

## 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)

PND NON EMERGENCY MEDICAL TRANSPORTATION, INC

- 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)

PND TRANSPORT

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?** YES NO **Previous Authority?** \_\_\_ NO

**If YES, at PUC No. A-** 6425008

4. **Are you a business entity registered with the PA Dept. of State?** YES NO  
If NO, you must register (see checklist on how to register)

**If YES, provide your PA Corporation Bureau Entity ID Number** 7407287  
(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).

PATIENCE L MORIARTY  
NATT E. MILLER  
DANIEL MORIARTY

6. Mailing Address

181 ROBBINS AVENUE. APT. K-4  
Street Address  
PENNDL PA 19047 Bucks  
City, State and Zip Code County  
267-797-4505 pndnemttransport@gmail.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).

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To transport people who are medically incapable and ineligible to drive due to medical conditions. Transport people for their medical appointment to and from (if applicable) in Delaware County, Montgomery County and Chester County 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.

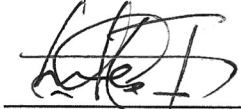
## Verification of Application

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.

Patience L. Momal

(Print Name)



(Signature)

1.14.26.

(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.

PMD Non Emergency Medical Transportation, Inc  
Legal Name of Applicant

PMD TRANSPORT  
Trade Name, if any

<u>181 Robbins Ave. K-4</u> Street Address (principal place of business)	<u>Penn del</u> City or Municipality	<u>PA</u> State	<u>19047</u> 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.

Patience L. Momah - CEO  
181 Robbins Ave. K-4 Penn del, PA 19047  
267-797-4505

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

None

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.

We have been running this business for 3 years now, so ~~we~~ we have a wealth of experience in the industry.



## Verified Statements of Applicant

~~3. → we no longer have a 6th~~

Business experience- Affiliate with Bility Transport LLC. CEO Nuhu Bility.

Area of Operation: in PA and DE.

Length of operation: 4 years

Co-owner and officer in PND Non-Emergency Medical Transportation, Inc. has work experience as a Certified Nursing Assistant. (Please see attached resume).

As a Human Resource Professional my responsibilities will be to monitor regulatory compliance matters for all aspects of PND Non-Emergency Medical Transportation, Inc.

**4.**

Our facility is in Bucks County, Penndel Borough, precisely. 181 Robbins Ave. K-4. Penndel, PA 19047. Penndel is a safe community. It is both residential and commercial.

Record Keeping- Google docs and Excel will be our major tools for record keeping. For Paper records, a lockable cabinet will be used to store them safely and privately in compliance with HIPAA policy.

### Record Maintenance

Our record retention policy- documents will be kept for 7 years, after which they will be shredded.

Communication Network- we intend to use transportation brokers like Modivcare and others to receive customers' requests for transportation. Drivers, on the other hand, will be communicated to via email, text, and a call.

Formulas and dispatch control will ensure that pick ups will be both reliable and on a timely basis. The devised formulas and availability of our drivers will be communicated by company dispatch. Drivers will not be allocated for client pick ups when they are not available based on stringent dispatch controls. Dispatch will immediately communicate to the rider referral source either confirming a pick up or declining a pick up so that another paratransit service can be called.

**5.**

We will have two drivers (the owners of the business). As we expand and the need for more drivers arises, we will do the following:

our Hiring Standards

Run a pre-trip drive where backing exercises, and road tests will be done to evaluate the driver's skills.

A full day training session, where drivers will be oriented on our kind of transportation service as it differs from other forms of transportation.

CPR and 1st Aid training will be done so that drivers are prepared for the unforeseen. CPR and 1st Aid training will be a continuous education program that will be required from every driver, yearly. Training

will be provided by a certified training institution. Training on Vehicle maintenance will be provided, so that drivers are knowledgeable in that area.

Before hiring a driver, a proper criminal background check will be done via 'Pennsylvania Access To Criminal History'. Also, a driving record will be obtained from the DMV Driving Records to check for any DUIs, traffic tickets, fines, etc.

One key factor for hiring will also be the experience of the driver. People's lives are entrusted to these drivers, it is therefore incumbent on us to hire driver who are experienced.

A person with a record of various road violations in a period of three years, may not be considered for the job. Drivers with violations like reckless driving, driving under influence of alcohol or drugs and excessive speeding tickets will not be considered for hire.

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.

We have insurance - COI 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.

  
\_\_\_\_\_  
(Signature)

Patience L. Moma  
\_\_\_\_\_  
(Name and Title, printed or typed)

1.14.26  
\_\_\_\_\_  
(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) \_\_\_\_\_**  
**(Must be less than 6 months old)**

ASSETS

Current Assets			
Cash		\$10,000	
Other Current Assets (specify)		\$5,000	
Total Current Assets			<u>15,000</u>
Tangible Assets			
Motor Vehicle Equipment		108,600	
Property (buildings, land, etc.)		775	109,375
Office Equipment			
	TOTAL ASSETS		<u>124,375</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		—	
Credit cards/revolving credit		9,000	
Other Liabilities (Attach schedule)		<del>9,000</del> —	
Total Current Liabilities			<u>9,000</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		—	
Long term commercial loan (vehicle)		17,000	
Other Liabilities (Attach Schedule)		—	
Total Long-Term Liabilities			<u>17,000</u>
	TOTAL LIABILITIES		<u>26,000</u>

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