

Docket No. A-2026-3060986  
Popular Medical Services LLC

Request for Information

- 1.) The original application (A-2024-3052175) for Paratransit authority was submitted and signed by Mavis Rukambe as 100% Owner of Popular Medical Services LLC. The additional territory application (A-2026-3060986) was signed by Tendai Rukambe (51%) owner/ President.

**This additional territory application cannot be processed. Changes of members in an LLC's ownership MUST be reported to the Commission prior to any amendments.**

Please have Mavis Rukambe submit an "LLC Membership Change" application (<https://www.puc.pa.gov/filing-resources/forms/motor-carrier-forms/>) to the Commission to request a change in membership of Popular Medical Services LLC and reference docket (A-2026-3060986) so that we may process your change in membership. If you have an E-file account with the Commission, you may reply to the data request and attach the new application to the existing application docket. We will apply the filing fee accordingly. Once the membership change is approved, you will file a new paratransit application with filing fee to amend your territory.

- 2.) Is Tendai Rukambe an owner of D.L.E. Transportation LLC in addition to being the director? NO

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

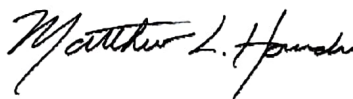
I, Tendai Rukambe, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 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 April Stover, Bureau of Technical Utility Services at 717-783-5945. Faxed or emailed filings are **not** accepted.

Sincerely,



Matthew L. Homsher  
Secretary

Enclosure

## INSTRUCTIONS TO BE FOLLOWED IN PREPARING APPLICATION

(No Application will be accepted from a Minor.)

1. An application must be filed for any public utility or an affiliated interest of a public utility prior to its selling or transferring membership to any person, partnership or corporation.
2. An affiliated interest of a public utility includes every corporation or person owning or holding directly or indirectly 5% or more of the of the public utility.
3. It is not required that the parties be represented by an attorney to file the application. However, a corporation must be represented by an attorney at a hearing.
4. The original application signed at the place designated and duly verified must be filed with the Pennsylvania Public Utility Commission, 400 North Street, 2<sup>nd</sup> Floor, Harrisburg, PA 17120. A filing fee of \$350 is required and shall be paid by certified check or money order, made payable to the Commonwealth of Pennsylvania.

**ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website ([www.puc.pa.gov](http://www.puc.pa.gov)), 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.**

5. If the seller is not a member of record with the PUC, provide a full and complete explanation and attach appropriate agreements of sale for all transactions not previously approved by the PUC.
6. If space provided on the form is not sufficient, prepare response on a separate sheet, attach it to the application and give it the same number as the question or statement to which it refers. All questions **must** be answered – if one is not applicable, answer N/A.
7. The Sales Agreement must specify that the interest being purchased will be paid for within a reasonably short period of time (*i.e.*, less than one year) following PUC approval. If it is intended that payments be made over an extended period of time (*i.e.*, one year or more), the sales agreement must indicate that the parties will execute a separate demand judgment or promissory note. The Sales Agreement must be bilateral (*i.e.*, binding on all parties).

**NOTE: INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE FOR FILING AND WILL BE RETURNED. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CALL 717.787.3834.**

**APPLICATION FOR APPROVAL TO CHANGE LIMITED LIABILITY CORPORATION  
MEMBERSHIP FOR COMMON CARRIERS OF HOUSEHOLD GOODS OR  
PASSENGERS (Except GP16+)**

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

SEE INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. Full and correct name of Certificated Carrier:

Popular Medical Services LLC

2. Docket number of Certificated Carrier: A-2026-3060986

3. Attorney(s) for the Application:

Name: <u>N / A</u>
Address: _____ _____
Telephone ----- _____
Email: _____
<b>REPRESENTING:</b> _____

Name: _____
Address: _____ _____
Telephone ----- _____
Email: _____
<b>REPRESENTING:</b> _____

Name: _____
Address: _____ _____
Telephone ----- _____
Email: _____
<b>REPRESENTING:</b> _____

