

## 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)

Reveal HD Enterprises 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)

N/A

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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** 13494694

(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).**

Humphrey Achimibi Doe  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

6037 Devonshire Rd  
Street Address

Harrisburg, PA 17112  
City, State and Zip Code

Dauphin  
County

(717) 424-7920  
Telephone Number

revealhde@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.)

Same as above  
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)

N/A  
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 people in paratransit services from points in the counties of Dauphin, Lebanon, Cumberland, Juniata, Lancaster, Northumberland, Schuylkill, Snyder and Perry to points in Pennsylvania 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

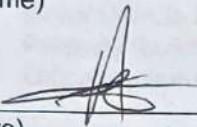
I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

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.

Humphrey Achimibi Doe

(Print Name)

(Signature)



2/26/2026  
(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.

Reveal HD Enterprises LLC

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Legal Name of Applicant

N/A

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Trade Name, if any

6037 Devonshire Rd Harrisburg, PA 17112

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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.

Humphrey Achimibi Doe

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

No affiliations with any other carrier.

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.

Applicant is the owner of Reveal HD Enterprises and extensive experience working with individuals with disabilities. Transporting clients to and from appointments and other community activities is an integral service of these positions. of the operations. Applicant is familiar with loading, transporting and unloading passengers with disabilities. This will be the primary population for which Reveal HD will be providing transportation services. For nearly a year, applicant has been an Uber driver and is aware of the importance to timing and communication with both dispatcher and client.

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.

Office equipment includes desktop computers, printers, copiers/scanner and telephone. There is ample parking on site to maintain all vehicles for the business as well as staff's personal vehicles. All records and documents for staff and passengers will be kept in the Reveal HD office in a locked file cabinet. Transportation services will be arranged via contacts with County Support Coordination Organizations (SCO) personnel working with individuals with disabilities. SCOs make referrals to transport individuals to and from Day programs, Prevocational services, jobs, Life Sharing, Homes and Community Habilitation, etc. These referrals will include the names of individuals to be transported, to and from addresses, times for pick up and drop off, frequency of services (daily, weekly, etc.) and any special needs of the individual. All referrals are made in advance of needed transportation. As referrals are secured, the Manager will coordinate the drivers' schedules to assure all riders can be serviced as per referral or request call. Each vehicle will have an assigned cell phone through which driver and office will have continuous communication. Reveal HD is investing in Bambi NEMT Scheduling software to assist with keeping all drivers on schedule.

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.

Please see the attached Exhibit for responses to this question.

We intend to hire 4 drivers. These drivers, in addition to the applicant, will be sufficient to cover the identified territory through the startup phase of the business. We know contracts are secured slowly for the population we will be transporting and additional drivers will be hired as demand grows into the future.

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	Toyota	Rav 4	5	JTMRJREV1JD246806	102,000

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

Reveal currently has one vehicle and plans to secure three more before launch. We believe that these vehicles will sufficiently cover the territory we intend to serve. As business increases and more contracts are secured, additional vehicles will be acquired. We will be primarily transporting people with intellectual disabilities who will be referred to us by county Supports Coordinator Organizations. Referrals will occur well in advance of beginning services.

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).

All vehicles will be inspected weekly using a company-created checklist that includes checking: 1. Cabin and truck/hatch areas are clean/sanitary. 2. Heat and A/C work. 3. Tires and wheel coverings. 4. Exterior for damage. 5. Lights, horn. 6. Pending routine maintenance due. 7. Paperwork valid (Ins card, registration, inspection sticker)  
 Checklists are signed and kept on file. Regular maintenance appointments kept on log (oil changes, etc.)  
 All vehicles will be inspected annually at an official inspection center per the sticker date.

Vehicle safety program will include weekly checks as noted above and annual inspections. Any indication of a safety issue with a vehicle will prompt it to be taken out of service until it can be checked by a mechanic and deemed safe for use.

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

A thorough budget was compiled in the planning of this venture.  
 Several insurance agencies were contacted for competing quotes which were included in the budgeting process.  
 Our vehicles are currently insured and premiums have been consistently covered.

In search for competitive insurance coverage quotes, we spoke with State Farm, Berkshire Hathaway and Hadron Specialty Insurance. Each provided us with monthly payments as well as annual premium. We will choose monthly payments.

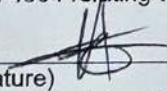
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ YES      X   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)  
 Humphrey Achimibi Doe, Owner  
 \_\_\_\_\_  
 (Name and Title, printed or typed)

  2/26/26    
 \_\_\_\_\_  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) March 1, 2026**  
**(Must be less than 6 months old)**

ASSETS

Current Assets			
Cash	\$24,650		
Other Current Assets (specify)			
Total Current Assets			\$24,650
Tangible Assets			
Motor Vehicle Equipment	\$28,000		
Property (buildings, land, etc.)	\$3,500 (Office Equip)		
Office Equipment			
TOTAL ASSETS			\$32,000

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans	\$3,888		
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	\$12,176		
Other Liabilities (Attach Schedule)			
Total Long-Term Liabilities			
TOTAL LIABILITIES			\$16,064

I, Humphrey Achimbi Doe, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Signature 