

## 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)

Ibrahim Y Elbasheer

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- 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)

Ibrahim Elbasheer

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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** 15037906

(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).**

Ibrahim Elbasheer  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Physical Address** (do not use PO Box)

154 W Penn St, Unit A  
\_\_\_\_\_  
Street Address  
Carlisle, PA 17013  
\_\_\_\_\_  
City, State and Zip Code  
(410)831-1446  
\_\_\_\_\_  
Telephone Number  
Cumberland  
\_\_\_\_\_  
County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

7. **Mailing Address** (if different from Physical Address)

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

\_\_\_\_\_  
Attorney's Name & Telephone Number for this Filing  
\_\_\_\_\_  
Attorney's 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).

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Inter States NEMT, LLC bridges the gap in healthcare access with safe, reliable Non-Emergency Medical Transportation. We specialize in serving qualified passengers—including the elderly, disabled, and medically needy—who cannot use standard transportation. Our dedicated service ensures individuals arrive promptly and comfortably for vital healthcare appointments, therapies, and treatments. By removing transportation barriers, we promote consistent medical care and greater independence.

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*Examples:*

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

**11. Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

## Verification of Application


I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Ibrahim Elbasheer

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(Print Name)



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(Signature)

2/15/2026

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

# VERIFIED STATEMENT OF APPLICANT

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

Ibrahim Elbasheer

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Legal Name of Applicant

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Trade Name, if any

154 W Penn St, Unit A,

Carlise,

PA

17013

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Street Address (principal place of business)

City or Municipality

State

Zip Code

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

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

President: Ibrahim Elbasheer

Address: 154 W Penn St, Unit A, Carlisle, PA  
17013

Phone number: 4108311446

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

Owner: Ibrahim Elbasheer

Address: 154 W Penn St, Unit A, Carlisle, PA  
17013

Phone number: 4108311446

3. 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 will begin operations with two vehicles that are equipped, registered, inspected by the Pennsylvania Department of Transportation, and insured. Communication with clients, passengers, drivers, and official entities will be conducted through the company's dedicated phone number 4106992232, via social media, and through the company's email interstatesnemt@gmail.com. Meetings will be held at the address indicated. A dedicated company phone device is used for communication. Bookings and correspondence are also managed using a laptop dedicated to the company's work. The company also intends to expand its operations to multiple locations across the state to provide its service to the largest number of the state's citizens.

4. 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 will start with two drivers, and on-call driver for emergency.

- a. Hiring standards: CPR certification through the Red Cross, PASS (Passenger Assistance Safety and Sensitivity) training, and wheelchair securement training .
- b. Background checks: We will utilize a trusted Pennsylvania-approved system to conduct comprehensive criminal background checks on all applicants .
- c. Driver training: Defensive driving training through AAA, plus ongoing safety education .
- d. License checks: Regular driving record reviews through the Pennsylvania DMV to maintain clean histories .
- e. Drug/alcohol policy: Absolutely no alcohol or drug use permitted, with pre-employment and random testing.

5. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SEATING CAPACITY*</b>	<b>VEHICLE ID #</b>	<b>MILEAGE</b>
2011	Toyota	Sienna	7	5TDKA3DC9BS003619	242000
2012	Toyota	Prius V	5	JTDZN3EU2C3134310	211000

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

6. 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).

Our vehicle safety program prioritizes passenger well-being. We adhere to a strict periodic maintenance plan, including oil changes, tire rotations, and brake inspections at manufacturer-recommended intervals. All services will be documented. To ensure continuous compliance with Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175), we conduct daily pre-trip inspections and annual state inspections, immediately addressing any issues to guarantee safety and regulatory adherence.

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

We have studied insurance quotes from multiple providers to confirm availability and affordability. Our financial projections demonstrate we can comfortably pay the required premiums.


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      X   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.

  
\_\_\_\_\_  
(Signature)  
President: Ibrahim Elbasheer  
\_\_\_\_\_  
(Name and Title, printed or typed)

2/15/2026  
\_\_\_\_\_  
(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) \_\_\_\_\_**

ASSETS

Current Assets		
Cash	6,150	
Other Current Assets (specify)	0	
Total Current Assets		6,150
Tangible Assets		
Motor Vehicle Equipment	10,300	
Property (buildings, land, etc.)	1,440	11,740
Office Equipment		
TOTAL ASSETS		17,890

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	4,900	
Other Liabilities (Attach schedule)		
Total Current Liabilities		4,900
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	0
Total Long-Term Liabilities		0
TOTAL LIABILITIES		4,900



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**CERTIFICATE OF ORGANIZATION -**  
**LIMITED LIABILITY COMPANY**  
 Fee: \$125

Pennsylvania Department of State

**-FILED-**

File #: 0015037906  
 Date Filed: 12/29/2025

**DSCB:15-8821 (rev. 2/2017)**

In compliance with the requirements of [15 Pa.C.S. § 8821](#) relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

