



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEystone BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

March 9, 2026

A-6428701
A-2026-3060889

MOTION MEDICAL TRANSPORT LLC
5860 BEAUMONT STREET
PHILADELPHIA PA 19143

RE: Application of Motion Medical Transport LLC

To Whom It May Concern:

On March 5, 2026, the application of Motion Medical Transport LLC, at A-2026-3060889, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website, OR you may submit your filing by mail. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, _____, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are **not** accepted.

Sincerely,

A handwritten signature in cursive script that reads "Matthew L. Homsher".

Matthew L. Homsher
Secretary

Enclosure

Docket No. A-2026-3060889
Motion Medical Transport LLC

Request for Information

- 1.) Please clarify the territory that you are seeking to perform non-emergency medical paratransit service. In your application you stated you intended to service Philadelphia and surrounding areas within PA. All areas that you wish to originate service and terminate service must have clear and defined boundaries that can easily be identified on a map, such as county boundaries. (ex. From points in the counties of X, Y, and Z to points in Pennsylvania, and return, or, between points in the counties of X, Y, and Z)
- 2.) You failed to adequately answer all aspects of question #5 of the Verified Statement of Applicant. **Please review Title 52 Pa Code §29.501-509 Driver Regulations to see what is required of motor carriers.**
 - a. Please explain your hiring standards for drivers; **(Title 52 Pa Code §29.503 – Age Restrictions)**
 - i. Are there any age restrictions?
 - b. Your system for conducting criminal background checks; **(Title 52 Pa Code §29.505 – Criminal History)**
 - i. How often will you conduct criminal background checks?
 - ii. What type of things in their criminal background check would disqualify them from employment?
 - iii. How will you maintain records (record retention) of the criminal background checks performed?
 - c. Your driver training program.
 - i. Will there be any on the road training, or defensive driver training course, as part of your driver training program?
 - d. Your system for conducting driver license/history checks; **(Title 52 Pa Code §29.504 – Driver History)**
 - i. How often will you conduct driver license/history checks?
 - ii. How will you maintain records (record retention) of such checks?
- 3.) Please expand on your periodic maintenance plan.
 - a. What type of preventative maintenance is to be performed on your vehicles, and on what schedule?
 - b. Will there be any pre/post trip inspection completed on your vehicles?
- 4.) Please review the below criteria and submit a revised compliant Statement of Financial Position:

- a. The statement presented must be DATED and comprised of information which is less than 6 months old.
- b. The submission MUST be comprised of information which is accurate as of the date provided.
- c. The information is to be exact and should not include estimates or approximations when accurate numbers are available. Property and vehicle valuations may be approximations, but bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).
- d. All relevant assets and debts are to be included (for example: vehicle loan balances/vehicle asset value, lease expenses, etc.).
- e. The information provided is also to be strictly limited to assets and debts held by the applicant (Motion Medical Transport LLC), and not the individual member(s). Any property and accounts listed must be registered or titled to the corporation. Bank accounts must be in the name of Motion Medical Transport LLC. Vehicles must be registered to Motion Medical Transport LLC. Property must be titled to Motion Medical Transport LLC. If these items are not in the name of Motion Medical Transport LLC, then they should not be included on the balance sheet.

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority.

- f. In order to fully assist the Commission in determining your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration vehicle titles, vehicle registrations, property titles, purchase agreements, etc.
- 5.) You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application.

PLEASE PROVIDED A THOROUGH TYPED RESPONSE TO THESE QUESTIONS ON A SEPARATE SHEET OF PAPER