

Application for Motor Common Carrier of Persons upon Call or Demand (Taxi Service)

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE PROVIDING LOCAL TRANSPORTATION ON EITHER EXCLUSIVE OR NONEXCLUSIVE BASIS, AND SERVICE IS CHARACTERIZED BY PASSENGERS HIRING THE VEHICLE AND ITS DRIVER EITHER BY TELEPHONE CALL OR BY HAIL, OR BOTH. **THIS APPLICATION CANNOT BE USED TO APPLY FOR TAXI SERVICE WITHIN THE CITY AND COUNTY OF PHILADELPHIA.**

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

Howard Med-Trans LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents.**
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents.** This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State.**

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

N/A

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT.** A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" 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 Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** NO **Previous Authority?** NO

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** ___ NO

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

If YES, provide your PA Corporation Bureau Entity ID Number 99-3966412
(see checklist and indicate type of business entity registered)

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

Jaime Howard — Sole Member and Managing Member

6. **Mailing Address**

128 Parkview Road
Street Address
Cheltenham, PA 19012 Montgomery
City, State and Zip Code County
215-970-1533 howardmedtrans@yahoo.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 from Mailing Address)

128 Parkview Road
Street Address
Cheltenham, PA 19012 Montgomery
City, State and Zip Code County
215-970-1533 howardmedtrans@yahoo.com
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).

To transport persons requiring non-emergency medical transportation, including individuals with disabilities, seniors, and other mobility-limited passengers, upon call or demand on a prearranged basis between points in Montgomery County, Pennsylvania, and to and from points within the Commonwealth of Pennsylvania.

Examples:

- *To transport people upon call or demand in the city of Reading, Berks County.*
- *To transport people upon call or demand in Spring Township, Centre 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 upon Call and Demand (Taxi Service); and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

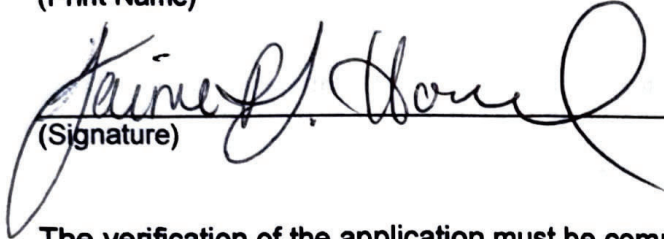
Verification of Application

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.

Jaime Howard - CEO

(Print Name)



(Signature)

02/20/26

(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).

Revised 7/17/17

VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Howard Med-Trans LLC

Legal Name of Applicant

N/A

Trade Name, if any

128 Parkview Road

Cheltenham

PA

19012

Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

This Verified Statement is made by Jaime Howard,
Sole Member and Managing Member of Howard Med-Trans LLC,
128 Parkview Road, Cheltenham, PA 19012, (215) 970-1533.

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

Applicant is not affiliated with any other 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.

Howard Med-Trans LLC has developed operational readiness through regulatory compliance preparation, policy development, and staff training related to the transportation of individuals requiring assistance. The applicant is enrolled with the Pennsylvania Department of Human Services and is pursuing service arrangements with medical transportation brokers and healthcare facilities.

The applicant has implemented written policies governing staff qualifications, driver training, incident management, vehicle safety, and the safe transportation of passengers with mobility needs. These preparations demonstrate the applicant's fitness, understanding of regulatory responsibilities, and readiness to operate safely and compliantly.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. 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.

The applicant maintains administrative operations at its principal place of business with secure electronic recordkeeping systems, telephone service, and internet connectivity to support scheduling, dispatch, and compliance documentation.

Transportation requests will be received through medical transportation brokers, healthcare facilities, and prearranged customer requests. Vehicles will be dispatched by the applicant, and continuous communication with drivers will be maintained through mobile communication methods during service delivery.

Records required by the Pennsylvania Public Utility Commission, including driver qualification files, vehicle inspection and maintenance records, incident documentation, and insurance records, will be maintained securely and made available for inspection as required.

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.

