

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)

Indulge Home Care Agency Inc [ydd/sec 2/2026](#)

- 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)

Indulge Transportation

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- A-6427477

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) Yes

If YES, provide your PA Corporation Bureau Entity ID Number 6528025

(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).**

Joy Mallory
Olivia Mallory

6. **Mailing Address**

2929 Arch St Suite 1700
Street Address
Philadelphia Philadelphia
City, State and Zip Code County
2679289562 indulgehca@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.

Text

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 indulgehca@gmail.com
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)

N/A

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 whose personal convictions prevent them from owning or operating motor vehicles from points in Chester 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.*

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.

Joy Mallory

(Print Name)

Joy Mallory

02/19/2026

(Signature)

(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.

Indulge Home Care Agency Inc

Legal Name of Applicant

Indulge Transportation

Trade Name, if any

2929 Arch St Suite 1700

PA 19104

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.

Joy Mallory- Owner/Operator
5415 Gainor Rd Phila PA 19131
267.928.9562

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

I am the owner and operator of Indulge Transportation and maintain full managerial control over its operations. I am not affiliated with, nor do have ownership or control in, any other certificated 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.

Since March 2025, I have been actively operating a non-emergency medical transportation (NEMT) service under authority granted by the Pennsylvania Public Utility Commission. My responsibilities include daily dispatching, route coordination, driver oversight, regulatory compliance, safety monitoring, insurance maintenance, and client service management. Prior to launching transportation services, I operated a non-medical care agency since 2017, where I gained extensive experience serving elderly and medically vulnerable individuals. This combined experience has provided me with practical knowledge in logistics, compliance, and safe transportation operations.

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.

We operate the business from our office located at 2929 Arch St Suite 1700 in Phila, PA. The facility is fully secured and equipped with storage space for vehicles, including file cabinets with locks for secure record storage. Our office will utilize computers, printers, and other office machines to manage operations efficiently. Records required by the PUC, as well as regular business records, will be maintained in both physical form and backed up digitally, following all regulatory guidelines.

For communication, each driver will be assigned a company-provided phone for real-time updates and dispatch. Customer transportation requests will be received via phone, email, and our website. Our dispatch team will coordinate trip assignments and provide continuous communication with drivers through their mobile devices, ensuring prompt service and constant connectivity.

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.

We plan to hire 6 drivers initially, which is sufficient based on the territory and demand. This number will allow us to meet client needs effectively while ensuring manageable workloads.

a. Our hiring standards include the following:

- Minimum age of 21 years
- Valid driver's license with a clean driving record
- At least two years of driving experience
- Strong customer service skills and reliability
- Ability to pass background and drug screenings

b. Criminal Background Checks

We will use the Pennsylvania Access to Criminal History (PATCH) website to conduct thorough criminal background checks for all potential drivers, ensuring compliance with state regulations.

c. Our driver training program will cover:

- Defensive driving techniques and safety protocols
- Proper vehicle operation and maintenance checks
- Client service, especially for elderly and disabled individuals
- Handling emergency situations and first aid training

d. Driver License Checks

We will conduct driver license checks through the Pennsylvania Department of Transportation's (PennDOT) online system, ensuring that all drivers hold valid licenses and maintain clean driving records.

e. Alcohol and Drug Use Policy

Our company maintains a strict zero-tolerance policy regarding alcohol and drug use. Drivers will be required to undergo pre-employment drug screenings, and random tests will be conducted regularly. Any driver found under the influence of drugs or alcohol while on duty will face immediate 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. If you have already obtained vehicles for your business, please list them in the chart below.

1 vehicle

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2022	Chrysler	Pacifica	7	001	88,054

*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).

Vehicle Safety Program

a. Periodic Vehicle Maintenance Plan:

We perform safety inspections and maintenance every 3,000-5,000 miles or quarterly, covering key components like brakes, tires, lights, and fluids. Semi-annual checks will address major systems.

b. Compliance with PA Vehicle Equipment Standards (67 Pa. Code, Chapter 175):

Our vehicle comply with Chapter 175 through regular state-mandated inspections, ensuring that all safety equipment meets Pennsylvania's standards. Detailed logs track inspections and repairs to maintain continuous compliance.

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

We currently have active safety insurance policies

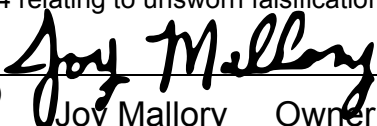
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

 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.



 (Signature) Joy Mallory Owner

 (Name and Title, printed or typed)

02/19/2026

 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) 02/19/2026

(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	<u>\$230,000</u>	
Other Current Assets (specify)	<u>\$10,000</u>	
Total Current Assets		<u>\$240,000</u>
Tangible Assets		
Motor Vehicle Equipment	_____	
Property (buildings, land, etc.)	_____	
Office Equipment	_____	
	TOTAL ASSETS	<u>0</u>

LIABILITIES

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