Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

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)

Serenity Heart 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?** ___NO
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number _____
(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).**

Tia Cook

6. **Mailing Address**

8699 West Chester Pike
Street Address

Upper Darby Pa 19082 — Delaware
City, State and Zip Code — County

215.554.7648 — caoltia@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 than mailing address. Do not use a post office box.)

Street Address

City, State and Zip Code — County

Telephone Number — E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address — E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

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

✓ No ____ Yes, at No. _____

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

Please see attached sheet

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.

Tia Cook
(Print Name)

Tia Cook 1-5-2026
(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.

Serenity Heart Transport
Legal Name of Applicant

Trade Name, if any

8699 West Chester Pike Upper Darby PA 19082
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.

See attached

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.

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.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2017	Dodge	Caravan	7	001	116,187

*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.

Tia Cook — (Signature)

1-5-2025 — (Date)

Tia Cook CED

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 1-5-2026
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	60,800	
Other Current Assets (specify)		
Total Current Assets		60,800
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		60,800

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	1046.00 monthly	
Credit cards/revolving credit	300.00 monthly	3,600
Other Liabilities (Attach schedule)		12,552
Total Current Liabilities		16,152 Annual
Long Term Liabilities (Due after one year of date)		
Mortgage	2700.00	
Long term commercial loan		
Other Liabilities (Attach Schedule)		32,400 Annual
Total Long-Term Liabilities		
TOTAL LIABILITIES		

1) My name is Tia Cook, and my business address is 8699 West Chester Pike, Upper Darby, PA 19082. I am the sole owner of Serenity Heart Transportation LLC. I am filing an application with the Pennsylvania Public Utility Commission to request authority to provide paratransit services for individuals who require wheelchair-accessible and specialized transportation to and from medical appointments, treatments, hospital discharges, and hospital visits. These services will be offered between points within Delaware County and Philadelphia Counties

2) The Owner/ Applicant is not affiliated with any other motor carrier certified by the commission.

   Tia Cook, Owner

3) Tia Cook is the owner and operator of Serenity Heart Transportation and Serenity Heart Homecare. I am a well-versed business owner with over 10 years of experience in both the healthcare and transportation industries, having worked across a variety of large and small facilities. In 2020, I founded my own home care business after recognizing an urgent need within my community for a dedicated liaison to help families access the quality care they desperately needed. My extensive background in healthcare, home care, and now transportation sets me apart from my competition. This experience equips me to deliver top-tier, compassionate, and compliant transportation services for individuals needing reliable support to and from appointments and treatments, many of whom are already valued clients within my organization.

4) Serenity Heart Transportation will operate from its office located at 8699 West Chester Pike, Upper Darby, PA 19082. The office is fully equipped with the necessary business tools to conduct all proposed operations, including computers, file cabinets, fax and copier machines, and telephone communication systems. This location serves as our headquarters, dispatch center, and supply storage facility.
   All drivers will be issued company-owned cell phones, which they are required to have with them whenever they are on duty or on call. These phones will be used to communicate with drivers for scheduling trips and for maintaining real-time contact during transport. In addition to cellular communication, Serenity Heart Transportation maintains a business landline for customers and external communications. We also communicate with customers and drivers through email and text messaging.
   Serenity Heart Transportation is committed to helping elderly and disabled individuals maintain independence and improve their quality of life by providing friendly, professional, and compassionate transportation services to medical facilities and other destinations. Our staff is trained to assist clients with special needs and to provide the

individual attention necessary for safe and comfortable transport. All drivers are CPR/AED certified and will provide door-to-door service.

5) Serenity Heart Transportation currently employs four (4) staff members who are fully capable of supporting the proposed paratransit services. Supervisors are responsible for office and administrative duties, including ensuring driver compliance with safety regulations, issuing invoices, and billing for private payment services. We anticipate that once operations begin, office and administrative obligations may increase significantly, and we plan to hire additional personnel as needed. One employee is assigned to oversee vehicle maintenance and is responsible for ensuring timely servicing such as oil changes, repairs, and annual inspections.

