

**Howard Med-Trans LLC**

128 Parkview Road  
Cheltenham, PA 19012  
(215) 970-1533  
howardmedtrans@yahoo.com

Date: 02/25/26

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

**Re:** Application of Howard Med-Trans LLC

**Docket No.: A-2026-3060618**

**Request to Amend Application**

Dear Secretary Homsher:

Howard Med-Trans LLC respectfully requests to amend its pending Application for Motor Common Carrier of Persons upon Call or Demand (Taxi Service) at the above-referenced docket.

After discussion with Bureau of Technical Utility Services staff, the applicant seeks to amend the application to request **Motor Common Carrier of Persons — Paratransit Authority** in order to accurately reflect the company's intended prearranged, non-emergency medical transportation operations utilizing wheelchair-accessible vehicles.

The applicant respectfully requests that the Commission accept this amendment in lieu of requiring withdrawal and refile, as the requested authority more appropriately aligns with the proposed service model.

Howard Med-Trans LLC will file an updated application form and supporting verified statement reflecting Paratransit service consistent with Commission guidance.

Thank you for your consideration.

Respectfully submitted,

Jaime Howard  
Managing Member  
Howard Med-Trans LLC

## 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)

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 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** 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 than mailing address. Do not use a post office box.)

Same as mailing address  
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?**

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 prearranged, non-exclusive, non-emergency transportation, including individuals with disabilities, seniors, and other mobility-limited passengers, utilizing wheelchair-accessible and ambulatory vehicles, between points in Philadelphia County and Delaware County, Pennsylvania, and to medical or related appointments within or outside those counties when such trips originate or terminate within the authorized service area.

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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.

Jaime Howard — CEO and Managing Member of Howard Med-Trans LLC

(Print Name)

  
(Signature)

02/25/26

(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).

# 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 (CEO) -  
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 using secure electronic scheduling software, 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:
- Your hiring standards for drivers;
  - Your system for conducting criminal background checks;
  - Your driver training program;
  - Your system for conducting driver license checks;
  - 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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
Initially, the applicant intends to operate one wheelchair-accessible Chrysler Pacifica Touring L vehicle equipped with compliant ramp entry and wheelchair securement systems. The vehicle's seating capacity will remain within the limits permitted for paratransit service. Additional vehicles may be added incrementally as service demand increases.					

\*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:
- 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).

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. Preventive maintenance inspections will be performed at regular intervals, and all maintenance and repair activities will be documented and retained in vehicle maintenance files. Wheelchair securement equipment and ramp 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 paratransit operations is available and financially sustainable. The applicant 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.

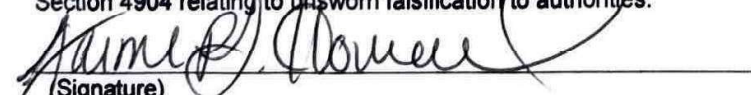
YES       NO

In 2007, I entered a plea agreement to a misdemeanor assault charge. This was an isolated incident that occurred more than fifteen years ago and did not involve transportation, passengers, controlled substances, fraud, or any conduct related to the proposed service. Since that time, I have maintained a law-abiding record and have met all background and fitness requirements for provider enrollment with the Pennsylvania Department of Human Services. I understand the responsibilities associated with holding motor carrier authority and am 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)

02/25/26  
 \_\_\_\_\_  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 02/25/26**  
**(Must be less than 6 months old)**

**ASSETS**

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

**LIABILITIES**

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

The applicant maintains sufficient financial resources to support the safe startup and operation of the proposed transportation service and will maintain adequate working capital to ensure ongoing compliance with Commission requirements.

## **\*\*\*Additional pages to provide answer to question #5 of the Verified Statement of Application, due to limited space in that section of the application\*\*\***

Howard Med-Trans LLC will initially hire 2 drivers to operate 1 vehicle. Within 30-60 days following the start date of operations, an additional 1-2 vans will be purchased, and an additional 2-4 drivers will be hired, to ensure adequate coverage for service territories.

5A & 5D) All drivers must meet the following employment eligibility requirements, to be considered for employment with Howard Med-Trans LLC:

1. Must be 21 years of age or older.
2. Must be able to pass a pre-employment drug screening, Motor Vehicle Report (MVR) screening, and a criminal background check
3. Must be able to read, write, and speak English.
4. Must be able to lift objects between 50-100 pounds.
5. Must adhere to all company policies and procedures.
6. Must have a current, valid, Pennsylvania driver's license (at all times of employment).
7. Must have been licensed for at least 2 years.
8. Must not have had any prior driver's license suspensions.

In addition to the employment eligibility requirements above, Howard Med-Trans LLC requires all drivers to have a clean driving record, with no prior suspension. Before extending an employment offer, Howard Med-Trans LLC will obtain and review a driver history report from the appropriate agency of every state in which that person held a motor vehicle operator's license, or permit, during the preceding 3 years. Following receipt of the initial driver history report, and after review, approval, and offer of employment, Howard Med-Trans LLC will obtain a driver history for each driver operating under its authority, from the appropriate agency of the state in which the driver held an operator's license, at least once every 12 months from the date of the last report. A copy of the driver history shall be maintained by Howard Med Trans LLC for at least 2 years.

5B) Howard Med-Trans LLC requires a criminal history record for every driver. Before extending an employment offer, Howard Med-Trans LLC will obtain and review a criminal history record from the Pennsylvania State Police, and every other state in which the person resided for the last 12 months. Following receipt of the initial criminal history record, and after review, approval, and offer of employment, Howard Med-Trans LLC will obtain and review a criminal history record for each driver operating under its authority, from the Pennsylvania State Police, every 2 years from the date of the last criminal history check. Additionally, a copy of the criminal history shall be maintained by Howard Med-Trans LLC for at least 3 years. Persons convicted of a felony or a misdemeanor under the laws of the Commonwealth, or under the laws of another jurisdiction, to the extent the conviction relates adversely to that person's suitability to provide services safely and legally, are ineligible for employment by Howard Med-Trans LLC.

5C) Howard Med-Trans LLC requires all drivers to complete Passenger Assistance Safety & Sensitivity (PASS) training, including wheelchair securement training, through the Community Transportation Association of America (CTAA), and pass the post-training certification exam, before performing any driver duties and/or operating any Howard Med-Trans LLC company vehicles, and to retain employment with Howard Med-trans LLC. Additionally, all drivers must complete CPR training and certification, through the American Red Cross organization, before performing any driver duties and/or operating any

Howard Med-Trans LLC company vehicles and to retain employment with Howard Med-trans LLC. Drivers are required to complete Recertification for both PASS and CPR training every 2 years. Howard med-Trans LLC will maintain copies of driver PASS and CPR certifications, and recertifications, during the entire time of employment.

5E) Before an offer of employment is extended by Howard Med-Trans LLC, all drivers and non-driver administrative staff must pass pre-employment drug testing. Additionally, all employees must agree to and pass annual drug testing, to retain employment with Howard Med-Trans LLC. Howard Med-trans LLC will maintain copies of drug screening results for the entire time of employment. Howard Med-Trans LLC prohibits all employees, including drivers and non-driver administrative staff, from using alcohol or controlled substances, being under the influence of alcohol or controlled substances, or having any measured alcohol or controlled substance concentration, or detected presence of alcohol, or controlled substance(s), while operating any Howard Med-Trans LLC company vehicle(s), and/or at any time while on/in company property, and/or during any time while acting on behalf of, or under the authority of, Howard Med-Trans LLC. Failure to comply with this policy will result in immediate termination.