

Application for Transportation Network Service License

THIS APPLICATION IS TO BE USED WHEN PROVIDING TRANSPORTATION FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA USING A DIGITAL NETWORK TO FACILITATE PREARRANGED RIDES.

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

OK TAXI TECHNOLOGIES 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)

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 Trucking" 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 Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Applicant is:**

- Sole Proprietor
- Partnership
- Limited Partnership (Provide list of partners and copy of Certificate of Limited Partnership)
- Limited Liability Partnership (Provide list of partners and copy of Statement of Registration)
- Limited Liability Company (Provide list of members and copy of Certificate of Organization)
- Corporation (Provide list of shareholders, distribution of shares, officers, and copy of Articles of Incorporation)
- Foreign Association not formed in PA (Provide copy of Foreign Registration Statement)

4. **Registration with the Department of State** - The applicant certifies that the TNC is registered with the Pennsylvania Department of State to do business in the Commonwealth. Please provide a copy of the TNC applicant's registration with this application.

5. **Please check Applicant's PUC status:**

- Does not now, nor never has had PUC Authority
 Does not now, but has previously held PUC Authority at A- _____
 Holds current PUC Authority at A- _____

6. **Dual Motor Carrier** - Please indicate whether the Applicant is a call demand carrier.

- The Applicant WILL BE operating as a Dual Motor Carrier.
 The Applicant WILL NOT BE operating as a Dual Motor Carrier

7. **Mailing Address**

10752 BUSTLETON AVE STE G
Street Address
PHILADELPHIA, PA 19116 PHILADELPHIA
City, State and Zip Code County
7189098048 Oktaxigf@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.

8. **Physical Address** (If different than mailing address. Do not use a post office 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**

9. **Website**

OKTAXI24.COM
Website Address

The applicant certifies that it will establish and maintain a website that complies with Chapter 26.

10. **Registered Agent**

JAHONSHOH ABDUHALIMOV	
Agent's Name	
10752 BUSTLETON AVE STE G	
Street Address	
PHILADELPHIA, PA 19116	PHILADELPHIA
City, State and Zip Code	County
2677175295	JAHONABDUHALIM@GMAIL.COM
Telephone Number	E-mail Address

11. **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.

12. **Affiliated Interests** – List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

13. **General Description of Nature and Scope of Business** - Provide a general description of the nature and scope of the proposed TNC service to be offered, including the company's business model, the use of independent drivers or employee drivers, the use of driver-owned vehicles or company-owned vehicles, the names and roles of any affiliates involved in providing the service, and other relevant features of the proposed TNC service.

OK TAXI TECHNOLOGIES LLC will be operating as a rideshare company. Digital transportation network connecting riders (customers) to non employee drivers who are independent contractors that will be driving customers to their desired locations. It will start off as intra state based company with the prospect of potentially going interstate. All vehicles will be owned by the drivers and all drivers will be required to have a TNC insurance policy in compliance with state laws. The company is similar rideshare programs such as UBER or LYFT.

14. **Driver Standards** -- Please explain:

- a. Your standards for drivers;
- b. Your system for ensuring compliance with criminal background and license check requirements;
- c. Your driver training program;
- d. Your policy regarding alcohol and drug use by your drivers;
- e. How your policy or your written policy will ensure that drivers have the necessary insurance coverage;
- f. How your policy or your written policy will ensure your drivers will continuously comply with all requirements under Chapter 26, including providing service to people with disabilities;
- g. How your policy or your written policy will ensure your drivers will be informed of nondiscrimination policies.

15. **Vehicle Safety Program** – Please explain:

- a. How your policy or your written policy will ensure that vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) and Chapter 26.
- b. Plans for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage standards shall be replaced in a timely fashion.
- c. How your policy or your written policy will ensure vehicles engaged in TNC service display their respective TNC placard in accordance with Chapter 26.

16. **Autonomous Vehicle Safety** – Please certify that all autonomous vehicles and their operation in TNC service comply with all applicable PennDOT regulations.

N/A

The certification must be signed here by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation)

17. **Customer Service Standards** – Please describe your customer service standards. Within your description, please explain:

- a. Your plan to inform customers of how to file complaints with the PUC;
- b. Your intended customer complaint resolution procedure.

18. **Insurance** – Describe steps you have taken to obtain liability insurance coverage for your business. Upon tentative approval of the application, you will be required to have an acceptable Form E certificate of insurance filed by the insurance carrier. Note: An acceptable Form E certificate may be filed at the time of filing the application.

19. **Financial Data** – You must submit documentation as evidence of your current financial position.

Please respond with what would be acceptable for evidence of financial position.

20. **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 License for failure to comply with Commission requirements. **TNC applicant certifies that it will comply with all of the requirements under Chapter 26.** (Act 164 of 2016)

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported annual gross Pennsylvania intrastate receipts derived from all fares charged to customers for the provision of TNC service. Applicant 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.