Upon approval, Serenity Heart Transportation will ensure that all newly hired drivers reside locally within or near our service area. This requirement helps ensure driver familiarity with regional roadways. We will maintain a comprehensive hiring process to ensure that only qualified, compliant personnel are employed. All applicants must

a. Hiring Standards for Drivers
    1. Serenity Heart Transportation employs strict hiring standards to ensure that all drivers meet applicable regulatory and safety requirements.
    2. All drivers must be at least 21 years of age, or if between 18 and 20 years of age, must be registered as a certified Emergency Medical Services Vehicle Operator (EMSVO) with the Pennsylvania Department of Health and remain in good standing.
    3. Applicants must possess a valid driver's license and demonstrate a satisfactory driving record. Individuals will not be hired if they have:

b. Criminal Background Check Procedures
    1. Prior to employment, Serenity Heart Transportation obtains and reviews criminal history records from the Pennsylvania State Police and from every state in which the applicant has resided during the preceding twelve (12) months.
    2. Criminal background checks must be approved before a driver is permitted to operate.

        No felony conviction; any conviction related to the healthcare industry; Any DUI conviction or license suspension within the past five (5) years; or any conviction involving offenses that would call into question their trustworthiness in transporting passengers

c. Driver Training Programs

    New drivers receive one week of training, including hands-on instruction in vehicle operation. After successfully completing training, they receive instruction

in operating wheelchair lifts, securing wheelchairs and passengers, and following all safety procedures. Drivers must maintain active CPR/AED certification and complete EVOC (Emergency Vehicle Operation Course) training prior to operating any company vehicle.

d. Driver License Monitoring Procedures

Serenity Heart Transportation obtains driver history reports from each state in which an applicant held a motor vehicle operator's license or permit during the preceding three (3) years. Driver history reports are obtained at least once every twelve (12) months thereafter. Copies are maintained for a minimum of two (2) years. An internal compliance system monitors driver license expiration dates, and annual verification is conducted to confirm each license is valid and not under suspension by the Pennsylvania Department of Transportation. No driver is permitted to operate a company vehicle without a current and valid license.

e. Alcohol and Drug Policy

Serenity Heart Transportation maintains a zero-tolerance policy regarding alcohol, illegal drugs, and impairing medications while drivers are on duty. The company's drug and alcohol testing program is modeled after regulations established by the U.S. Department of Transportation.

The program includes pre-employment drug testing and post-accident drug testing within three (3) hours of any accident. Any positive test result results in immediate removal from duty pending investigation and may lead to termination.

Serenity Heart Transportation is committed to maintaining a safe and drug-free work environment to ensure passenger safety and regulatory compliance.

Upon receiving approval Serenity Heart Transportation will ensure that all drivers hired will reside locally in or near our operating area, this ensures that the drivers are familiar with the road systems in our servicing area there will be an extensive hiring system to ensure we hire only qualified driver personnel and that the personnel remain in compliance with all applicable regulations. For instance, we require criminal background checks on all drivers as well as pre-employed drug screening. All drivers must not have any DUI convictions or license suspensions within the last five years. A driver is not allowed to have any felony convictions or any convictions involving the health care industry to qualify for employment. In Addition, drivers will not be hired if they have been convicted of any offense that would call into question their trustworthiness to deal with passengers, such as robbery. If a driver is involved in an accident, the driver must, within three hours of the accident, submit to a drug testing. Our company's drug and alcohol testing program is modeled after the alcohol and drug testing regulations of the U.S. Department of Transportation.

Serenity Heart Transportation has an zero tolerance for any alcohol and illegal drugs in a driver's system while on duty as well as a policy against any prescribed medications in a

driver's system which could impair the ability of the driver to operate a vehicle. If the driver is tested for drugs or alcohol and the test turns up positive, the driver will be immediately suspended, and an investigation will be conducted to determine if there is any explanation of how this may have occurred lawfully and if the driver's employment will be terminated.

Serenity Heart Transportation intends to provide drivers with information on how to file a complaint with the commission by posting the following in each vehicle.

For complaints or information contact the Pennsylvania Public Utility Commission at 1-800-692-7380 or at www.state.pa.us.

Serenity Heart Transportation will make a diligent effort to address any complaint from an employee or customer to determine what the facts and circumstances are so that our service can be improved to ensure that they don't encounter similar issues on future trips. As a company we are very much aware that a satisfied customer is the best source for a referral of new business, we are committed to making every effort to address any problems or complaints no matter how big or small head-on.