1. Current Members of Limited Liability Corporation of Certificated Carrier:

a) Number of current members: 1

b) Member Names:

Mavis Rukambe – 100%

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Requested Membership Changes of Limited Liability Corporation:

a) Exiting Members:

None

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

b) New Members:

Tendai Rukambe - 51%

_____	_____
_____	_____

Following the proposed transaction, ownership will be:

• Mavis Rukambe – 49%

• Tendai Rukambe – 51%

_____	_____
_____	_____

3. If existing, new, or departing members of the limited liability corporation are in control of, or affiliated with each other, or with any other carrier, state the name of carriers, their docket numbers, and nature of the control or affiliation.

The applicant, Popular Medical Services LLC, and its members, Mavis Rukambe and Tendai Rukambe, are not affiliated with any other certificated carriers in a controlling capacity.

Tendai Rukambe serves as a part-time Operations Director at DLE Transportation.

This application represents an internal restructuring of ownership within Popular Medical Services LLC and does not involve any merger, acquisition, or consolidation with another carrier.

4. Consideration for the transfer of membership (if nominal, explain):

The transfer of a 51% membership interest in Popular Medical Services LLC to Tendai Rukambe is part of a family ownership restructuring for operational alignment. There is no monetary consideration exchanged. This transfer ensures that the management and ownership reflect the individuals actively involved in the company's operations and decision-making processes.

5. The consideration will be paid as follows:

No monetary payment is required. This is a non-cash transfer between family members. There are no installment arrangements, promissory notes, or other financial obligations associated with the transfer. It is solely an internal ownership realignment.

6. The reasons for the proposed transfer are:

This transfer formalizes Tendai Rukambe's operational responsibilities and management oversight within the company. Tendai actively manages scheduling, dispatch, compliance monitoring, driver supervision, and business operations. By granting him majority ownership, the ownership structure aligns with operational control.

Mavis Rukambe retains 49% ownership, continuing her advisory and oversight role, ensuring continuity. The realignment strengthens governance, improves efficiency, and ensures that decision-making authority is held by the individual responsible for daily operations.

The proposed transfer will improve service reliability, customer satisfaction, and the ability to maintain regulatory compliance.

7. The following must be attached to the completed application

- A statement containing a brief corporate history of the Certificated Carrier, the purpose for which it was created, a description of the service it furnishes to the public and a description of the territory in which it operates.
- Statements of Financial Condition (Income Statements and Balance Sheets) for the Limited Liability Corporation and the proposed new members.
- Verified Statement(s) of new member(s)/owner(s) if a complete change of ownership
- If the new member/owner is a corporate entity provide a complete list of members, or officers and shareholders with shares.
- If the new member/owner is a corporate entity provide a copy of corporation papers from PA Dept. of State

**WHEREFORE**, the Limited Liability Corporation Memberships request that the Commission approve the Application.

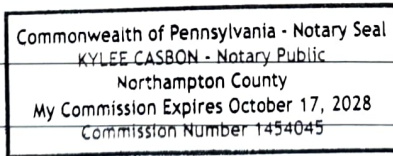
Existing  
Members sign  
here:



(Each Member must sign)

3/24/2026  
(Date)

(Corporate Seal)



(Date)

(Date)

(Date)

Exiting  
Members sign  
here:

(Date)

(Corporate Seal)

(Date)

(Date)

(Date)

THIS MUST BE COMPLETED BY A NOTARY PUBLIC  
AFFIDAVIT OF SELLER (NATURAL PERSON)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

Northampton County :

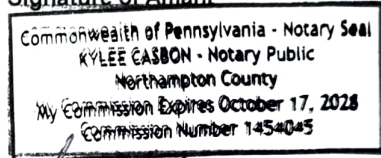
Mavis Rukambe, being duly sworn (affirmed) according to law, deposes and says that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects to be able to prove the same at the hearing hereof.

