

Diamond State Advisory LLC  
148 W State Street, Suite 105  
Kennett Square PA 19348  
3028980208  
3/10/2026

Pennsylvania Public Utility Commission  
Common Carrier Applications  
400 North Street  
Harrisburg, PA 17120

Docket Number: A-2026-3060579

Dear Sir/Madam,

I am writing to submit our application for a Motor Common Carrier of Person in Para Transit Services in the Commonwealth of Pennsylvania. We are eager to provide essential transportation services to individuals with disabilities and those requiring special assistance, ensuring their mobility and access to various locations safely and professionally.

Thank you for considering our application. We are hopeful for a favorable response, and are preprepared to comply with any additional requirements. Should you require any further information or clarification regarding our application, please do not hesitate to contact me directly.

Sincerely,



Nana Otchere-Addo

## APPLICATION CHECKLIST

### Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at [www.puc.pa.gov](http://www.puc.pa.gov) ).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

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

**If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2<sup>ND</sup> FLOOR, HARRISBURG, PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps) on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

## General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
  - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
  - Transportation of people to correctional facilities for visitation.
  - Transportation of people in wheelchair and stretcher vans.

***\*Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at [www.nicinsurancefilings.com](http://www.nicinsurancefilings.com) . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- |                        |     |  |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).  |
|                        | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
|                        | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).   |

## 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)

Diamond State Advisory LLC

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- 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)

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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** 3611046

(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).**

Emmanuel Nyarko	Nana Otchere-Addo
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

148 West State Street, suite 105  
Street Address

Kennett Square, PA 19342	Chester
City, State and Zip Code	County
3028980208	notchereaddo@assistinghands.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).
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To transport the elderly and impaired population from Kennett Square and Chester county to healthcare facilities in PA and return.

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*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, Nana Otchere-Addo 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.

Nana Otchere-Addo

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(Print Name)



2/19/2026

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(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).

# 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.

Diamond State Advisory LLC

Legal Name of Applicant			
Trade Name, if any			
148 West State Street, Suite 105	Kennett Square	PA	19348
<b>Street Address (principal place of business)</b>	<b>City or Municipality</b>	<b>State</b>	<b>Zip Code</b>

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.

Nana Otchere-Addo, Manager

148 West State Street suite 105  
Kennett Square 19348

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

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 our organization we bring a wealth of relevant business experience, particularly in the operation of transportation services. Our experience comes from home health care. We have worked with diverse populations, understanding their specific transportation needs and tailoring services accordingly. Management has experience with owning a shuttles and car rental company (Premier Rentals) for 4 years.

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 transportation service will operate from a centralized office in Kennett Square, PA. Our office is equipped essential office machines such as computers, printer, and communication devices, alongside secure parking and storage facilities for our vehicles, ensuring safe handling of household goods when necessary. We have established a thorough record maintenance plan to adhere to Pennsylvania Public Utility Commission (PUC) requirements, utilizing a digital system to track transportation operations, vehicle maintenance, driver qualifications, an customer interactions efficiently Our communication network will enable customers to request services via a dedicated phone line, mobile app, or website, with our dispatch team using transportation management software to assign vehicles and optimize routes. We will maintain continuous communication with drivers through GPS-enabled devices for real-time tracking and a dedicated line for reporting issues, ensuring seamless separations and a commitment to customer satisfaction.

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**

Our hiring standards comply with Title 52 Pa. Code §§29.501–29.503. These regulations apply to drivers operating vehicles with a seating capacity of 15 passengers or fewer, including the driver. All drivers must possess a current and valid driver’s license in accordance with §29.502 and must be at least 21 years of age in accordance with §29.503. Paratransit drivers can be 18–20 years old if:

- They are registered as a Certified Emergency Medical Services Vehicle Operator (EMSVO) with the Pennsylvania Department of Health.
  - They carry proof of EMSVO certification while driving.
  - The carrier verifies the certification and keeps records for 4 years.
  - The carrier must report within 3 days to the Commission if the under-21 driver has: Any accident, A moving violation, Reckless driving, DUI.
- Age and license verification will be conducted prior to hiring and documented in the driver qualification file. These records will be maintained for the duration of employment and retained for 3 years accordance with applicable regulatory requirements.

