



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEystone BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

March 23, 2026

A-6428569
A-2026-3061202

KOALA-T-CARE TRANSPORTATION INC
1040 PENN AVENUE
JERSEY SHORE PA 17740

RE: APPLICATION OF KOALA-T-CARE TRANSPORTATION INC

To Whom It May Concern:

On March 20, 2026, the application of Koala-T-Care Transportation Inc, at A-2026-3061202, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website, OR you may submit your filing by mail. If a filing contains confidential or proprietary material, the filing is required to be submitted by mail.

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:


I, Mariah Polen, 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).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to Jerome Elliott, Bureau of Technical Utility Services at 717-214-7155. Faxed or emailed filings are **not** accepted.

Sincerely,



Matthew L. Homsher
Secretary

Enclosure

Docket No. A-2026-3061202
KOALA-T-CARE TRANSPORTATION INC

Request for Information

- 1.) Some of the answers on this new application do not reflect the detailed information provided as answers to previous data requests for the original case. Full and complete answers to all questions must be provided each and every time. Please re-submit full and complete information in regard to all aspects of drivers, particularly frequency and retention of driver records in accordance with Title 52, and an updated Statement of Financial Position to reflect the capital investment previously mentioned. Answers must align with previously submitted documentation for a seamless processing of this new application.

2.)

3.)

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: koalatarepa@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)

Kcala-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?** yes ~~NO~~ **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
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 Clinton
City, State and Zip Code County

(570) 213-0215 kealatcarepa@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.)

1040 Penn Ave
Street Address

Jersey Shore, PA 17740 Clinton
City, State and Zip Code County

(570) 213-0215 kealatcarepa@gmail.com
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?**

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)

3/23/26
(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

1040 Penn Ave Jersey Shore PA 17740
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.

Mariah 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.

See attached ...

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, Mariah Polen, has approximately seven (7) years of direct experience in the field of secure behavioral health and non-emergency medical transportation. This experience was gained through hands-on involvement in passenger transportation, including secure mental health transport and the safe transport of individuals requiring additional supervision.

This experience includes the coordination and execution of transportation services for individuals requiring psychiatric evaluation, inpatient placement, discharge transport, and interfacility transfers. Through this work, the Applicant has developed strong professional working relationships with hospital personnel, including emergency department staff, discharge planners, behavioral health teams, patient navigators, and security staff across multiple regions of Pennsylvania.

The Applicant has direct, hands-on knowledge of secure transportation operations, including passenger supervision, vehicle safety, facility coordination, and compliance with transportation safety requirements. This includes maintaining a controlled and secure transport environment, ensuring proper communication between sending and receiving facilities, and adhering to established safety protocols.

In addition to this experience, the Applicant's President has over ten (10) years of professional driving experience, including work in highly regulated environments. This background has provided a strong foundation in safe vehicle operation, situational awareness, and professionalism in passenger transport.

The Applicant has also completed safety-related training and has experience providing non-emergency transportation services with an emphasis on patient safety, de-escalation techniques, and proper documentation procedures.

The Applicant understands the regulatory and operational requirements associated with paratransit services and will operate in full compliance with all applicable Pennsylvania Public Utility Commission (PUC) rules and regulations. The Applicant is committed to providing safe, timely, and professional transportation services to meet the needs of healthcare providers 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.

See Attached ...

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.

See Attached ...

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	IFMSK8ARENGD	13906 91435
2015	Ford	Explorer	5	IFMSK8AR9FGC	68701 144500
2015	Ford	Taurus	5	IFAHP2MKZFG1	28486 153448

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

See Attached ...

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include 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's principal place of business is located at the address listed in this application and serves as the administrative base of operations. This location will be used for dispatching, recordkeeping, and general business operations. The office is equipped with standard business equipment, including computers, printers, scanners, and secure electronic systems necessary for communication, scheduling, and documentation.

All required business and operational records, including dispatch records, trip logs, billing records, and driver information, will be maintained in an organized manner using a combination of electronic and physical recordkeeping systems. Records will be stored securely and will be readily accessible in compliance with Pennsylvania Public Utility Commission (PUC) requirements.