Mavis Rukambe  
Signature of Affiant

Sworn and subscribed before me on this

24 day of March

2026 My Commission expires 10-17-2028



Kylee Casbon  
Signature of Official Administering Oath

AFFIDAVIT OF BUYER/SELLER (CORPORATION)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

\_\_\_\_\_ County :

\_\_\_\_\_, being duly sworn (affirmed) according to law, deposes and says that he/she is \_\_\_\_\_ of

(Office of Affiant)

(Name of Corporation)

that he/she is authorized to and does make this affidavit for it; and that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects the said

\_\_\_\_\_ to be able to prove

(Name of Corporation)

the same at the hearing hereof.

\_\_\_\_\_  
Signature of Affiant

Sworn and subscribed before me on this

\_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_\_ My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Official Administering Oath

THIS MUST BE COMPLETED BY A NOTARY PUBLIC  
AFFIDAVIT OF BUYER (NATURAL PERSON)

COMMONWEALTH OF PENNSYLVANIA :

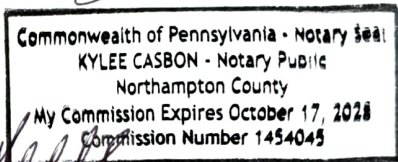
ss:

Northampton County :

TENDAI RUKAMBE, being duly sworn (affirmed) according to law, deposes and says that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects to be able to prove the same at the hearing hereof.

\_\_\_\_\_  
Signature of Affiant

Sworn and subscribed before me on this  
24 day of March  
2020 My Commission expires 10-17-28



\_\_\_\_\_  
Signature of Official Administering Oath

AFFIDAVIT OF CERTIFICATED CARRIER (CORPORATION)

COMMONWEALTH OF PENNSYLVANIA :

ss:

\_\_\_\_\_ County :

\_\_\_\_\_, being duly sworn (affirmed) according to law, deposes and says that he/she is \_\_\_\_\_ of \_\_\_\_\_

(Office of Affiant)

(Name of Corporation)

that he/she is authorized to and does make this affidavit for it; and that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects the said \_\_\_\_\_ to be able to prove the same at the hearing hereof.

(Name of Corporation)

\_\_\_\_\_  
Signature of Affiant

Sworn and subscribed before me on this  
\_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_ My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Official Administering Oath

## **ATTACHMENT A: CORPORATE HISTORY AND SERVICE DESCRIPTION**

Popular Medical Services LLC is a Pennsylvania limited liability company formed to provide non-emergency medical transportation services. The company was established to meet the growing demand for safe, reliable, and accessible transportation for individuals traveling to medical appointments.

Popular Medical Services LLC offers ambulatory, wheelchair-accessible, and stretcher transportation services to accommodate a wide range of patient mobility needs. Since its formation, the company has focused on developing fully compliant operations, including obtaining appropriate insurance, implementing safety protocols, and establishing efficient dispatch and scheduling systems. The company maintains vehicles in excellent condition, employs trained drivers, and adheres to strict safety and compliance standards.

Operating within Lehigh, Northampton, and Philadelphia counties, Popular Medical Services LLC is committed to full compliance with Pennsylvania Public Utility Commission (PUC) regulations while providing dependable, professional transportation services.

# Popular Medical Services 2025 Income Statement

## 2025 Income Statement Summary

For the Year To Date Ended 12-31-2025

<b>Operating Revenue</b>		
Holy Family	2,976	
Moravian	162	<b>3,138</b>
<b>Operating Expenses</b>		
IC Settlements	(7,250)	
Wages		
Payroll Taxes		
Fuel	(290)	
Vehicle Maintenance & Repairs	(857)	
Vehicle Cleaning/Supplies	(500)	
Tolls & Parking	(100)	
Onboarding fees	(150)	(9,147)
<b>Operating Profit</b>		<b>(6,009)</b>
<b>Administrative Expenses</b>		
Insurance Commercial Auto & General Liability	(7,822)	
Insurance - Workers Comp.	(376)	
Office Rent	(1,904)	
Office Supplies	(200)	
Phone & Internet	(3,100)	
Accounting & Bookkeeping	(1,000)	
Licensing & Permits	(479)	
Advertising & Marketing	(2,076)	
Uniforms & PPE	(641)	
Training & Compliance Costs	(110)	<b>(17,708)</b>
<b>Net Operating Income before taxes</b>		<b>(23,717)</b>
<i>Less Income Tax Expense</i>		-
<b>Net Operating Income</b>		<b>(23,717)</b>