**b. Your System for Conducting Criminal Background Checks**

In accordance with Title 52 Pa. Code §29.505, our company will obtain and review a criminal history record from the Pennsylvania State Police and from any state where the applicant resided during the previous 12 months before allowing a driver to operate a vehicle in our authorized service. After the initial background check, criminal history checks will be conducted every (2) years. Copies of criminal history records will be maintained for at least three (3) years as required by regulation. Drivers cannot operate if convicted of crimes that make them unsuitable for safe/legal service.

**c. Your Driver Training Program**

All drivers will complete a driver safety and orientation program prior to operating a company vehicle. Training will include safe driving practices, passenger safety procedures, defensive driving, and company policies. Drivers will also complete Pennsylvania Drivers Ed Online training prior to beginning service to ensure familiarity with state traffic laws and safe vehicle operation.

**d. Your System for Conducting Driver License Checks**

Our company will conduct driver license and driving history checks in accordance with Title 52 Pa. Code §29.504. Prior to hiring, we will obtain and review a driver history report from each state in which the applicant held a license during the previous three (3) years. After the initial review, driver history reports will be obtained at least once every twelve (12) months to ensure continued eligibility. Copies of driver history reports will be retained for a minimum of three (3) years as required by regulation

**e. Your Policies Regarding Alcohol and Drug Use by Your Drivers**

Our company maintains a zero-tolerance policy regarding alcohol or illegal drug use while performing job duties or operating a vehicle. Drivers are strictly prohibited from operating a vehicle while under the influence of alcohol or drugs. Any driver found to be in violation of this policy will be immediately removed from service and subject to disciplinary action, including termination, to ensure passenger safety and regulatory compliance.

6. Please state the number of vehicles you plan to use in your business and why that number is

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2020	Honda	CRV	5	7FART6H93LE015431	80,000
2022	Acura	MDX	5	5J8YE1H85NL028369	70,000

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.

\*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. We will implement a periodic vehicle maintenance plan that schedules regular inspections, servicing, and repairs to keep all vehicles in optimal working condition, adhering to manufacturer recommendations and safety standards.
  - b. Our system for compliance with Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175) will include routine audits and inspection by qualified maintenance personnel who will verify that all vehicles meet or exceed state requirements.

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

To assess our ability to obtain insurance and pay the required premiums, we have engaged with multiple insurance providers to gather quotes and ensure coverage options are aligned with our business operations. This process has included analyzing our projected revenue and expenses to allocate funds appropriately.

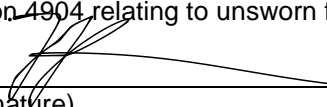
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ 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)  
 Nana Otchere-Addo, Manager  
 \_\_\_\_\_  
 (Name and Title, printed or typed)

2/19/2026  
 \_\_\_\_\_  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 2/19/2026**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$20,000.00	
Other Current Assets (specify)	\$0.00	
Total Current Assets		\$20,000.00
Tangible Assets		
Motor Vehicle Equipment	\$30,000.00	
Property (buildings, land, etc.)	\$0.00	\$30,000.00
Office Equipment		
TOTAL ASSETS		\$50,000.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0.00	
Credit cards/revolving credit	\$4000.00	
Other Liabilities (Attach schedule)	\$0.00	
Total Current Liabilities		\$4000.00
Long Term Liabilities (Due after one year of date)		
Mortgage	\$0.00	
Long term commercial loan	\$0.00	
Other Liabilities (Attach Schedule)	\$0.00	
Total Long-Term Liabilities		\$0.00
TOTAL LIABILITIES		\$4000.00