

## Application for Broker of Persons

THIS APPLICATION IS TO BE USED FOR A LICENSE TO OPERATE AS A BROKER WHO WILL ARRANGE FOR THE TRANSPORTATION OF PERSONS BETWEEN POINTS IN PENNSYLVANIA.

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

SKYMA Living Solutions, LLC

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- 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 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. **Do you currently hold PUC Authority?**  **Previous Authority?** \_\_\_\_\_

**If YES, at PUC No. A-** 6426950

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

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

**If YES, provide your PA Corporation Bureau Entity ID Number**

~~84-3063507~~ 6984038 (anc)

(see checklist and indicate type of business entity registered)

5. **Mailing Address**

2403 Sidney St, Suite 240  
 Street Address

Pittsburgh, PA 15203 Allegheny  
 City, State and Zip Code County

412-304-3754 greggm@skymaliving.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.*

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

2403 Sidney St, Suite 240  
 Street Address

Pittsburgh, PA 15203 Allegheny  
 City, State and Zip Code County

412-304-3754 greggm@skymaliving.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**.

7. **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.

8. **Does applicant hold interstate operating authority?**

No  Yes, at No. \_\_\_\_\_

**9. Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

We propose to operate as a Broker of Passengers throughout the entire Commonwealth of Pennsylvania, providing coordinated transportation services across all 67 counties. Services will be delivered through a network of qualified, licensed transportation providers to ensure statewide coverage, with an initial focus on Allegheny County and surrounding regions.

*Examples:*

- To arrange for the transportation of passengers between points in Pennsylvania.
- To arrange for the transportation of passengers between points in Clarion County.

**10. 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 Brokers of Persons; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

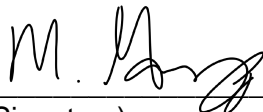
**Verification of Application**

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.

Maria Gregg

(Print Name)



(Signature)

4/7/2026

(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).

**Note: Before you can provide service as a Pennsylvania licensed broker of persons, you must submit evidence of financial responsibility to the Public Utility Commission. Your evidence will be in the form of a Surety Bond in the amount of \$10,000.00.**

# 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.

6426950

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PUC Application Docket No.

SKYMA Living Solution, LLC

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Legal Name of Applicant

N/A

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Trade Name, if any

2403 Sidney St, Suite 240

Pittsburgh

PA

15203

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Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant 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 make application for operating authority from the Public Utility Commission, 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 Applicant 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 applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

Maria Gregg

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

100% Owner

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.

SKYMA Living Solutions has over 5 years of business experience in Pennsylvania, nearly 2 years of providing non-emergency medical transportation (NEMT). SKYMA has coordinated a high volume of trips including, scheduling, dispatching and routing, while working with transportation brokers and managed care organizations.

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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. 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. Finally, please state your intended business hours.

SKYMA Living Solutions, LLC operates from an administrative office in Pittsburgh, PA, equipped with computers, secure Internet, telephone systems and standard office equipment to support transportation coordination.

Records are maintained in compliance with PUC requirements, including, trip, driver and insurance documentation. Records are stored electronically, with secure backup, along with physical files as needed.

Transportation request are received by phone and managed through scheduling and dispatch systems to ensure efficient coordination and communication.

Intended business hours are M-F, 6am-6pm, Sat 9am-5pm, Sun 9am-2pm.

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.

We intend to utilize 3-6 administrative employees, including dispatchers, customer service reps, and administrative staff responsible for scheduling, coordination, compliance and record keeping.

This staffing level is appropriate as SKYMA will operate as a Broker Of Passengers, utilizing a network of contracted transportation providers in addition directly employing drivers.

Staffing will be adjusted to support service demand and ensure efficient operations.

6. Licensed brokers are required to maintain a surety bond with a value of no less than \$10,000. While it is not necessary to obtain a surety bond at this time, please give the names of bonding companies you have contacted in preparation for obtaining a surety bond.

SuretyBonds.com

Lloyds of London- current insurance agency

7. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
  - Your intended customer complaint resolution procedure.

SKYM Living Solutions, LLC is committed to providing reliable, professional and responsive customer service. All customers are treated with respect and services will be delivered in a timely and safe manner.

A.) Compliant Procedures: Customer will be informed of their right to file complaints with the PUC. This information will be made available upon request, included in service materials and accessible on line.

B.) Compliant Resolutions: Customer complaints may be submitted by phone, on line or in writing and will be documented and reviewed promptly. SKYMA will investigate all complaints, respond in a timely manner and take corrective action as needed to ensure resolution and prevent recurrence.

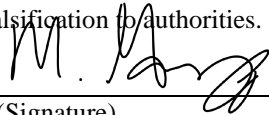
8. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES     NO

9. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore, you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains 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. Section 4904 relating to unsworn falsification to authorities.



(Signature)

\_\_\_\_\_  
Maria Gregg

(Name and Title, printed or typed)

4/7/2026

\_\_\_\_\_  
(Date)

# Balance Sheet

## SKYMA Living Solutions LLC

As of December 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
<b>Assets</b>	
Current Assets	
Bank Accounts	
BUSINESS Checking	30,650.56
Business Event	2,475.00
Donation	275.00
Loan Repayment	0.00
Navy Federal Business checking	5,260.00
NF Business Checking	1,845.17
<b>Total for Bank Accounts</b>	<b>\$40,505.73</b>
Accounts Receivable	
Accounts Receivable (A/R)	15,668.84
<b>Total for Accounts Receivable</b>	<b>\$15,668.84</b>
Other Current Assets	
Payroll Refunds	0.13
QuickBooks Tax Holding Account	0.00
Repayment	<b>\$1,651.24</b>
Undeposited Funds	0.00
<b>Total for Other Current Assets</b>	<b>\$1,651.37</b>
<b>Total for Current Assets</b>	<b>\$57,825.94</b>
Fixed Assets	
Vehicles	\$109,645.58
Accumulated Depreciation	-24,650.00
<b>Total for Vehicles</b>	<b>\$84,995.58</b>
<b>Total for Fixed Assets</b>	<b>\$84,995.58</b>
Other Assets	
Accumulated Amortization of Other Assets	-2,707.23
Furniture	3,869.67
<b>Total for Other Assets</b>	<b>\$1,162.44</b>
<b>Total for Assets</b>	<b>\$143,983.96</b>

# Balance Sheet

## SKYMA Living Solutions LLC

As of December 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Liabilities and Equity	
Liabilities	
Current Liabilities	
Credit Cards	
XXXX7160	3,792.65
<b>Total for Credit Cards</b>	<b>\$3,792.65</b>
Other Current Liabilities	
Direct Deposit Payable	0.00
Payroll Liabilities	<b>\$185,645.15</b>
<b>Total for Other Current Liabilities</b>	<b>\$185,645.15</b>
<b>Total for Current Liabilities</b>	<b>\$189,437.80</b>
Long-term Liabilities	
PNM Chrysler	45,120.41
Santander Loan	20,761.86
<b>Total for Long-term Liabilities</b>	<b>\$65,882.27</b>
<b>Total for Liabilities</b>	<b>\$255,320.07</b>
Equity	
Opening Balance Equity	9,835.54
Owner's Investment	900.04
Owner's Pay & Personal Expenses	-78,119.72
Retained Earnings	-116,567.02
Net Income	72,615.05
<b>Total for Equity</b>	<b>-\$111,336.11</b>
<b>Total for Liabilities and Equity</b>	<b>\$143,983.96</b>