# Popular Medical Services - 2025 Balance Sheet

As at 31-12-2025

## Current Assets

Cash and Bank	33,138
Prepaid Insurance	297
	<u>33,436</u>

## Non-Current Assets

Property, Plant and Equipment	170,000
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<b>Total Assets</b>	<b>203,436</b>
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## Short Term Liabilities

Contractor Commission	1,000
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## Equity

Share Capital	1,000
Equity	225,152
Retained Earnings	(23,717)
	<u>202,436</u>

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<b>Total Equity and Liabilities</b>	<b>203,436</b>
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Check

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## VERIFIED STATEMENT OF NEW MEMBER

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE BUYER'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Tendai Rukambe

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Purchaser's Name

4647 Saucon Creek Road, Suite 201

Center Valley

PA

18034

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Street Address

City or Municipality

State

Zip Code

The Verified Statement of the Buyer is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to become a member, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Buyer should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the buyer. If the buyer is an individual making the statement, this will be the same information as provided above. If the buyer is a corporate entity and an employee/officer of the buyer is making the statement, give name, title, business address and telephone number, and indicate that the buyer's directors/owners/partners/etc. have authorized the witness to speak for the business.

Tendai Rukambe is the incoming majority member of Popular Medical Services LLC and is authorized to provide this Verified Statement on behalf of the company. He will oversee all operational, financial, and regulatory aspects of the business, ensuring compliance with Pennsylvania Public Utility Commission (PUC) requirements and the delivery of safe, reliable, and professional non-emergency medical transportation services.

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

Tendai Rukambe serves as a part-time Operations Director for DLE Transportation. After assuming majority membership in Popular Medical Services LLC, he will have a limited role with DLE Transportation and will act only as a consultant. His role at DLE Transportation will not conflict with his duties or decision-making responsibilities at Popular Medical Services LLC.

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

Tendai Rukambe holds an MBA in Finance and has extensive executive experience in the transportation industry. He has held leadership positions with transportation companies including ACL, XPO, and PACE, overseeing operations, financial management, and regulatory compliance. He has specific experience managing non-emergency medical transportation (NEMT) services in multiple states, including coordinating ambulatory, wheelchair, and stretcher transportation.

Leveraging his multi-state NEMT experience and financial expertise, Mr. Rukambe is committed to making Popular Medical Services LLC a profitable enterprise. He will achieve this through strategic service coverage, operational efficiency, cost management, and optimized revenue streams while maintaining compliance with all PUC regulations and delivering safe, reliable, and professional transportation services.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their 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. Finally, please state your intended business hours.

Popular Medical Services LLC operates from a dedicated office in Center Valley, PA, which includes workspaces equipped with computers, phones, printers, and secure storage for business and regulatory records. The facility also accommodates parking and storage for the company's vehicles.

Records required by the PUC, including trip logs, maintenance records, driver certifications, and insurance documents, will be maintained securely in both physical and digital formats. Standard business records such as financial documents, scheduling logs, and employee files will also be maintained systematically.

Customer transportation requests will be received via phone, email, or online booking. Dispatchers will assign vehicles to scheduled trips using a digital scheduling system, maintaining real-time communication with drivers via mobile devices. This system ensures efficient and continuous service.

The company's intended business hours are Monday through Friday, 6:00 a.m. to 8:00 p.m., with flexibility to accommodate early morning or evening medical appointments, as well as after-hours, weekends, and holidays, based on customer needs.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

Popular Medical Services LLC will employ 2–3 non-driver staff members, including administrative personnel and dispatchers. Their duties will include:

- Managing trip scheduling and dispatch
- Handling customer inquiries and booking requests
- Maintaining accurate records and logs
- Overseeing billing, invoicing, and insurance documentation

This number of employees is sufficient to provide efficient and reliable service across Lehigh, Northampton, and Philadelphia counties

6. 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 geographical territory you will be serving. In addition, please explain:
- a) Your hiring standards for drivers;
  - b) Your driver training program;
  - c) Your system for ensuring that your drivers are properly licensed at all times;
  - d) Your policies regarding alcohol and drug use by your drivers.

