

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)

ST Favour Medical Transportation and Ambulance

- 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 83-3165284

(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).**

Salome Ayettey	
_____	_____
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

225 Wilmington- West Chester Pike

Street Address

Chadds Ford, PA 19317	Delaware County
_____	_____
City, State and Zip Code	County

302-287-7677	stfavour.mt@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).

To transport people in wheelchair vans from points in Delaware County to points in Philadelphia 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.

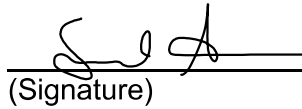
Verification of Application

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.

Salome Ayettey

(Print Name)



(Signature)

02/18/2026

(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.

ST Favour Medical Transportation and Ambulance

Legal Name of Applicant			
Trade Name, if any			
225 Wilmington West Chester Pike	Chadds Ford	PA	19317
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.

My name Salome Ayyetty of ST Favour Healthcare Services LLC, the applicant in this proceeding.

My business address is: 225 Wilmington West Chester Pike Chadds Ford PA, 19317

Telephone Number: 267-694-3669

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

St Favour has no affiliation with any other motor carrier or transportation company.

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.

ST Favour Healthcare Services LLC has substantial experience in the operation of healthcare transportation services. The company is currently licensed and operating in the State of Delaware, where it provides Basic Life Support (BLS) ambulance services and stretcher van transportation to a diverse patient population, including hospital discharges, interfacility transfers, nursing facilities, and medically fragile individuals requiring monitored transport.

The applicant has direct experience overseeing daily transportation operations, including dispatch coordination, scheduling, vehicle deployment, compliance with state regulatory requirements, and supervision of certified medical and transport personnel.

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.

ST Favour Healthcare Services LLC maintains adequate facilities, recordkeeping systems, and a communication network designed to support safe, reliable, and compliant paratransit operations. ST Favour operates from an established administrative office location used for management, dispatch, scheduling, record maintenance, and customer communications. The office is equipped with standard business machines and technology necessary for transportation operations.

Vehicles utilized for paratransit service are housed at a secure designated vehicle storage location when not in service.

ST Favour Healthcare Services LLC maintains all records required by the Pennsylvania Public Utility Commission, and normal business records in an organized and secure manner. Required records are maintained in both electronic and, where appropriate, paper formats. Records are stored securely with access limited to authorized personnel to protect confidentiality and ensure compliance with record retention requirements.

Please see attached form for continued answer.

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.

A. ST Favour Healthcare Services LLC intends to initially employ approximately 6–10 drivers, with the ability to expand staffing as service demand increases. This number of drivers is appropriate for the size of the territory to be served, as it allows for adequate coverage during normal business hours, flexibility to accommodate peak demand, and sufficient staffing to ensure continuity of service during absences, maintenance downtime, or unexpected service needs.

B. ST Favour Healthcare Services LLC conducts criminal background checks on all prospective drivers prior to hire. Background checks are performed in accordance with applicable federal and state laws

C. All drivers receive initial and ongoing training before operating independently. Training includes company policies and procedures, passenger safety, defensive driving techniques, accident and incident reporting, infection control, customer service, and proper assistance of passengers with disabilities or limited mobility.

D. The applicant verifies each driver’s license prior to hire and conducts periodic license checks thereafter to ensure continued validity and compliance. Drivers are required to immediately report any suspension, revocation, or restriction of their driving privileges.

E. ST Favour Healthcare Services LLC maintains a strict zero-tolerance policy regarding alcohol and illegal drug use by drivers. Drivers are prohibited from operating company vehicles while under the influence of alcohol, illegal drugs, or impairing substances. The company complies with applicable federal and state drug and alcohol testing requirements, including pre-employment testing and reasonable suspicion testing. Violations of this policy result in disciplinary action, up to and including 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>
2018	FORD	Transit	7	1FTBW2XM2JKB55747	247735
2017	DODGE	Grand Caravan SXT	4	2C4RDGBG5HR640382	142328

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

ST Favour Healthcare Services LLC plans to initially operate 2–5 vehicles for the provision of paratransit services. This number of vehicles is appropriate to provide reasonable and efficient service within the proposed territory, allowing the applicant to meet anticipated demand while maintaining service reliability and compliance with safety and maintenance requirements.

Statement of Financial Position (Balance Sheet)
As of (date) 02/18/2026
(Must be less than 6 months old)

ASSETS

Current Assets			
Cash	500,000		
Other Current Assets (specify)			
Total Current Assets			
Tangible Assets			
Motor Vehicle Equipment	50,000		
Property (buildings, land, etc.)			
Office Equipment			
TOTAL ASSETS			550,000

LIABILITIES

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

Continued.

4. Customer requests for transportation are received through multiple communication channels, including telephone calls, electronic requests, and coordination with healthcare facilities, social service agencies, and managed transportation organizations. Requests are scheduled and entered into the company's dispatch system by trained administrative staff.

Vehicles are dispatched through a centralized dispatch process using telephone and mobile communication technology. Drivers are provided with trip details prior to and during transport, including pickup locations, destinations, special service needs, and timing requirements.

Continuous communication with drivers is maintained throughout service hours via company-issued or approved mobile phones. This allows for real-time coordination, updates, service changes, and response to emergencies or unforeseen delays, ensuring passenger safety and service reliability at all times.