

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

JAN 21 2026

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**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)

Star Medical Transportation Company

- 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 License #
(See checklist and indicate type of business entity registered)



Entity ID #7473345-AEL-3/5/26

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

Naeem Haider _____

6. **Mailing Address**

206 Woodlawn Ave.
Street Address

Willow Grove 19090 Montgomery
City, State and Zip Code County

917-353-2458
Telephone Number

starmedicaltransportation2026@gmail.com
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. _____

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10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

Providing non-emergency medical transportation in Montgomery county.

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.

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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.

Naeem Haider
(Print Name)

Naeem Haider 1/17/2026
(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).

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VERIFIED STATEMENT OF APPLICANTPA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Star Medical Transportation Company
Legal Name of Applicant

Trade Name, if any

206 Woodlawn ave Willow Grove PA 19090
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.

Naeem Haider

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

Owner

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.

Currently, I am working with a Para-transit company. I have over 15 years of working in the transportation sector. I worked with Aero Medical transport since 2018 as a manager and I am able to handle the business. Prior to this company I was the owner of an Limoswine company called Award Limo. I am very knowledgable about the operations and dealing of a transportation service.

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 main office will be at 266 Woodlawn address. This location will be used for vehicles and other office needs. We will keep physical and well as electronic records. ~~Most~~ Most records will be kept in a secure drive electronically. For communication we will provide a phone to each driver. All vehicles will be equipped with in house Application to track the services.

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.

We expect to hire 5 drivers initially, our goal is to start small and provide the best services we can. We will check driver records to ensure we are hiring safe drivers. We will do a Pre-Screening which includes Previous drug / Alcohol violation verification employment verification, national and county criminal background checks. Drivers will have a 2-4 week training period. We will not hire any drivers who use drugs or Alcohol.

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
2021	Honda	HRV	5	3CZR06H55	136,900
				MM71866	

*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).

To comply with 67 Pa. Code, Chapter 175 I will ensure my vehicles are properly maintained and meets all PA safety equipment requirements. The vehicles will be inspected at official PennDOT stations within the required time period. On a regular basis the drivers will check to make sure breaks, lights, windshield, exhaust system, steering, and safety components are safe and in working condition.

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

I have spoken with different insurance companies and received quotes of commercial insurance that meets the requirements of PUC and PA State.

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.

Neer Haider
 (Signature)
Neer Haider
 (Name and Title, printed or typed)

1/17/2026
 (Date)

DATE OF DEPOSIT

Statement of Financial Position (Balance Sheet)

As of (date) 1/17/2026

(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	<u>20,000</u>	
Other Current Assets (specify)		
Total Current Assets		<u>20,000</u>
Tangible Assets		
Motor Vehicle Equipment	<u>29,500</u>	
Property (buildings, land, etc.)	<u>380,000</u>	
Office Equipment		<u>200</u>
	TOTAL ASSETS	<u><u>429,500</u></u>

LIABILITIES

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

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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).

All vehicles will be maintained every quarter to assure compliance with state policies. We have insurance of our vehicles. We have received quotes for commercial insurance ~~and~~ and will update as needed.

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

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.

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(Signature)

(Date)

(Name and Title, printed or typed)

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**PA PUBLIC UTILITIES COMMISSION
SECRETARIAT BUREAU**

Secretary PA

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JAN 21, 2026

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FROM:

Cherry Taylor
206 Woodlawn Ave
Willow Grove
PA 19080

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JAN 23 2026

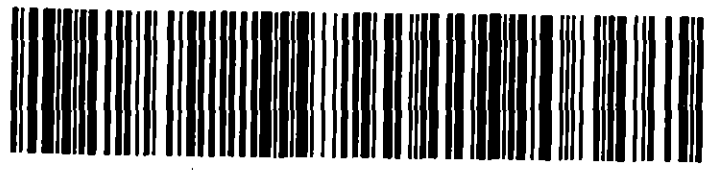
TO:

Secretary of Public
Utility Commission
400 North Street, 2nd
Floor, Harrisburg
PA 17120

PAID TO ORDER OF THE POSTMASTER
AT THE OFFICE OF THE POSTMASTER

EXPECTED DELIVERY DAY: 01/23/26

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