7 Serenity Heart Transportation will have an in-house Vehicle Maintenance Employee. The vehicle maintenance employee will be a verified mechanic who inspects the vehicles and maintains all records regarding maintenance and repairs to each vehicle. Our maintenance procedure will include oil changes and filters every 3,000 to 5,000 miles driven on all vehicles. Fluids are required to be checked on each vehicle on a regular weekly basis. Drivers are required to perform both pre-trip and post-trip inspections.

8) Our insurance is through Progressive; our vehicles will maintain at minimum the required insurance. Our insurance carrier will file with the Commission a Form E on behalf of Serenity Heart Transportation to certify that we have required insurance. Our agent estimated that our coverage will be about $450/month to cover each vehicle. Based on the current cash/assets on hand as well as our 3-year business earning projections we will have no issue with maintaining required insurance.

9) I, Tia Cook have never been convicted of a misdemeanor or felony and am not subject to supervision by court or correctional institution.

10) Attached is the completed "Statement of Financial Position" which displays cash assets and liabilities of Serenity Heart Transportation Based on the provided financials we do not anticipate any problem in having a sufficient cash flow to current operate and to expand our current passenger operations with acquiring more vehicles.

I, _Tia Cook_, 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).

Tia Cook

11/7/2025

To Serenity Home Care,

I am writing concerning the addition of a transportation service for clients. Transportation challenges sometimes prevent me from attending my scheduled appointments, which affects my care. If transportation were provided, it would help me stay consistent and ensure I receive the services I need without interruption.

Thank you for your consideration.

Linda Bell El

L.B.E

Dear Team at Serenity Heart Home Care,

I truly appreciate everything your service has done for me. As someone committed to my health, I want to suggest transportation as an added benefit for clients. There are days when getting to my appointments is difficult, and having transportation available would make a major difference in my ability to stay on track.

This would help me stay consistent, avoid setbacks, and feel more supported in my journey.

Thank you for taking the time to hear my perspective.

Respectfully,
Bryan Taylor
11/11/2025
Bryan Taylor

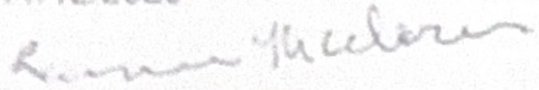
Serenity Heart Home Care,

I am writing to formally request the urgent addition of transportation services. Transportation barriers are directly compromising my ability to attend scheduled appointments and maintain continuity of care Reliable transport is essential to safeguarding my health and ensuring I remain fully compliant with treatment.

I am grateful for the dependable services provided thus far, as they have been genuinely helpful to my condition and circumstances. Adding transportation would further strengthen the quality and consistency of the care I receive.

Sincerely,

Lamin Mcclarin
11/12/2025



Subject: Request for Addition of Transportation Services

To Whom It May Concern,

I am writing as a client of Serenity Heart Home Care to express the importance and value of adding a transportation service as part of the support offered to patients like myself.

Reliable transportation is a crucial part of accessing consistent healthcare. There are times when personal challenges, scheduling conflicts, or unexpected circumstances make it difficult for me to get to my appointments. When transportation becomes a barrier, my health, treatment consistency, and overall well-being are directly affected.

Having transportation provided through the service would ensure that I can attend all necessary visits on time, without interruption. It would remove the stress and uncertainty of arranging rides, reduce missed or delayed appointments, and allow me to stay focused on my treatment goals. This type of support not only improves my ability to remain compliant with care but also strengthens the relationship between client and provider by showing a commitment to my full well-being.

Adding transportation services would be a meaningful benefit to me as a client and would greatly enhance the quality and accessibility of the care I receive. I sincerely believe this addition would help me maintain better health outcomes and support my continued progress.

Thank you for your time and consideration.

Sincerely,
Ms. Terri Johnson Terri Johnson
11/12/2025

Dear Serenity Home Care,

I urgently need transportation added to the services offered. My ability to keep appointments is being directly affected, and without reliable transportation my care is at risk. This support is not optional for me, it's necessary for my health and consistency in treatment. I'm asking for immediate consideration.