FARMON SAIDKULOV (MANAGING MEMBER OF OK TAXI TECHNOLOGIES LLC)

(Print Name)

F. Saidkulov

(Signature)

01/15/2026

(Date)

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

OK TAXI TECHNOLOGIES DRIVER PREREQUISITE

- 1. ALL DRIVERS MUST BE LICENSED IN THE U.S FOR AT LEAST 1 YEAR**
- 2. BE AT LEAST 21 YEARS OF AGE**
- 3. HAVE NO CRIMINAL BACKGROUND**
- 4. HAVE NO ACTIVE CITATION UNRESOLVED CITATIONS**
- 5. HAVE NO DRIVER LICENSE SUSPENSION PENDING**
- 6. DRIVER MUST HAVE A TNC DRIVER INSURANCE POLICY THAT'S MEETS STATE**
- 7. MINIMUM TNC REQUIREMENTS.**
- 8. ALL DRIVERS MUST PASS A MOTOR VEHICLE AND CRIMINAL BACKGROUND CHECK COMPLETED BY A THIRD PARTY PROGRAM PROVIDED BY OK TAXI TECHNOLOGIES.**
- 9. VEHICLE REQUIREMENTS:**

VEHICLE MUST BE LESS THAN 5 YEARS OLD

MUST HAVE A CLEAN TITLE (NO SALVAGE OR REBUILT TITLE)

VEHICLE MUST BE REGISTERED IN THE STATE OF PENNSYLVANIA



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
CERTIFICATE OF ORGANIZATION -
LIMITED LIABILITY COMPANY
 Fee: \$125

Pennsylvania Department of State

-FILED-

File #: 0015028877
 Date Filed: 12/19/2025

DSCB:15-8821 (rev. 2/2017)

In compliance with the requirements of [15 Pa.C.S. § 8821](#) relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

Limited Liability Company Type	
Filing type	Domestic Limited Liability Company
Limited liability company subtype	Limited Liability Company
Limited Liability Company Name	
Entity name	OK TAXI TECHNOLOGIES LLC
Effective Date	
The filing shall be effective when filed with the Department of State	
Registered Office	
The address of this limited liability company's proposed registered office in this Commonwealth is	
10752 BUSTLETON AVE STE G PHILADELPHIA, PA 19116-3367 PHILADELPHIA	
Organizers	
Name of individual or organization	Address
FARMON SAIDKULOV	10752 BUSTLETON AVE STE G PHILADELPHIA, PA 19116-3367
GOLIBJON HAKBERDIEV	10752 BUSTLETON AVE STE G PHILADELPHIA, PA 19116-3367
Additional provisions, if any	
Additional provisions	
<input type="checkbox"/> I qualify for a veteran/reservist-owned small business fee exemption (see help)	
Electronic Signature	
IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.	
<i>FARMON SAIDKULOV</i>	<i>12/19/2025</i>
_____ FARMON SAIDKULOV	_____ Date
<i>GOLIBJON HAKBERDIEV</i>	<i>12/19/2025</i>
_____ GOLIBJON HAKBERDIEV	_____ Date

B0975-7769 12/19/2025 5:47 PM Received by Pennsylvania Department of State



Department Of the Treasury
Internal Revenue Service
Philadelphia, PA 19255-0023
Important Information - Please Read

OK TAXI TECHNOLOGIES LLC
FARMON SAIDKULOV MBR
% FARMON SAIDKULOV MBR
10752 BUSTLETON AVE STE G
PHILADELPHIA, PA 19116

December 19, 2025

We assigned you an employer identification number (EIN)

Your EIN is **41-3192204**. The name control associated with this EIN is **OKTA**.

What you need to do

- If you did **not** apply for this EIN, visit [IRS.gov/EINNotRequested](https://www.irs.gov/EINNotRequested).
- Use this EIN and your name exactly as they appear above when you fill out your tax returns. Otherwise, it may cause delays. Keep a copy of this notice for your records because we'll only send it to you once. You can share a copy with future officers of your organization or anyone asking for proof of your EIN. If your name or address is incorrect as shown, send the correct information to the address at the top of this notice.
- You must file the following forms by the dates shown.

Form	Due Date
1065	03/15/2026

What you need to know

If you need to pay certain types of taxes, like employment or corporate income taxes, we'll send you a package with instructions. The package will tell you how to pay your taxes online using the Electronic Federal Tax Payment System (EFTPS). We'll also send you a personal identification number (PIN) separately. Be sure to activate your PIN when you receive it, so you can start using the EFTPS. To learn more about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes.

If a Limited Liability Company (LLC) elects to be classified as an association taxable as a corporation, the LLC must file Form 8832, Entity Classification Election. If an LLC wants to elect S corporation status and meets certain criteria, the LLC must timely file Form 2553, Election by a Small Business Corporation. In that instance, we'll treat the LLC as a corporation as of the effective date of the S corporation election and the LLC doesn't need to file Form 8832. Visit [IRS.gov/LLC](https://www.irs.gov/LLC) and refer to Publication 3402, Taxation of Limited Liability Companies, for more information.

Additional Information

- Refer to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business, for tips on keeping your EIN safe.
- Find tax forms or publications by visiting [IRS.gov/Forms](https://www.irs.gov/Forms) or by calling 800-TAX-FORM (800-829-3676).
- Call us at 800-829-4933 if you can't find what you need online. If you prefer, you can write to the address at the top of this notice.