Limited Liability Company Type Filing type <span style="float: right;">Domestic Limited Liability Company</span> Limited liability company subtype <span style="float: right;">Limited Liability Company</span>	
Limited Liability Company Name Entity name <span style="float: right;">Inter States NEMT, LLC</span>	
Effective Date The filing shall be effective when filed with the Department of State	
Registered Office The address of this limited liability company's proposed registered office in this Commonwealth is 154 W PENN ST UNIT A CARLISLE, PA 17013-2331 CUMBERLAND	
Organizers	
Name of individual or organization	Address
Ibrahim Y Elbasheer	154 W PENN ST UNIT A CARLISLE, PA 17013-2331
Additional provisions, if any Additional provisions	
<input type="checkbox"/> I qualify for a veteran/reservist-owned small business fee exemption (see help)	
Electronic Signature IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.	
<i>Ibrahim Elbasheer</i> Ibrahim Y Elbasheer	12/29/2025 Date

B0977-5916 12/29/2025 4:16 PM Received by Pennsylvania Department of State



**Department of the Treasury  
Internal Revenue Service  
1973 Rulon White Blvd  
Ogden, UT, 84401**

In reply refer to: 0443622929  
2/4/2026 LTR 147C

INTER STATES NEMT  
% IBRAHIM Y ELBASHEER SOLE MBR

154 W PENN ST UNIT A  
CARLISLE, PA 17013-2331-540

Employer Identification Number: 41-3290710

Dear Taxpayer:

Thank you for your inquiry of 2/4/2026.

Your Employer Identification Number (EIN) is 41-3290710.  
Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,  
MS COOK  
1004267486  
CSR



**MEMBERS 1<sup>st</sup>**  
FEDERAL CREDIT UNION

February 13, 2026

To Whom It May Concern,

I am writing to inform you that Ibrahim Elbasheer opened a business savings and checking account with M1st on 02/12/2026 under the name Inter States NEMT LLC.

Please let us know if you need any additional information.

Sincerely,

A handwritten signature in cursive script that reads "Amber Sloan".

Amber Sloan  
Member Service Representative  
Members 1st FCU



PO BOX 8893 | CAMP HILL, PA 17001 | (800) 283-2328 | MEMBERS1ST.ORG



**MEMBERS 1<sup>st</sup>**  
FEDERAL CREDIT UNION

## Change Payroll Direct Deposit

To make your switching experience easier, please give this form to the company that processes your direct deposit (payroll, pension, Social Security Administration). Your processor may require additional forms to be completed. Please make copies as needed.

To:

Employee/Depositor's Name

Address

City, State, Zip

To Whom It May Concern:

You are currently depositing my ENTIRE PAYCHECK / PART OF MY PAYCHECK (circle one) to the following account:

Old Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account #: \_\_\_\_\_

Please stop making deposits to that account and instead make them to:

Members 1st Federal Credit Union  
5000 Marketplace Way  
Enola PA 17025

(800) 283-2328

Routing Number:

Savings

Account #:

Checking

HSA

If you have any questions, please contact me at 410-831-1446.

Thank you.

Signature/Date

Name/ INTER STATES NEMT LLC

Address: 154 W PENN STREET UNIT A  
CARLISLE PA 17013

Other information Your Depositor May Need



Ibrahim Elbasheer  
154 W Penn St  
# A  
Carlisle PA 17013

Thanks for saving with Capital One 360®

Here's your **January 2026** bank statement.

STATEMENT PERIOD  
Jan 1 - Jan 31, 2026

# \$6,158.15

TOTAL ENDING BALANCE  
IN ALL ACCOUNTS

## Account Summary

ACCOUNT NAME	Jan 1	Jan 31
<b>360 Checking...</b>	\$0.05	<b>\$6,158.15</b>
<b>All Accounts</b>	\$0.05	<b>\$6,158.15</b>

## Cashflow Summary

**+ \$0.10** INTEREST EARNED THIS PERIOD

## 360 Checking -

0.10%

ANNUAL PERCENTAGE YIELD (APY) EARNED

**\$0.10**

YTD INTEREST AND BONUSES

31

DAYS IN STATEMENT CYCLE

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
<b>Jan 1</b>	<b>Opening Balance</b>			<b>\$0.05</b>
Jan 26	Deposit from BROWN UNIVERSITY BROWN UNIV	Credit	<b>+ \$6,158.00</b>	\$6,158.05
Jan 31	Monthly Interest Paid	Credit	<b>+ \$0.10</b>	\$6,158.15
<b>Jan 31</b>	<b>Closing Balance</b>			<b>\$6,158.15</b>

**Note:** The last four digits of your external accounts may not match your actual account numbers. This is because some banks may issue a virtual or tokenized number for security. To learn more about tokenized account numbers, contact your external bank.

## If anything in your statement looks incorrect, please let us know immediately.

In case of error or questions about your electronic transfers, we can be reached by telephone at 1-888-464-0727, or mail at P.O. Box 85123, Richmond, VA 23285. Or, log in to your account at [capitalone.com](https://capitalone.com) and click on the transaction. If you think your statement or receipt is wrong or if you need more information about a transfer listed on your statement or receipt, you must let us know within 60 days after we sent you the FIRST statement on which the error appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about, and provide an explanation of why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.