Thank you,
Rashawn Peel
11/11/2025

R Peel

Statement of Financial Position (Balance Sheet)
As of (date) 1-5-2026
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	60,800	
Other Current Assets (specify)		
Total Current Assets		60,800
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		60,800

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	1046.00 monthly	
Credit cards/revolving credit	300.00 monthly	3600
Other Liabilities (Attach schedule)		12,552
Total Current Liabilities		16,152 Annual
Long Term Liabilities (Due after one year of date)		
Mortgage	2700.00	
Long term commercial loan		
Other Liabilities (Attach Schedule)		32,400 Annual
Total Long-Term Liabilities		
TOTAL LIABILITIES		

Serenity Heart Transportation

DRUG AND ALCOHOL POLICY

Serenity Heart Transportation is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to drug or alcohol testing may result in disciplinary action, up to and including termination of employment.

The company will utilize drug and/or alcohol testing, including the following types of testing, to help administer this policy:

A. Employees will be tested for cause.

B. Employees will be tested following accidents.

The company will maintain confidentiality for all testing.

This policy applies to all employees of the company. All employees will be required to complete, sign, and date a chemical screening Consent and Release form and submit to testing.

The company prohibits the unlawful manufacture, distribution, dispensation, presence, or use of drugs, other controlled substances or alcohol, while on its property is or at its work sites. Employees violating this prohibition will be disciplined up to and including termination.

The unlawful possession, manufacture, distribution, dispensation, sale or use of drugs, or other controlled substances while off duty and off company property is prohibited. Employees violating this prohibition will be disciplined up to and including termination.

If an employee is arrested or convicted for driving under the influence, or for violating a criminal statute, Serenity Heart Transportation will investigate to determine whether cause exists for drug testing. Serenity Heart Transportation may take disciplinary action up to and including discharge, whether a drug test is conducted, in the event that an employee is arrested or convicted, for driving under the influence, or for violating a criminal statue.

For-Cause Testing- Current employees may be asked to submit to a test if reasonable cause exists to indicate that their health or ability to perform work may be impaired. Factors, which could establish cause, include, but are not limited to:

a. Sudden changes in work performance

b. Repeated failure to follow instructions or operating procedures.

c. Violation of company safety policies.

d. Involvement in an accident, or near accident

e. Discovery or presence of substances in an employee's possession or near the employee's workplace

f. Odor of alcohol and/or residual odor peculiar to some chemical or controlled substances.

g. Unexplained and/or frequent absenteeism.

h. Personality changes or disorientation.

i. Arrest or conviction for violation of criminal drug statues.

For-Cause Testing also applies to employees who have had an accident without an injury. Employees involved in an accident resulting in death or any property damage will be drug tested for the use of controlled substances, including a blood test for alcohol as soon as possible after the accident. Any employee who is seriously injured and cannot provide a urine or blood specimen at the time of the accident shall be required to provide the necessary authorization for obtaining hospital records and other documents that would indicate whether there were on controlled substances in the employee's system.

Each employee will be required to sign a Chemical Screening Consent and Release Form upon implementation of this policy. If the employee refuses to sign the Chemical Screening Consent and Release Form when knowingly able, he or she will be terminated.

A confirmed positive test result will result in disciplinary action up to and including discharge.

Employees with confirmed positive test results may result in disciplinary action up to and including discharge.

Employees with confirmed positive test results may, at their option and expense, have a second confirmation test made on the same specimen. An employee will not be allowed to submit another specimen to replace the original specimen submitted for testing.

An employee waiting pending test results may be placed on probationary status and may be sent home without pay during the time required for a specimen to be evaluated.

At the request of the management based upon suspicion of evidence of sale, possession, or use of controlled substances, and employee shall be required to:

a. Submit to the search of their person and/or any personal articles brought upon company premises, companies work sites, or while on company business.

b. Submit to seizure any controlled substance found in their possession. Suspected illegal substances will be turned over to appropriate law enforcement authorities. Employees will be required to furnish the company with a physician's name and/or prescription for confirmation of a legal substance found in the employee's possession.

c. Submission to a personal search or search of personal articles as used above shall include the search of any vehicles brought upon company premises, work sites, or used in company business. A personal search also includes a search of items within the employee's work area, including desks and lockers.

d. Failure to submit to a search will result in termination.

This Substance Abuse Policy in no way creates an obligation or contract of employment.