Vehicles not in service will be stored at secure, designated locations based on operational needs and service areas. These locations may include the principal place of business as well as additional staging locations within the Applicant's service territory to allow for efficient response times and coverage. As operations expand, the Applicant anticipates positioning vehicles in various regions to better serve healthcare facilities and meet demand.

The Applicant will receive transportation requests via telephone and electronic communication. All requests will be documented and coordinated through the central office. Vehicles will be dispatched based on availability, location, and service requirements to ensure timely and efficient transportation.

The Applicant will maintain continuous communication with drivers through mobile phones and other electronic communication devices. In addition, vehicles will be equipped with GPS tracking systems to allow for real-time location monitoring and efficient dispatching. Interior camera systems will also be utilized to enhance safety, accountability,

and oversight during transport operations. This communication and monitoring system allows for real-time coordination, updates, and support while vehicles are in service, ensuring safe and efficient operations at all times.

The Applicant will operate in full compliance with all applicable Pennsylvania Public Utility Commission (PUC) rules and regulations and is committed to maintaining accurate records, effective communication systems, and a safe, organized operational structure.

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.**

The Applicant intends to hire approximately six (6) to ten (10) drivers as operations expand. This number is appropriate based on the Applicant's projected service demand, including current and planned vehicle placement, and will allow for adequate coverage, scheduling flexibility, and safe operations across the service territory.

Drivers will be selected based on their experience, reliability, and ability to safely transport individuals requiring supervision. Preference will be given to individuals with prior experience in secure transport, healthcare transportation, or other safety-sensitive roles.

a. Hiring Standards for Drivers:

All drivers must possess a valid Pennsylvania driver's license appropriate for the vehicle operated and meet all applicable Pennsylvania Public Utility Commission (PUC) requirements. Drivers must be at least 21 years of age, provide proof of identity, and demonstrate a history of safe driving and professional conduct. Candidates must be capable of safely transporting individuals in a secure and controlled environment and must meet all company safety and conduct standards.

b. Criminal Background Checks:

All drivers are required to complete state and federal criminal background checks prior to employment. Disqualifying offenses include violent crimes, sexual offenses, and other conduct deemed incompatible with the safe transportation of vulnerable populations and

medical clients. Background check documentation will be maintained for the duration of employment and for a minimum of three (3) years thereafter.

c. Driver Training Program:

Drivers will complete initial and ongoing training prior to assignment, including training in passenger safety, secure transport procedures, communication, and de-escalation techniques appropriate for behavioral health transportation. Training will also include company policies, safety protocols, and proper coordination with healthcare facilities. Refresher training will be conducted as needed to maintain compliance and operational standards.

d. Driver License Checks:

Motor Vehicle Records (MVR) checks will be conducted prior to hire and reviewed at least annually thereafter. Drivers with disqualifying offenses, excessive violations, or unsafe driving histories will not be permitted to operate company vehicles. Driving records will be maintained in compliance with PUC requirements.

e. Policies Regarding Alcohol and Drug Use:

The Applicant maintains a zero-tolerance policy regarding the use of drugs or alcohol by drivers while on duty. Drivers are prohibited from operating a vehicle under the influence of any substance that may impair their ability to safely perform their duties. Any violation of this policy will result in immediate corrective action, up to and including termination.

The Applicant will ensure ongoing compliance with all applicable Pennsylvania Public Utility Commission (PUC) rules and regulations and will maintain all required documentation related to driver qualifications, background checks, training, and safety compliance.

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.

The Applicant currently owns and has identified three (3) vehicles for use in operations. These vehicles will serve as the initial fleet and are appropriate for startup operations, allowing the Applicant to provide safe, timely, and efficient transportation services within the service territory.

This initial fleet size is appropriate based on anticipated service demand and the Applicant's operational plan, including strategic vehicle placement to support coverage in

key service areas. The Applicant will be able to effectively manage scheduling, response times, and service coordination with this number of vehicles during the initial phase of operations.

Upon approval of the requested authority, the Applicant plans to position vehicles in locations that support efficient regional coverage. As service demand increases, additional vehicles will be added to the fleet as needed to maintain timely response times and ensure consistent service throughout the expanded territory.

