

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)

You First Transportation Enterprise LLLP

- 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)

none

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)

YES

If YES, provide your PA Corporation Bureau Entity ID Number 0014784260
(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).

Quinzel Tomoney
Shakia T Smith - Fudge

6. Mailing Address

2476 78th AVE
Street Address
Philadelphia Pa 19150 Philadelphia
City, State and Zip Code County

215600 7446 Telephone Number You1transportation@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.)

2476 78th AVE
Street Address
Philadelphia Pa 19150 Philadelphia
City, State and Zip Code County

215600 7446 Telephone Number You1transportation@gmail.com 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).

YOU First Transportation Enterprise LLLP propose to provide safe, reliable, and professional non-emergency medical transportation services for individuals who are unable to use standard transportation due to medical conditions, disability, or age.

"new company not operating"

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.

✓ Quinzel Tomoney
(Print Name)

Q. Tomoney
(Signature)

✓ 3/10/2026
(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.

Quinzel Tomoney

Legal Name of Applicant

Trade Name, if any

2476 78th AVE

Street Address (principal place of business)

Philadelphia Pa 19150

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.

Quinzel Tomoney

2476 78th AVE

Philadelphia Pa 19150

215 600 7446

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.

I have practical experience operating a 12-passenger van for youth events through my previous employer. The experience includes safety training, multiple passengers, adhere to schedules and ensuring the well-being of all occupants during transit. I have no experience operating a commercial transport service. This hands on experience has provided me foundational skills in vehicle operation, passenger safety, and time management.

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.

We will operate from its principal location 2476 78th Ave Phila. Pa 19150, the office will serve as the administrative and dispatch center for the transportation business. The office is equipped with standard office equipment including computers, printers, internet access, and telephones used to schedule trips, maintain records, and manage business. We will maintain all records required by the Pennsylvania Public Utility Commission as well as normal business records. These records include driver information, vehicle maintenance logs, insurance documentation, trip logs, dispatch records, financial records, and other documents required.

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.

Please attached document
Drivers

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
2014	FORD	Transit	10	1FTNS2EW5ED605027	179,000

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

5. Drivers

The applicant initially intends to operate with **two (2) drivers**, which is appropriate for the initial size of the operation and the geographic service area. This number of drivers will allow the company to provide reliable service while maintaining flexibility for scheduled trips and driver availability.

a. Hiring Standards for Drivers

All drivers must possess a valid Pennsylvania driver's license, maintain a clean driving record, and demonstrate the ability to safely operate passenger transportation vehicles. Drivers must also demonstrate professionalism, reliability, and the ability to assist passengers respectfully and safely.

b. Criminal Background Checks

All prospective drivers will undergo criminal background checks prior to employment to ensure passenger safety. Background checks will be conducted through appropriate state and national databases.

c. Driver Training Program

Drivers will receive training on safe vehicle operation, passenger assistance, customer service, emergency procedures, and compliance with transportation safety regulations. Drivers will also receive instruction on assisting passengers with mobility limitations when applicable.

d. Driver License Checks

Driver licenses and driving records will be verified at the time of hiring and periodically thereafter through records maintained by the Pennsylvania Department of Transportation.

e. Alcohol and Drug Policy

The applicant maintains a strict zero-tolerance policy regarding the use of alcohol or illegal drugs by drivers while on duty. Drivers are prohibited from operating any vehicle while under the influence of alcohol or drugs. Any violation of this policy will result in disciplinary action including termination.

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).

We will maintain comprehensive vehicle maintenance and safety program to ensure that all vehicles used in passenger transportation are safe, reliable, and properly maintained. Each vehicle undergoes daily pretrip & post trip inspections conducted by the driver to check critical safety components including brakes, lights, tires, mirrors, steering, windows, seat belts and all safety equipment. We will ensure that all vehicles continuously comply with applicable Pa standards 67 Pa Code

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the Chapter 175 required insurance premiums.

We have contacted commercial insurance providers that specialize in transportation & non emergency passenger services to confirm the availability of required insurance. We understand the insurance requirements established by the Pennsylvania Public Utility Commission has reviewed the estimated insurance premiums for operating a paratransit transportation service.

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.

✓ G. Tomoney
(Signature)

✓ G. Tomoney
(Name and Title, printed or typed)

✓ 3/10/2026
(Date)

Statement of Financial Position (Balance Sheet)
 As of (date) 3/11/2026

ASSETS

Current Assets			
Cash		10,000	
Other Current Assets (specify)		<u>0</u>	.00
Total Current Assets			<u>10,000</u>
Tangible Assets			
Motor Vehicle Equipment			
Property (buildings, land, etc.)		250 ⁰⁰ 1 Van 12,000 ⁰⁰	
Office Equipment		<u>Standard</u>	
	TOTAL ASSETS		

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		0	
Credit cards/revolving credit			
Other Liabilities (Attach schedule)			
Total Current Liabilities			
Long Term Liabilities (Due after one year of date)			
Mortgage		0	
Long term commercial loan		0	
Other Liabilities (Attach Schedule)		0	
Total Long-Term Liabilities			22,250 ⁰⁰
	TOTAL LIABILITIES		