

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)

PrimeCare Transport LLC

- 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)

JAN 14 2026
R/S/SEC

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** 0013957929

(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).**

TARAS BLAZHEICHUK 100 % _____

6. **Mailing Address**

750 HENRY AVE
Street Address

WARMINSTER PA 18974 BUCKS COUNTY
City, State and Zip Code County

(215) 578-0323 towingtbs18@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 X Yes, at No. 4310171

- 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, as a common carrier, by motor vehicle, persons in paratransit service, between points in the Commonwealth of Pennsylvania, with primary service to be provided in Bucks County, Montgomery County, Lancaster County, and the City and County of Philadelphia, and from said areas to other points in Pennsylvania, and return.

Service will be provided on an advance-reservation basis to persons who are elderly, disabled, or otherwise mobility-impaired, including those requiring wheelchair-accessible vehicles. Transportation will be offered for medical appointments, shopping, employment, social and recreational activities, and other personal needs.

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

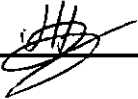
I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

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.

TARAS BLAZHEICHUK

(Print Name)

(Signature)



01/14/2028
(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).

DATE OF DEPOSIT

JAN 14 2028 R/S/SEC

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

PrimeCare Transport LLC

Legal Name of Applicant

Trade Name, if any

750 HENRY AVE

Street Address (principal place of business)

WARMINSTER

City or Municipality

PA

State

18974

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.

N/A

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

N/A

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.

SEE ADDITIONAL PAGE

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.

The company operates from an office in Warminster, Pennsylvania, serving as the administrative and dispatch center. The office is equipped with computers, printers, telephones, and internet access for scheduling, billing, and communication. The vehicle is housed and maintained at a secure location near the office and will be equipped with a dash camera for safety and accountability.

All business and PUC-required records will be maintained electronically and in hard copy, including driver files, vehicle maintenance logs, trip manifests, and insurance documents. Records will be stored securely and retained in accordance with PUC regulations.

Customer trip requests will be received by phone, email, or an online system. Dispatching will be handled from the office using mobile communication and GPS, and the company will maintain continuous communication with drivers to monitor trips and ensure safe, reliable service.

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.

The company will begin operations with two qualified drivers, which is appropriate for the initial service area in Bucks, Montgomery, and Philadelphia Counties. This number will provide adequate coverage for scheduled trips while allowing flexibility to meet customer demand.

All drivers will have a valid Pennsylvania driver's license, a clean driving record, and will pass criminal background and drug tests. Background checks will be completed through the Pennsylvania State Police system before hire. Drivers will receive training in safe vehicle operation, passenger assistance, and disability awareness.

Driver licenses will be verified before hire and checked regularly. The company maintains a zero-tolerance policy for alcohol or drug use—violations will result in immediate removal from service.

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
2015	FORD	TRANSIT	8	001	140,000

*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. My company plans to maintain a preventative maintenance program for its single vehicle that will include daily pre-trip inspections, prompt reporting of any defects, and a scheduled service plan based on mileage and the manufacturer's recommendations. All repairs will be completed by a qualified mechanic. My company will also keep a detailed maintenance record for the vehicle to ensure consistent oversight.

b. (See attachment)

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

My company has contacted insurance providers that specialize in paratransit and passenger carrier coverage to confirm that I can obtain the required insurance for a vehicle carrying 15 passengers or less. I have received preliminary quotes demonstrating that coverage with not less than \$35,000 split liability—\$15,000 per person, \$30,000 per accident for bodily injury, and \$5,000 property damage - can be obtained. The policy will also include the required First-Party Benefits: \$25,000 medical and \$10,000 wage loss, in compliance with 52 Pa. Code §32.11(b) and the Pennsylvania Motor Vehicle Financial Responsibility Law.

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

DATE OF DEPOSIT

01/14/2026
KAW/SEC

PA PUBLIC UTILITIES COMMISSION
SECRETARY'S BUREAU

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)



(Name and Title, printed or typed)

TARS BLAZHEICHUK
OWNER

(Date)

01/14/2026

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$26,568	
Other Current Assets (specify)	<u>\$6,000</u>	
Total Current Assets		<u>\$32,568</u>
Tangible Assets		
Motor Vehicle Equipment	<u>\$18,000</u>	
Property (buildings, land, etc.)	<u> </u>	
Office Equipment	<u> </u>	
TOTAL ASSETS		<u>\$50,568</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit	<u>\$850.00</u>	
Other Liabilities (Attach schedule)	<u> </u>	
Total Current Liabilities		<u>\$850.00</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u> </u>	
Long term commercial loan	<u> </u>	
Other Liabilities (Attach Schedule)	<u> </u>	
Total Long-Term Liabilities		
TOTAL LIABILITIES		<u>\$850.00</u>

ADDITIONAL INFORMATION

Question 3 on page 5.

