

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

FEB 25 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)

James Thomas Seals jr.

- 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)

MVP Medi cab Service

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 39-4042039

(See checklist and indicate type of business entity registered)

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

•To pick up our clients that reside and live in York county- whose personal convictions Prevent them from operating a vehicle- and transport them to their medical related appointments in York county, Dalphin county, and lancaster county. They will be transported back to their homes when done.

• I would transport the elderly and paraplegic clients

" i would like to service the borough of HANDOVER, RED LION, DALLASTOWN, DOVER, and spring grove. AND if im able to provide service in ADAMS County and CUBERLAND 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.

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.

James T. Seals jr

Legal Name of Applicant

MVP Medi cab Service

Trade Name, if any

253 N Main Street

Manchester

Pa. 17345

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.

I am verifying on behalf of myself for the application

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

I am not with a carrier, nor am I affiliated with anyone

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 January of 2019 I opened up a mobile pressure washing business, washing tractor trailers. I employed licensed drivers to travel to different companies to wash the companies rigs and trailers. It ended in Nov. of 2022

- In 2022 I worked with a friend - for 6 months - delivering peoples packages. People that ordered from giant retail stores like Home Depot, Tractor Supply, etc. The app was called Roadie. Its an app like Uber, Instacart and Lyft.

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.

• I will run the business from my place of residency. It is a 3 bedroom, two and a half baths, with finished basement. My office will be in the basement. I have essential office equipment: desk, laptop, fax machine, file cabinet, and printer. My place of residence has a driveway and i can park 4 vehicles. I also have a garage where i can park 2 vehicles in.

- My plan to keep my records will be organized neatly in record boxes and folders the file cabinet, detailing names and companies. I will keep records from the PUC separately in my bedroom in a safe.
- As far as receiving customers request for transportation..my plan is to enroll as a provider with Promise- the states medical agency for medicare and medicaid. *THEY WILL HELP ME WITH FINDING CLIENTS. I WILL ALSO HAND OUT BUSINESS CARDS TO THE SURROUNDING HOSPITALS AND CLINICS.*

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 plan to hire 1 full-time driver in the beginning. I have a relative that's willing to work for me full time. Then as more vehicles and drivers are needed, I believe that 5 full time drivers max is appropriate for the area Im in because I will be operating this business from home.

a. My hiring standards for drivers are; No driving while license is suspended. Most certainly no drinking and driving. Safety will be will be at the forefront of our practice.

b. System for conduct a criminal background check; I will make sure I get written consent from applicant use a reputable Consumer Reporting Agency (CRA) (e.g., GoodHire, Checkr) (continue on next page.)

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
2006	Mitsubishi	Outlander	3	JA4LX41FX6U013966	
					157,971

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

(continue)

c. my driver training program will consist of all employees taking a passenger assistant safety and sensitivity certification course. I will provide HIPAA and fraud waste and abuse (FWA) training. I will also provide training on how to assist passengers with disabilities.

d. my system for conducting driver license checks would be by me using a modern verification system like named Problem Driver Pointer System (PDPS), which is a platform that verifies status, and history of a drivers license in real time.

e. there will be zero tolerance when it comes to drug use on, especially on the job. There will be signs posted in our vehicles. We also will conduct random urine test.

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).

a. Everyday, before our vehicles are used to travel, driver will have to do a pretrip inspection via checklist. Drivers will have to check oil, gas, and liquid levels. They will inspect tires and lights as well.

b. I will have vehicles inspected annually by a certified mechanic

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

•I've reached out to State Farm, Progressive, and All State insurance agencies to get quotes, and explained to them what business I'm planning to open up, and that my license is suspended. I asked could i still get insurance. They said yes, as long as i have licensed drivers i can give to them.

•!Yes, i can pay the premiums. I have savings and i am employed. I also have people willing to fund my business

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.

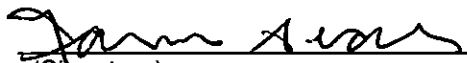
YES NO

- 1999, 2002, 2013 I was convicted of possession with the intent to deliver a controlled substance
- 2023 i was convicted of DUI and Fleeing and eluding. Officer flashed his lights, i was 3/4 a

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)

James T Seals jr. - Owner

 (Name and Title, printed or typed)

2/24/2026

 (Date)

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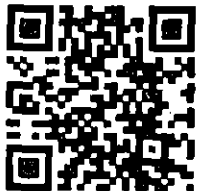
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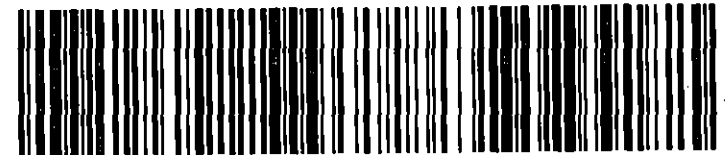
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