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

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. (Taxicabs may not be used if the vehicle's age is greater than ten model years, or the vehicle mileage is greater than \$350,000.)

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
Initially, the applicant plans to operate one wheelchair-accessible Chrysler Pacifica Touring L vehicle equipped with a rear or side entry ramp and compliant wheelchair securement systems. The vehicle's seating capacity will not exceed eight passengers including the driver, in compliance with Commission requirements. Additional vehicles may be added incrementally as service demand increases.					

*Vehicles with seating capacity of more than eight passengers including the driver cannot be used for taxi service.

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).
 - Your system for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage requirements shall be replaced in a timely fashion.

The applicant maintains a comprehensive vehicle safety and preventive maintenance program designed to ensure all vehicles are safe, reliable, and fully compliant with applicable Pennsylvania regulations.

a. Periodic vehicle maintenance plan:

Each vehicle will be maintained in accordance with manufacturer recommendations and industry best practices. Preventive maintenance inspections will be performed at regular mileage intervals, and all maintenance and repair activities will be documented and retained in vehicle maintenance files.

b. Compliance with Pennsylvania vehicle equipment standards:

The applicant will ensure that all vehicles continuously comply with 67 Pa. Code, Chapter 175 and all other applicable Pennsylvania vehicle equipment and inspection standards. Required state inspections will be performed timely, and vehicles will be removed from service immediately if any safety deficiency is identified.

c. Vehicle replacement procedures:

The applicant maintains procedures to monitor vehicle age, mileage, and condition. Any vehicle that no longer meets applicable age, mileage, safety, or reliability standards will be replaced promptly to ensure safe and efficient service delivery.

Wheelchair-accessible equipment, including ramps and securement systems, will be inspected regularly and maintained in accordance with manufacturer specifications and industry safety standards.

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

The applicant has consulted with qualified commercial insurance professionals and has determined that the required motor carrier insurance coverage for non-emergency medical transportation operations is available and financially sustainable.

The applicant understands the Commission's insurance requirements and will ensure that all required evidence of insurance is filed electronically with the Pennsylvania Public Utility Commission prior to commencing service.

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

YES NO

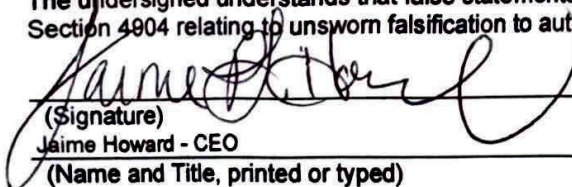
In 2007, the applicant entered a plea agreement related to a misdemeanor assault charge. This was an isolated incident that occurred more than fifteen (15) years ago and did not involve transportation services, passengers, controlled substances, fraud, or any conduct related to the proposed operations.

Since that time, the applicant has maintained a law-abiding record and has successfully met all background and fitness requirements associated with provider enrollment with the Pennsylvania Department of Human Services. The applicant understands the responsibilities associated with holding motor carrier authority and is committed to operating in full compliance with all applicable safety and regulatory requirements.

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.



 (Signature)
 Jaime Howard - CEO

 (Name and Title, printed or typed)

02/20/26

 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) 02/20/26

(Must be less than 6 months old)

ASSETS

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

LIABILITIES

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

Financial Fitness Explanation:

The applicant maintains sufficient financial resources to support the safe startup and operation of the proposed transportation service. As reflected in the accompanying Statement of Financial Position, the applicant currently maintains available cash reserves and minimal liabilities.

The applicant has carefully evaluated anticipated startup and operating costs, including insurance, vehicle expenses, fuel, maintenance, and administrative overhead, and has determined that adequate financial capacity exists to sustain reliable service.

The applicant will continue to monitor financial performance and maintain sufficient working capital to ensure ongoing compliance with Commission requirements and the safe transportation of passengers.

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

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

5. Drivers

Number of Drivers

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

5(a) Hiring Standards

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

5(b) Criminal Background Checks

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

5(c) Driver Training Program

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

5(d) Driver License Checks

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

5(e) Alcohol and Drug Policies

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