

Application for Motor Common Carrier of Persons Group and Party Service in Vehicles Seating 11 to 15, Including the Driver

THIS APPLICATION IS FOR TRANSPORTING NON-EMERGENCY MEDICAL PERSONS FOR VEHICLES SEATING 11 TO 15 PEOPLE, INCLUDING THE DRIVER.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

CAN-3D Grup LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)
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This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Transport" 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 Transport" or "J. Doe Transport" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority? _NO Authority? _____**

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State? Yes**

If NO, you must register (see checklist on how to register).

If YES, provide your PA Corporation Bureau Entity ID Number 0014986175 _____
(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).**

Cornelius Djameh _____
Anita-Carter-Djameh _____

6. **Mailing Address**

2318 Water Garden Drive
Street Address

Hanover, Pennsylvania _____ York _____
City, State and Zip Code County

(410) 493-7977 _____ carteranita30@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 PO Box.)

Street Address

City, State and Zip Code County

Telephone Number E-Mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-Mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

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).

To provide safe, reliable, and accessible transportation services for individuals needing medical appointments. in York, Adams counties as well as nearby counties.

The service limited to vehicle seating 11 to 15 people including the driver will be primarily in the greater Pennsylvania area and surrounding geographic areas.

Examples:

- *To transport people from points in Lancaster County to points in PA, and return.*
- *To transport people between places in Allegheny, Washington, and Beaver Counties.*

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 Group and Party Service in Vehicles Seating 11 to 15, Including the Driver; 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. § 4904 relating to unsworn falsification to authorities.

Anita Carter-Djameh

(Print Name)

Anita Carter-Djameh

(Signature)

3/04/2026

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

BUSINESS PLAN/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.

CAN-3D GRUP LLC

Legal Name of Applicant

Trade Name, if any

2318 Water Garden Drive

Hanover, Pennsylvania 17331

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.

**Anita-Carter-Djameh/President
/2318 Water Garden Drive, Hanover, Pennsylvania/
(410)905-3957.**

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

The above listed person does not have any affiliation with any other carriers.

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 (Anita holds a Ph.D. in geotechnical engineering. She has

worked on several transportation projects. Moreover, she has been a businesswoman for over 10 years of a technical organization managing several projects according to strict guidelines and protocols.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, including office machines that will be utilized, and the facilities to house vehicles. As a carrier of household goods in use, applicants 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. Regarding 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.

Our physical location will be at 2318 Water Garden Drive, Hanover, Pennsylvania 17331.

All physical records of customers and business related (personnel and other pertinent business information will be stored and kept confidentially according to standard human resources specifications. Moreover, Pennsylvania standard employee information will be posted.

All customer requests will be handled through an 800 number given to prospective customers or agencies desiring to conduct business with our transportation organization.

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.

A. Recruitment for drivers will be based primarily on a driver having a good driving record, prior driver's history, and customer service expertise and no instances of alcohol and drug abuse.

B. Background checks will be conducted by a verified group within Pennsylvania.

C. CAN-3D Grupp LLC has a standard operating manual that outlines the following for the staff:

- **Mission and Objectives of CAN-3D Grupp LLC**
- **Goals of the Organization**

- **Processing or Intake of New Participants (Process)**
- **Routine Scheduling of Participants**
- **Handling Pick-Up/Drop-Off Request**
- **General Customer Service Protocol**
- **General Vehicular Safety**
- **Handling Emergencies on and off the Road**
- **Drug and Alcohol Testing (Random) and**
- **Customer Surveys and Checks**

Staff Training and Supervisory Ratio:

CAN-3D Grupp LLC employs a supervisory staff ratio of 4 to 1. Each staff member undergoes twelve hours of training in the following areas:

- **Mission and Goals of CAN-3D Grup LLC**
- **Emergency preparedness for drivers should an emergency arise (accident, dispute, or missed pickups-/drop-offs**
- **Employee guidelines, pay, and hours, and grievance process**
- **Confidentiality forms and non-disclosure forms**

D. We will use an automated driving system that will record primary information on each employee such as previous and current driving records, driving performance, positive and negative comments from customers, attendance, random drug and alcohol tests, record of driver or safety violations. All owners will undergo and pass criminal background checks.

E. Must create a formal drug policy for signature of contractor/employee

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	<u>SEATING</u> CAPACITY*	VEHICLE ID #	MILEAGE
2021	Mercedes- Benz	GLE 450	5		
2013	Mercedes_Benz	GL 550	7		
2018	Toyota	Sienna	8		

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan

All vehicles will keep up with the required maintenance by adhering to the PA code 67, chapter 175.

- Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania equipment standards (67 Pa. Code, Chapter 175).

All vehicles will keep up with the required maintenance by adhering to the PA code 67, chapter 175, by periodic inspections and renewals.

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

Insurance will be purchased and effective upon receipt of license and will meet the minimum state requirement of at least \$1,000,000.00 - \$2,000,000.00 in liability

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

_____ YES, X NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. § 4904 relating to unsworn falsification to authorities.

Anita Carter-Djameh

(Signature)

3/06/2026

(Date)

(Anita Carter- Djameh, President)

Statement of Financial Position (Balance Sheet)
As of (date) December 31, 2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	_____	
Other Current Assets (specify)	_____	
Total Current Assets		_____
Tangible Assets		
Motor Vehicle Equipment	_____	
Property (buildings, land, etc.)	_____	_____
Office Equipment		_____
TOTAL ASSETS		=====

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	_____	
Credit cards/revolving credit	_____	
		=====
		=====

Other Liabilities (Attach schedule)

Total Current Liabilities

Long Term Liabilities (Due after one year of date)

Mortgage



Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

TOTAL LIABILITIES

BALANCE SHEET

	FY-2025	FY-2026
ASSET TYPE	PRIOR YEAR	CURRENT YEAR
Current assets	0	0
Fixed assets	0	0
Other assets	0	0
Current liabilities	0	0
Long-term liabilities	0	0
Owner equity	0	0
TOTAL ASSETS	2,000	1,500
TOTAL LIABILITIES & STOCKHOLDER EQUITY 	0	500 
BALANCE	2,000	1,000