

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)

Diamond State Advisory 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 3611046

(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).**

Emmanuel Nyarko	Nana Otchere-Addo
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

148 West State Street, suite 105
Street Address

Kennett Square, PA 19342	Chester
City, State and Zip Code	County
3028980208	notchereaddo@assistinghands.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).

To transport the elderly and impaired population from Kennett Square and Chester county to healthcare facilities in PA and return.

Examples:

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

11. Certification:

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

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

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

Verification of Application

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

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

Nana Otchere-Addo

(Print Name)



2/19/2026

(Signature)

(Date)

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

VERIFIED STATEMENT OF APPLICANT

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

Diamond State Advisory LLC

Legal Name of Applicant			
Trade Name, if any			
148 West State Street, Suite 105	Kennett Square	PA	19348
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.

Nana Otchere-Addo, Manager

148 West State Street suite 105
Kennett Square 19348

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

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.

In our organization we bring a wealth of relevant business experience, particularly in the operation of transportation services. Our experience comes from home health care. We have worked with diverse populations, understanding their specific transportation needs and tailoring services accordingly. Management has experience with owning a shuttles and car rental company (Premier Rentals) for 4 years.

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.

Our transportation service will operate from a centralized office in Kennett Square, PA. Our office is equipped essential office machines such as computers, printer, and communication devices, alongside secure parking and storage facilities for our vehicles, ensuring safe handling of household goods when necessary. We have established a thorough record maintenance plan to adhere to Pennsylvania Public Utility Commission (PUC) requirements, utilizing a digital system to track transportation operations, vehicle maintenance, driver qualifications, an customer interactions efficiently Our communication network will enable customers to request services via a dedicated phone line, mobile app, or website, with our dispatch team using transportation management software to assign vehicles and optimize routes. We will maintain continuous communication with drivers through GPS-enabled devices for real-time tracking and a dedicated line for reporting issues, ensuring seamless separations and a commitment to customer satisfaction.

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;**
Our hiring standards will require a valid driver's license, a clean driving record, 21 years and older, comprehensive criminal record check.
- b. **Your system for conducting criminal background checks;**
The system for conducting criminal background checks will be facilitated by Allied Screening which is approved by the Federal Motor Carrier Safety Administration in the United States.
- c. **Your driver training program;**
Drivers will be subjected to complete Pennsylvania Drivers Ed Online.
- d. **Your system for conducting driver license checks;**
Through the use of Allied Screening we will conduct driver license checks.
- e. **Your policies regarding alcohol and drug use by your drivers.**
Zero tolerance to drivers that use alcohol and drugs whiles driving. Immediate termination to drivers found guilty of committing this action.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2020	Honda	CRV	5	7FART6H93LE015431	80,000
2022	Acura	MDX	5	5J8YE1H85NL028369	70,000

*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).

a. We will implement a periodic vehicle maintenance plan that schedules regular inspections, servicing, and repairs to keep all vehicles in optimal working condition, adhering to manufacturer recommendations and safety standards.

b. Our system for compliance with Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175) will include routine audits and inspection by qualified maintenance personnel who will verify that all vehicles meet or exceed state requirements.

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

To assess our ability to obtain insurance and pay the required premiums, we have engaged with multiple insurance providers to gather quotes and ensure coverage options are aligned with our business operations. This process has included analyzing our projected revenue and expenses to allocate funds appropriately.

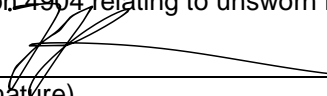
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ 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.



(Signature)
Nana Otchere-Addo, Manager

(Name and Title, printed or typed)

2/19/2026

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 2/19/2026
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$20,000.00	
Other Current Assets (specify)	\$0.00	
Total Current Assets		\$20,000.00
Tangible Assets		
Motor Vehicle Equipment	\$30,000.00	
Property (buildings, land, etc.)	\$0.00	\$30,000.00
Office Equipment		
TOTAL ASSETS		\$50,000.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0.00	
Credit cards/revolving credit	\$4000.00	
Other Liabilities (Attach schedule)	\$0.00	
Total Current Liabilities		\$4000.00
Long Term Liabilities (Due after one year of date)		
Mortgage	\$0.00	
Long term commercial loan	\$0.00	
Other Liabilities (Attach Schedule)	\$0.00	
Total Long-Term Liabilities		\$0.00
TOTAL LIABILITIES		\$4000.00