The management reserves the right to alter or amend the policy at any time at its sole discretion.

If any part of this policy is determined to be void or unenforceable under state or federal law, the remainder, to the extent possible will remain in full force and effect.

Any violation of failure to comply with the terms of this policy by any employee may result in disciplinary action up to and including termination.

_____ _____

NAME DATE

2017 DODGE GRAND CARAVAN
VIN 2C4RDGCG4HR858165

Bodily Injury & Property Damage Liability Help $25,000 each person,$50,000 each accident,$10,000 each accident	$1,035.00
Uninsured/Underinsured Motorist Bodily Injury & Uninsured Motorist Property Damage Help $25,000 each person,$50,000 each accident,$10,000 each accident with $250 deductible	$139.00
Personal Injury Protection Help $15,000 each person,$30,000 each accident,$10,000 each accident,$0 deductible	$447.00
Comprehensive Help $1,000 deductible	$126.00

COMMONWEALTH OF PENNSYLVANIA

CERTIFICATE OF TITLE FOR A VEHICLE

663

FUEL: FLEXIBLE

25266342801440 1-001

2C4RDGCG4HR858165	2017	DODGE	890800041901 3E
VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE OF VEHICLE	TITLE NUMBER

SW	0		MI	9/23/25	116187	0
BODY TYPE	DUP	SEAT CAP	PRIOR TITLE STATE	ODOM. PROCD. DATE	ODOM. MILES	ODOM. STATUS

9/23/25	9/23/25				
DATE PA TITLED	DATE OF ISSUE	UNLADEN WEIGHT	GVWR	GCWR	TITLE BRANDS

ODOMETER STATUS
0 = ACTUAL MILEAGE
1 = MILEAGE EXCEEDS THE MECHANICAL LIMITS
2 = NOT THE ACTUAL MILEAGE
3 = NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED
4 = EXEMPT FROM ODOMETER DISCLOSURE

TITLE BRANDS
A = ANTIQUE VEHICLE
C = CLASSIC VEHICLE
D = COLLECTIBLE VEHICLE
F = OUT OF COUNTRY
G = ORIGINALLY MFGD. FOR NON-U.S. DISTRIBUTION
H = AGRICULTURAL VEHICLE
L = LOGGING VEHICLE
P = IS/WAS A POLICE VEHICLE
R = RECONSTRUCTED
S = STREET ROD
T = RECOVERED THEFT VEHICLE
V = VEHICLE CONTAINS REISSUED VIN
W = FLOOD VEHICLE
X = IS/WAS A TAXI

REGISTERED OWNER(S)

SERENITY HEART
TRANSPORTATION LLC
8699 WEST CHESTER PIKE
UPPER DARBY PA 19082

Commonwealth of Pennsylvania
Department of Transportation

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee.

FIRST LIEN RELEASED _____ DATE

BY _____ AUTHORIZED REPRESENTATIVE

SECOND LIEN RELEASED _____ DATE

BY _____ AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

SERENITY HEART
TRANSPORTATION LLC
8699 WEST CHESTER PIKE
UPPER DARBY PA 19082

pennsylvania
DEPARTMENT OF TRANSPORTATION

I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle.

MICHAEL B. CARROLL
Secretary of Transportation

D. APPLICATION FOR TITLE AND LIEN INFORMATION

SUBSCRIBED AND SWORN TO BEFORE ME. MO DAY YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

STAMP OR SEAL

SIGN IN PRESENCE OF A NOTARY

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the encumbrances and other legal claims set forth herein.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

SIGNATURE OF CO-APPLICANT/TITLE OR AUTHORIZED AGENT

TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED.

If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (on death of one owner, title goes to surviving owner) CHECK HERE ☐. Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to his/her heirs or estate).

IF NO LIEN, CHECK ☐ IS THIS AN ELT? (IF YES, FIN REQUIRED) YES ☐ NO ☐

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER:

1ST LIENHOLDER NAME

STREET

CITY STATE ZIP

IF NO 2ND LIEN, CHECK ☐ IS THIS AN ELT? (IF YES, FIN REQUIRED) YES ☐ NO ☐

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER

2ND LIENHOLDER NAME

STREET

CITY STATE ZIP

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

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STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE