

Date: March 19, 2026

Pennsylvania Public Utility Commission
Bureau of Technical Utility Services
P.O. Box 3265
Harrisburg, PA 17105-3265

RE: Application to Amend Certificate of Public Convenience
Applicant: Koala-T-Care Transportation, Inc.
Existing PUC No./Docket No.: A-2026-3059903

To Whom It May Concern,

Enclosed please find the Application of Koala-T-Care Transportation, Inc. to amend its existing Certificate of Public Convenience to expand its authorized paratransit service territory.

This request reflects both demonstrated public need and the Applicant's operational readiness to provide safe, reliable, and professional transportation services within the requested counties. The Applicant has developed a structured expansion plan, including vehicle placement and staffing in key regions, to ensure effective and timely service upon approval.

Koala-T-Care Transportation, Inc. currently provides paratransit services within its existing authorized territory and seeks to expand into additional counties where there is a clear and ongoing need for specialized transportation services, particularly for behavioral-health and hospital-related transport.

A detailed Supporting Statement is included outlining the Applicant's experience, operational planning, and the necessity for expanded service within the requested areas.

The Applicant respectfully requests that the Commission grant this amendment to better serve the public and meet the increasing demand for reliable paratransit transportation.

Please contact me directly should any additional information be required.

Respectfully submitted,



Mariah Polen
President
Koala-T-Care Transportation, Inc.
Phone: (570) 263-0215
Email: koalatcarepa@gmail.com

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).
- 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, 2ND 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 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 . 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)

Koda-T-Care Transportation, Inc

- 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

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~~ ^{yes} **Previous Authority?** NO

If YES, at PUC No. A- 2026 - 3059903

4. **Are you a business entity registered with the PA Dept. of State?** NO ^{yes} YES
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 0013649769
(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).

Mariah Polen (President, Secretary, Sole Shareholder)

6. **Mailing Address**

1040 Penn Ave

Street Address

Jersey Shore, PA 17740

City, State and Zip Code

Clinton

County

570) 2163-0215

Telephone Number

kealatcarepa@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.)

1040 Penn Ave

Street Address

Jersey Shore, PA 17740

City, State and Zip Code

Clinton

County

(570) 2163-0215

Telephone Number

kealatcarepa@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?**

X 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).

Applicant seeks authority to transport, as a common carrier by motor vehicle, persons in paratransit service from points in Wayne, Lackawanna, Monroe, Luzerne, Lycoming, Mifflin, Northumberland, Columbia, Montour, Bedford, Somerset, Westmoreland, Potter, Tioga, and Venango Counties to points in Pennsylvania, and return.

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.

Mariah Pelen
(Print Name)


(Signature)

3/19/26
(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.

Koala - T. Care Transportation Inc
Legal Name of Applicant

N/A
Trade Name, if any

<u>1040 Penn Ave</u> Street Address (principal place of business)	<u>Jersey Shore</u> City or Municipality	<u>PA</u> State	<u>17740</u> Zip Code
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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.

Marich Polen - President - 1040 Penn Ave Jersey Shore, PA
17740 - (570) 263-0215

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.

The applicant, through its President, Marich Polen, has approximately seven (7) years of direct experience in the field of secure + behavioral-health transportation. This experience includes the coordination and execution of transportation services for individuals requiring psychiatric evaluation, placement, discharge transport, and interfacility transfers.

Through this experience, the Applicant has developed professional working relationships with hospital personnel, including emergency department staff, discharge planners, behavioral-health teams, navigators, and security staff across multiple regions of Pennsylvania.

The Applicant has extensive familiarity with the operational requirements of secure transport, including patient safety, communication with healthcare providers, documentation, and coordination between sending and receiving facilities.

The Applicant also has experience working within the regulatory and operational environment of paratransit services and understands the importance of providing safe, timely, and professional transportation services to meet the needs of healthcare facilities and the public.

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 maintains its principal place of business at 1040 Penn Ave, Jersey Shore, Pennsylvania, which serves as the administrative base for operations, including scheduling, dispatch, and recordkeeping. The office is equipped with standard business equipment, including computers and communication devices, and vehicles are stored at the principal location or designated operating locations based on service needs.

The Applicant will maintain business and operational records, including trip logs, billing records, and driver information, in an organized manner using electronic and/or physical systems in compliance with PUC requirements.

Customer requests are received via telephone, electronic communications, and coordination with healthcare facilities. Vehicles are dispatched based on availability, location, and continuous communication is maintained to mobile communication devices.

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 intends to hire 6-10 drivers, with additional hiring as operations expand. This number is appropriate based on the Applicant's phased growth plan, including current operations and planned vehicle placement in Huntington County, the Jersey Shore area, and, upon approval, Wayne and Bedford counties. The Applicant has already identified interested and available drivers in these regions to support service needs.

Drivers will be selected based on background, reliability, and ability to safely transport individuals requiring specialized care. Criminal background checks will be conducted prior to employment (§ 29.503). Drivers will receive training related to safety, communication, and transport procedures. Drivers license checks will be performed prior to hiring and periodically thereafter (§ 29.504).

- The Applicant maintains a strict zero-tolerance policy regarding the use of drugs or alcohol by drivers while on duty.
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
2017	Ford	Explorer	5	1FMSK8AR8HGD13906	91,435
2015	Ford	Explorer	5	1FMSK8AR7FGC68701	144,500
2015	Ford	Taurus	5	1F8HP2MK2FG178484	153,448

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

The Applicant currently owns and has listed three (3) vehicles and intends to operate with this initial fleet, with additional vehicles to be added as operations expand. This number is appropriate for startup operations and will support service from the Applicant's primary location as well as planned vehicle placement in Huntington County.

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Upon approval of the requested authority, the Applicant plans to place additional vehicles in Wayne County and Bedford County to provide regional coverage and improve response times. Additional vehicles will be acquired as needed to ensure reasonable and efficient service throughout the expanded service territory.

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).

The Applicant will maintain a vehicle safety program designed to ensure all vehicles are safe and properly maintained. Vehicles will be inspected regularly, and routine maintenance, including oil changes, tire service, brake checks, and general mechanical upkeep, is performed as needed (52 Pa. Code §§ 29.503 & 29.504).

The Applicant ensures all vehicles comply with applicable Pennsylvania vehicle equipment and inspection standards under 67 Pa Code chapter 175. Vehicles will undergo required state inspections, and any identified issues will be promptly addressed.

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

The Applicant has taken steps to secure the required insurance coverage and has obtained a binder for one vehicle. Additional vehicles have not yet been insured or registered, as the Applicant is currently receiving operating authority and required PIC information necessary to complete registration and insurance for those vehicles.

The Applicant has confirmed the ability to obtain the required insurance coverage and will complete insurance placement for all vehicles prior to operation. The Applicant has also accounted for the cost of insurance premiums.

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

YES NO

ability to maintain the required coverage.

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.

The Applicant has funded business startup and ongoing operations through owner contributions. These contributions have been used for the purchase of vehicles, equipment, insurance, and general operating expenses.

Verification of Statement

The Applicant will continue to provide financial support as needed to ensure the continued operations and expansion of the business, including the acquisition of additional vehicles + staffing necessary to serve the requested territories.

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)
Mariah Peter - President

(Name and Title, printed or typed)

3/19/21

(Date)

Statement of Financial Position (Balance Sheet)
 As of (date) 3/19/21
 (Must be less than 6 months old)

ASSETS

Current Assets			
Cash		<u>\$ 668.90</u>	
Other Current Assets (specify)		_____	
Total Current Assets			<u>\$ 668.90</u>
Tangible Assets			
Motor Vehicle Equipment		<u>\$ 18,900⁰⁰</u>	
Property (buildings, land, etc.)		<u>\$ 1,500⁰⁰</u>	
Office Equipment		_____	
	TOTAL ASSETS		<u><u>\$ 21,068.90</u></u>

LIABILITIES

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

SUPPORTING STATEMENT IN SUPPORT OF APPLICATION TO AMEND AUTHORITY

Applicant currently holds Certificate of Public Convenience at Existing PUC No./Docket No. A-2026-3059903.

Koala-T-Care Transportation, Inc. (“Applicant”), located at 1040 Penn Avenue, Jersey Shore, Pennsylvania, respectfully submits this statement in support of its application to amend its existing Certificate of Public Convenience to expand its paratransit service territory.

Applicant currently holds authority to transport, as a common carrier by motor vehicle, persons in paratransit service from points in Blair, Cambria, Centre, Clarion, Clearfield, Clinton, Elk, Huntingdon, Indiana, Jefferson, McKean, and Union Counties to points in Pennsylvania, and return.

Applicant now seeks to amend its authority to include service from points in Wayne, Lackawanna, Monroe, Luzerne, Lycoming, Mifflin, Northumberland, Columbia, Montour, Bedford, Somerset, Westmoreland, Potter, Tioga, and Venango Counties to points in Pennsylvania, and return.

This request is based upon demonstrated public need, Applicant’s substantial experience in the field of secure and behavioral-health transportation, and specific operational plans already in place to support service in the requested territories.

The Applicant has approximately seven (7) years of direct experience in secure and behavioral-health transportation and has developed professional working relationships with hospital personnel, including emergency department staff, discharge planners, navigators, behavioral-health teams, and security staff throughout multiple regions of Pennsylvania. Through this experience, Applicant has identified a consistent and ongoing need for reliable, professional, and timely transportation for individuals requiring psychiatric evaluation, placement, discharge transport, and interfacility transfers.

Hospitals and healthcare facilities in the requested counties frequently experience delays in securing appropriate transportation for patients requiring specialized or secure transport. These delays can contribute to extended emergency department stays, delayed psychiatric placements, and increased operational strain on hospital staff. The requested expansion will allow Applicant to address these service gaps and provide dependable transportation options in these underserved and high-demand areas.

Applicant has not only identified the need for service in these counties but has also developed a structured and practical operational plan to support expansion. Applicant has already purchased three (3) vehicles to support current operations and planned growth. One vehicle will operate from Applicant’s primary base of operations, one vehicle will be positioned in Huntingdon County—where Applicant already holds authority—and one vehicle is designated for placement in Wayne County upon approval of the requested expansion.

Applicant has secured a location for a vehicle in Huntingdon County and has identified interested and available personnel in that region. This presence will strengthen service within existing authorized territories, including Huntingdon and Blair Counties, and will support expansion into nearby requested areas such as Bedford County.

In northeastern Pennsylvania, Applicant plans to establish operations in Wayne County, specifically in the Honesdale area, with identified personnel interested in employment. This placement will provide effective coverage for Wayne, Lackawanna, Monroe, and Luzerne Counties and will allow for improved response times and service availability in that region.

Applicant further intends, upon approval of authority in Bedford County, to purchase and place an additional vehicle in Bedford County and has identified personnel interested in staffing that operation. A Bedford-based vehicle will allow efficient service coverage for Bedford, Somerset, and Westmoreland Counties, while also complementing Applicant's existing authority in Cambria County to create a cohesive and functional regional service network.

Additionally, Applicant seeks to expand service from its primary location into Lycoming, Mifflin, Northumberland, Columbia, Montour, Potter, and Tioga Counties. These counties are geographically logical extensions of Applicant's current service area and can be effectively supported from the existing base of operations.

The request to include Venango County is a natural extension of Applicant's current authority in Clarion County and will allow for more consistent and practical service coverage in that region.

The requested expansion is not speculative. Rather, it is based upon Applicant's direct experience, established familiarity with healthcare systems, identified staffing interest, planned vehicle placement, and a clear understanding of transportation needs within the requested counties.

Granting the requested amendment will promote the service, accommodation, convenience, and safety of the public by improving access to timely, reliable, and specialized paratransit transportation services across a broader region of Pennsylvania.

WHEREFORE, Applicant respectfully requests that the Pennsylvania Public Utility Commission grant the requested amendment to its Certificate of Public Convenience.

Respectfully submitted,



Mariah Polen
President
Koala-T-Care Transportation, Inc.

Exhibit A – Operational Deployment & Regional Coverage Map

