

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)

Motion Medical Transport 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 33-3599525

(See checklist and indicate type of business entity registered)

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5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Allante Piner	Member
Blair Biggs	Member
Christen Woods	Member

6. **Mailing Address**

5830 Beaumont Street
Street Address

Phila, Pa., 19143 Philadelphia
City, State and Zip Code County

267-235-6414 allante.piner58@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.)

N/A
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).
-

Motion Medical Transport LLC will provide and deliver non-emergency medical transportation services in Philadelphia PA and surrounding areas within PA.

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.

Allante Piner

(Print Name)



(Signature) 2/26/2026

(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.

Motion Medical Transport LLC

Legal Name of Applicant

Trade Name, if any

5830 Beaumont street

Philadelphia

Pa

19143

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.

Allante Piner
Founder, CEO
5830 Beaumont Street
267-235-6414

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

Motion Medical Transport LLC is not affiliated with any other carriers.

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.

I don't have experience with transportation services however, I've been trained and acquired my passenger assistance safety and sensitivity certification, my certified transport specialist certification, and my non-emergency medical transportation safety and defensive driving certification. Also, I've work as an occupational therapist assistant for fifth teen years and I understand patient/client care also, how to operate wheelchairs and securements etc.

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 office is located at 5830 Beaumont avenue. Initially, we will operate a in-home office and expand accordingly. All work records will be filed and housed in our office. We will be utilizing cell phones and computers to communicate at our location. We will utilizing NEMT dispatching software for scheduling and tracking vehicle routes. Our website will allow clients to schedule rides accordingly as well as office calls to book trips. No house hold goods will be transported or stored. Only passengers.

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.

I will be the first driver and we will scale accordingly as the demand and opportunity in our area increases. 1-10+ drivers over a course of time.

- a. Screening interview, employment application, job description, structured interview job offer, safety verifications process, reference verification and SSN identification
- b. We will utilizing a company called occuscreen for criminal background checks
- c. Defensive driving, certified stretcher and wheelchair securement trainings
- d. MVR (motor vehicle report) checks for each driver to verify driver license and history.
- e. Zero tolerance, will lead to instant termination

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>
2026	Chrysler	voyager	4-5	2C4RC1CG8TR198009	88
2017	Ford	Transit T-350	6-8	1FDZX2XM3HKB28090	62,643

*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. All vehicles will be under vehicle maintenance plan and will be checked every 5000 miles for A inspection and every 10,000 miles for a B inspection.

b. We will be using the PA inspection criteria to ensure all vehicles comply with all PA requirements. Inspections will be completed by Rich's Automotive Sales & Services.

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

Currently working with a insurance broker to cover all insurance needs for the business. We have obtained a quote from CRC Insurance Services. Waiting for other quotes to come in.


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)
 Allante Piner Founder, CEO
 (Name and Title, printed or typed)

2/26/2026

(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)	n/a	
Total Current Assets		\$10,000
Tangible Assets		
Motor Vehicle Equipment	\$7,000	
Property (buildings, land, etc.)	\$450,000 real estate	
Office Equipment		
TOTAL ASSETS		\$457,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	n/a	
Credit cards/revolving credit	\$15,000	
Other Liabilities (Attach schedule)		
Total Current Liabilities		\$15,000
Long Term Liabilities (Due after one year of date)		
Mortgage	\$130,000	
Long term commercial loan	n/a	
Other Liabilities (Attach Schedule)	n/a	
Total Long-Term Liabilities		\$145,000
TOTAL LIABILITIES		\$145,000