The company intends to employ 4–6 drivers to cover the service territory, a number sufficient to ensure timely service and reasonable trip availability.

**Driver Policies and Procedures:**

**a) Hiring Standards:** All drivers will have valid Pennsylvania driver's licenses with proper endorsements, clean driving records, criminal background checks, and verification of work eligibility.

**b) Training Program:** Drivers will undergo comprehensive training including:

- Safe passenger transport and wheelchair/stretchers handling
- First Aid, CPR, and AED certification
- Defensive Driving
- HIPAA compliance
- PUC regulatory compliance

**c) Licensing Compliance:** Driver licenses and certifications will be monitored and audited regularly to ensure continuous compliance.

**d) Alcohol and Drug Policy:** Drivers are strictly prohibited from using alcohol or drugs while on duty. Random drug testing will be conducted, and any violations will result in immediate termination.

7. 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 geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

The company plans to operate 5 vehicles, which is adequate to provide reliable service throughout the designated counties. Vehicles will include vans equipped to transport ambulatory, wheelchair, and stretcher patients.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>	<u>SEATING CAP.</u>
2023	Chrysler	Voyager	2C4RC1CG2PR578761	15300	6

8. 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 Pennsylvania's equipment standards (67 Pa. Code & Chapter 175, requirements for vehicle inspections) that are applicable to the type of vehicles used in your business;
  - c) Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, § 29.402 and 29.403. (A copy of these requirements is on a separate page.)

a) **Maintenance Plan:** Routine preventive maintenance including oil changes, brake inspections, tire rotations, and lift/equipment servicing will be performed according to manufacturer recommendations. Maintenance logs will be kept for PUC review.

b) **Compliance:** Vehicles will meet all Pennsylvania equipment and inspection standards (67 Pa. Code & Chapter 175). Annual state inspections and periodic internal audits will ensure continuous compliance.

c) **Passenger Service:** Vehicles will comply with PUC passenger service requirements (52 Pa. Code §§ 29.402–29.403), including proper use of seat belts, wheelchair securements, and stretcher equipment.

d) **Safety Technology:** All vehicles will be equipped with GPS tracking systems and onboard camera systems to enhance driver oversight, improve route efficiency, and ensure passenger safety.

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

Popular Medical Services LLC maintains insurance policies through **National Indemnity Company** and **Pie Insurance** with the following coverages:

- **Automobile Liability:** \$1,000,000 combined single limit (CSL)
- **General and Professional Liability:** \$1,000,000 combined single limit (CSL)
- **Workers' Compensation:** \$1,000,000 coverage

The company has verified its ability to obtain and maintain the required insurance coverage for its fleet and operations. Premiums have been reviewed and budgeted as part of the company's financial planning to ensure continuous compliance with all PUC insurance requirements.

10. Please describe your customer service standards. Within your description, please explain your intended customer complaint resolution procedure.

Popular Medical Services LLC is committed to providing professional, courteous, and reliable service. Customer service standards include:

- Timely pick-ups and drop-offs
- Clean and safe vehicles
- Courteous, trained drivers

**Complaint Resolution Procedure:**

1. Customer submits complaint via phone or email.
2. Complaint is logged and assigned to management for review.
3. Management investigates the incident, communicates with the customer, and implements corrective action if necessary.
4. All complaints and resolutions are documented for future reference and regulatory compliance.

11. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES \_\_\_\_\_ NO  X

\*If the new member is a corporate entity, this question applies to all shareholders and corporate officers. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.

## VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. § 4904 relating to unsworn falsification to authorities.

  
\_\_\_\_\_  
(Signature)

03/24/2026  
(Date)

Tendai Rukambe  
\_\_\_\_\_  
(Name, printed or typed)