may contact you about your Offer.



1. Faulkner Toyota - Harrisburg

 [\(717\) 565-9000](tel:(717)565-9000)  [Dealer Website](#)

 **KBB.com Rating** ★ 4.9 (2255)

 **1 miles away** [3809 Paxton St, Harrisburg, PA 17111](#)

Request Appointment

See More Participating Dealers

Additional Insights

Potential Sales Tax Savings*

Receive sales tax savings when you sell and purchase at the same dealership

ESTIMATED
SAVINGS
+\$119

*Not available in all states. Check with dealer for eligibility. Not a guarantee of actual tax savings. Tax amounts and payment based ONLY on state sales tax rates in your state and excludes city, county, or municipality sales tax amounts. Savings on sales tax are dependent on state laws, owner status and state of registration.

What to Expect at the Dealership

The dealer will inspect your vehicle using the same questions you used at home.

You may not have caught everything when assessing your vehicle. That's OK. After their inspection, the dealer will show you a side-by-side comparison so you can agree on what's fair.

Vehicle History Report

VIN: **KNAFX4A87G5447744**

Report Generated On: **2/19/2026**

Information provided by AutoCheck®

[Get full report](#)



Multiple Owners



Non-Rental



Accident Found

(This is not a full history report)

Prepare For Your Visit

To save time at the dealer, have these handy:

- **Your Offer Confirmation**
- **Vehicle Registration**
- **Driver's License or Govt. ID**
- **Title, aka "Pink Slip"**
if the vehicle is paid off
- **Payoff or Leasing Info**
if the vehicle isn't paid off yet
- **All Keys, Remotes, and Manuals**

Remember to remove all your personal belongings, and if you're not buying another car, arrange for a ride home.

Not all vehicles are eligible for an Instant Cash Offer. The Offer may be less than the Kelley Blue Book® Trade-In Value or Range. Kelley Blue Book does not redeem Offers, purchase vehicles or own/operate Participating Dealers. Dealer inspection required. If the info you provide about the vehicle differs from the dealer inspection, the Offer amount may be decreased. Kelley Blue Book and its affiliates are not responsible for Offer adjustments or if a Participating Dealer won't accept your vehicle. Dealers pay a fee to participate in the Kelley Blue Book Instant Cash Offer program. [Program Terms and Conditions](#) apply.

Don't overpay for car insurance.
[Get a policy built just for you.](#)



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Repair Estimator: **See Pricing**
[What's a fair price?](#)



Recall Information

 **1 safety recalls** found for cars like yours.

Use your VIN or plate to find out if your specific car has open recalls.



VIN



License Plate

Enter your 17-digit VIN


KNAFX4A87G5447744

[Where do I find my VIN?](#)

See If Your Car Is Affected

Recalls may not affect every vehicle of the same year, make and model. Recall information provided by the [National Highway Traffic Safety Administration](#).

Shop for Your Next Car: What Can You Afford?

Estimated Trade-in Amount	\$0
Desired Monthly Payment *	\$400
*This field is required.	
Terms (months)	60 
Interest Rate (%)	3.19
Outstanding Loan Balance	\$0
Additional Down Payment	\$0

Calculate

Price Range Up to **\$22,156**

Available for Down Payment
\$0

Total Down Payment
\$0

Vehicles in Your Price Range



2025 Hyundai Elantra

Est. \$397/mo*

2024 Honda Civic

Est. \$391/mo*

2025 Kia K4

Est. \$386/mo*

2025 Nissan Sentra

Est. \$380/mo*



*Based on the Blue Book® Fair Purchase Price (click vehicle to see) for 60 months, 3.19% APR, and Estimated Trade-in Amount. Taxes and Fees not included. For illustrative purposes only and not an offer/commitment to provide credit or financing.

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