

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)

Quality Care 4U Community Services 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)

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 ~~88-271455~~

(See checklist and indicate type of business entity registered)

7390293

5. If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).

Robert Eugene Lofton

6. Mailing Address

4533 McKnight road

Street Address

Pittsburgh PA 15237

City, State and Zip Code

Allegheny

County

412.807.9437

Telephone Number

rlofton0923@qualitycare4u.org

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).

The applicant proposes to provide non-emergency passenger transportation services for individuals receiving services through the PA ODP waiver programs. Transportation will be provided to individuals with intellectual disabilities and autism to support access to community participation programs, adult day programs, employment services, medical appointments, and other community-based activities. Transportation will be provided using company owned vehicles operated by trained staff. Services will be pre-scheduled and provided safely and reliably within the Commonwealth of PA. The services will support individuals in accessing essential services, community resources, and opportunities that promote independence and community integration.

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.

ROBERT LORTON
(Print Name)

[Signature] [Signature] 3/13/26
(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.

Quality Care 4U Community Services LLC
Legal Name of Applicant

4533 McKnight road ^{Trade Name, if any} Pittsburgh PA 15237
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.

Name: Robert Lofton
Title: Owner / Managing Member
Business: Quality Care 4U Community Services LLC
Business address: 4533 McKnight road Pittsburgh PA 15237
Phone: 412-807-9437

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

The applicant has no affiliation, ownership, management, or controlling interest in any other motor carrier providing passenger transportation services.

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.

The applicant has extensive experience operating community-based services for individuals with intellectual disabilities and autism. Quality Care 4U Community Services LLC provides supports services that require coordination of transportation for individuals to attend community participation programs, employment services, medical appointments, and other community activities. The applicant has experience managing staff, coordinating schedules, ensuring safety compliance, and maintaining vehicles used for transportation of individuals receiving services. Staff will receive proper training in passenger safety, defensive driving, and assisting individuals with disabilities. The applicant is committed to providing safe, reliable, and professional non-emergency transportation services in compliance with all regulations established by PA Public Utility Commission and the PA OPP.

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 applicant will operate from its principal place of business located in Pittsburgh, PA. The office will maintain all business records including driver files, vehicle maintenance records, trip schedules, insurance documentation, and compliance records required by the PA Public Utility Commission. Records will be stored electronically and in secured physical files at the business office. Transportation requests will be received through scheduled services arrangements with program participants and services coordinators. Trips will be scheduled and dispatched through office staff using phone and electronic communication. Drivers will maintain continuous communication with the office through company cell phones. Vehicles will be stored at the business location or designated secure parking areas when not in 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 applicant anticipates employing approximately 3-5 drivers to safely meet the transportation needs of individual receiving services.

a. Drivers must be at least 21 years of age possess a valid PA drivers license, and have a clean driving record.

b. All drivers undergo criminal background checks including PA State Police clearance and other clearances required for working with vulnerable populations.

c. Drivers will receive training in passenger safety, defensive driving, assisting individuals with disabilities, and emergency procedures.

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
2018	Ford	Ford Transit Connect	6	1447	86,000
2015	Chevy	Equinox	4	3052	117,000
2018	Hyundai	Delaney Subvan	4		
2009	Hyundai	Accent	4	6209	148,000

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

e. The company maintain a strict zero-tolerance policy regarding alcohol or drug use while operating company vehicles. Driver must comply with all safety policies and applicable laws.

Continued eligibility to operate Company Vehicles

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).

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

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.

Robert Lottor
(Signature)
ROBERT LOTTOR owner
(Name and Title, printed or typed)

3/13/26
(Date)

Statement of Financial Position (Balance Sheet)
 As of (date) 2/01/2026 - 2/28/2026
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	183,145.86	
Other Current Assets (specify)		
Total Current Assets	_____	_____
Tangible Assets		
Motor Vehicle Equipment	10,000.00	
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		<u>193,145.86</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	5,600.00	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities	_____	_____
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities	_____	_____
TOTAL LIABILITIES		<u>5,600.00</u>

LLC Member Information

Company Owner / Member Information

Name: Robert Lofton

Address: 4533 McKnight Road

City, State, Zip: Pittsburgh, PA 15327

Title: Owner / Member

This document is provided to identify the owner and member of the applying Limited Liability Company for the purpose of the Pennsylvania Public Utility Commission Motor Common Carrier of Persons in Paratransit Service application.

Response to Question 6 – Number of Vehicles

The applicant plans to operate three vehicles to provide paratransit transportation services within the Pittsburgh, Pennsylvania service area.

The vehicles include a 2018 Ford Transit Connect, a 2015 Chevrolet Equinox, and a 2009 Hyundai Accent.

Operating three vehicles allows the company to efficiently schedule transportation for individuals receiving services while maintaining reliability and flexibility. Multiple vehicles allow transportation requests to be fulfilled in a timely manner and ensure continuity of service if one vehicle is temporarily unavailable due to maintenance or repairs.

This number of vehicles is appropriate for the initial phase of operations and the territory being served. As demand for transportation services increases, the applicant plans to expand the fleet to ensure continued safe, reliable, and efficient service in compliance with Pennsylvania Public Utility Commission regulations.

transportation services. We have consulted with licensed commercial insurance providers who specialize in transportation and paratransit operations to obtain quotes for the required liability and vehicle coverage.

Based on these consultations, we understand the insurance requirements and associated premium costs for operating a paratransit service in Pennsylvania. Our financial planning includes budgeting for these premiums to ensure they are paid in a timely and consistent manner. We are prepared to secure the required insurance coverage prior to beginning operations and will maintain all coverage required by the Pennsylvania Public Utility Commission and applicable regulations.

Question 9 – Criminal Convictions

The applicant and all members, officers, and owners of the company have not been convicted of any misdemeanor or felony that would impact the operation of this transportation service. Therefore, the response to this question is NO.

Question 10 – Financial Data Explanation

The applicant has sufficient financial resources to safely and reliably operate the proposed transportation service. Startup funds have been allocated to cover essential operating expenses including vehicle acquisition or leasing, insurance premiums, fuel, maintenance, licensing, driver compensation, and administrative costs.

The business has established a financial plan that includes maintaining adequate operating reserves to cover ongoing expenses and ensure uninterrupted service to passengers. The applicant has experience operating service-based businesses and understands the importance of maintaining financial stability and compliance with regulatory requirements. This financial preparation ensures that the transportation service will be able to operate responsibly, maintain safe vehicles, and provide reliable service to the public.