The Applicant is committed to maintaining a fleet that supports safe, reliable, and compliant transportation services and will continue to expand operations in a controlled and responsible manner based on demand and operational needs.

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).

See Attached...

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

See Attached...

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.

See Attached...

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)

Mariah Polers - President

(Name and Title, printed or typed)

3/23/26

(Date)

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).

The Applicant will maintain a comprehensive vehicle safety program designed to ensure all vehicles are operated in a safe, roadworthy condition at all times.

a. Periodic Vehicle Maintenance Plan:

Vehicles will undergo routine preventive maintenance on a regular basis, including oil changes, tire service, brake inspections, and general mechanical upkeep in accordance with manufacturer recommendations and operational use. All vehicles will be subject to daily pre-trip inspections prior to operation to identify any safety concerns. Any vehicle found to be unsafe or in need of repair will be immediately removed from service until the issue is corrected.

Maintenance, inspections, and repairs will be documented and maintained in accordance with Pennsylvania Public Utility Commission (PUC) requirements and applicable regulations. Records will be retained for a minimum of three (3) years.

b. Compliance with Pennsylvania Vehicle Equipment Standards:

The Applicant will ensure that all vehicles continuously comply with applicable Pennsylvania vehicle equipment and inspection requirements, including those set forth in 67 Pa. Code, Chapter 175, as well as 52 Pa. Code §§ 29.503 and 29.504.

All vehicles will undergo required state inspections and will be maintained in compliance with all applicable safety and equipment standards. Any identified deficiencies will be promptly addressed and corrected prior to returning the vehicle to service.

The Applicant will maintain ongoing monitoring of vehicle condition and compliance to ensure adherence to all regulatory requirements and to support safe and reliable transportation operations.

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 the necessary steps to secure the required insurance coverage for operations. The Applicant has obtained an insurance binder for one vehicle, which has been insured, and the Applicant has received operating authority upon submission of the required Form E by the insurance provider.

Additional vehicles have not yet been insured or registered, as the Applicant was required to obtain operating authority prior to completing registration and insurance for those vehicles. The Applicant understands that all vehicles must be properly insured prior to being placed into service and will ensure full compliance with all Pennsylvania Public Utility Commission (PUC) insurance requirements.

The Applicant has consulted with a licensed insurance provider and has reviewed the costs associated with maintaining the required insurance coverage. The Applicant has determined that the business has the financial ability to obtain and maintain the required insurance coverage and will ensure that all policies remain active and in good standing.

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 is a startup company and currently maintains approximately \$21,068.90 in available assets, including cash and vehicle assets, as reflected in the attached Statement of Financial Position. The Applicant currently has no outstanding liabilities.

The Applicant previously anticipated an initial capital contribution of approximately \$25,000. The current financial position reflects assets that have been allocated toward startup preparations, including vehicle acquisition and related costs necessary to begin operations.

In addition to existing assets, the Applicant has the ability to contribute additional capital, with up to \$53,000 available if needed to support business operations. These funds are available through owner contribution and will be used to support additional startup and operational expenses, including vehicle acquisition, insurance premiums, licensing, fuel, general operating costs, and continued expansion of the fleet.

The Applicant has evaluated the financial requirements necessary to operate safely and in compliance with Pennsylvania Public Utility Commission (PUC) regulations and is confident in its ability to obtain and maintain the required resources to support ongoing operations.

The Applicant is committed to maintaining sufficient financial resources to ensure safe, reliable, and compliant transportation services throughout the authorized service territory.

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

ASSETS

Current Assets		
Cash	\$ 668.90	
Other Current Assets (specify)		
Total Current Assets		\$ 668.90
Tangible Assets		
Motor Vehicle Equipment	\$ 18,900 ⁰⁰	
Property (buildings, land, etc.)	\$ 1,500 ⁰⁰	
Office Equipment		
TOTAL ASSETS		\$ 21,068.90

LIABILITIES

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

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.

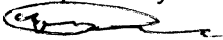
The request to include Venango County is a natural extension of Applicant's current authority in Clarion County and will allow for more consistent and practical service coverage in that region.

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