I hold an Associate of Arts degree in Business Administration from Bucks County Community College, which provided me with foundational knowledge in business management, operations, customer service, and organizational practices applicable to operating a transportation business.

I have successfully completed the American Heart Association Basic Life Support (BLS) program, including CPR and AED training, which prepares me to respond appropriately to medical emergencies and prioritize passenger safety.

In addition, I have completed the Passenger Assistance Safety and Sensitivity (PASS) 8 Basic Online Training Program, including Sensitivity Training, with certification valid from December 26, 2025 through December 26, 2027 (Certificate #1242390564357570). This training has equipped me with the skills necessary to safely assist passengers with disabilities, mobility limitations, and other special needs in a respectful and professional manner.

I am also currently enrolled in an Emergency Vehicle Operator Course (EVOC) to further develop my defensive driving skills, safe vehicle operation techniques, and emergency response procedures.

While I may not yet have extensive hands-on experience operating a transportation service, my education, certifications, and ongoing training provide a strong foundation for the safe, reliable, and compliant operation of a paratransit service, and I am committed to maintaining the highest standards of safety and service.

Question 7 on page 7.

Describe your vehicle safety program. Please include the following in your explanation:

b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

To ensure continuous compliance with 67 Pa. Code, Chapter 175, the vehicle will undergo the required annual Pennsylvania safety inspection, and daily checks will include all Chapter 175 equipment items—such as brakes, tires, lights, mirrors, safety restraints, and other required components. If any part of the vehicle is found to be non-compliant, it will be immediately removed from service until the issue is resolved, ensuring the vehicle remains safe and fully compliant at all times.

The Trustees of
BUCKS COUNTY COMMUNITY COLLEGE
NEWTOWN, PENNSYLVANIA

Upon the recommendation of the faculty
have conferred on

Taras Blazheichuk

the degree of

Associate of Arts: Business Administration

and all the rights and privileges thereunto appertaining.

In witness thereof, they have issued this diploma duly
signed and have affixed the seal of the college.

Issued on this thirty-first day of August,
two thousand twenty five.


CHAIR OF THE BOARD OF TRUSTEES




PRESIDENT OF THE COLLEGE



THIS AWARD FOR EDUCATIONAL ACHIEVEMENT IS PRESENTED ON BEHALF
OF THE COMMUNITY TRANSPORTATION ASSOCIATION OF AMERICA TO:

Taras Blazheichuk

For successful completion of the

PASSENGER ASSISTANCE SAFETY AND SENSITIVITY (PASS) 8 BASIC ONLINE TRAINING PROGRAM

Including Sensitivity Training

Valid December 26, 2025 through December 26, 2027

Certificate #1242390564357570

SCOTT BOGREN
Executive Director, CTAA



CARYN SOUZA
Training and Certification
Director, CTAA

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association.**

Taras Blazheichuk

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Basic Life Support (CPR and AED) Program.**

Issue Date

12/13/2025

Renew By

12/2027

Training Center Name

Life Beat, Inc.

Instructor Name

Jordan Byrd

Training Center ID

FL20191

Instructor ID

04210946930

Training Center City, State

Ft. Lauderdale, FL

eCard Code

265418078288

**Training Center Phone
Number**

(954) 942-3436

QR Code



Training Site Name

CPR Certifications, LLC

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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**THIS IS
YOUR
TICKET**

Emergency Vehicle Operator Course February 2026

Friday, February 27th, 2026

**Emergency Vehicle Operator Course February 2026
(VFIS Emergency Vehicle Operations Course)**

Time: 6:00 pm

**Good Fellowship Ambulance and Training Institute
600 Montgomery Avenue
West Chester PA 19380**

**tarasblazheichuk@gmail.com
Taras Blazheichuk**

Payment is due at registration. If you need assistance with payment or if you have a sponsoring agency that wishes to be invoiced, please contact us at training@goodfellowship.org for further information.




01779-0385356


Qras Blazheichuk
50 Henry Ave
Arminster, PA 18974



Retail



RDC 99



17120

U.S. POSTAGE PAID
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PA 19053
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RECEIVED

JAN 20 2026

PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Secretary PA Public Utility Commission
400 North St, 2nd Floor
Harrisburg, PA 17120