

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)
Anchor Medical Transport 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)
None
-

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?** NO **Previous Authority?** NO

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** NO
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 0015252611
(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).**

Andrew Bartley – Member

6. **Mailing Address**

1534 Machinery Rd

Street Address

West Chester, PA 19380-1556

Chester

City, State and Zip Code

County

(484) 301-5780

info@anchormedicaltransport.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.)

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).
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Applicant will provide non-emergency medical transportation services within Chester County and surrounding areas, including Delaware County, Montgomery County, and Lancaster County, Pennsylvania, based on prearranged scheduling.

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.

Andrew Bartley

(Print Name)

Andrew Bartley

4/8/2026

(Signature)

(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.

Andrew Bartley

Legal Name of Applicant

None

Trade Name, if any

1534 Machinery Rd

West Chester

PA

19380-1556

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.

Andrew Bartley

Founder

1534 Machinery Rd West Chester, PA 19380-1556

(484) 301-5780

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

None

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 is establishing Anchor Medical Transport LLC to provide non-emergency medical transportation services within Chester County and surrounding areas. While the business is newly formed, the applicant brings a strong background in technology and operations, including experience managing systems, coordinating logistics, and problem-solving in fast-paced environments.

In addition, the applicant has experience as a volunteer coach for youth soccer, flag football, and basketball. Through this role, the applicant has developed leadership, communication, and organizational skills, including coordinating schedules, managing groups, and ensuring accountability and safety.

The applicant understands the importance of reliability, safety, and clear communication in transportation services, particularly in the healthcare setting. The business will operate with a focus on prearranged scheduling, on-time performance, and professional interaction with patients and healthcare providers.

The applicant is committed to complying with all Pennsylvania Public Utility Commission regulations and will ensure that all drivers are properly licensed, trained, and qualified. Appropriate insurance coverage will be maintained, and vehicles will be operated in a safe and responsible manner.

The applicant has taken steps to prepare for operations by securing insurance, obtaining a National Provider Identifier (NPI), and developing systems for scheduling, communication, and customer service. The applicant is confident in their ability to operate a reliable and compliant transportation service.

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.

The applicant will operate from a home-based office located in Chester County, Pennsylvania. The office will utilize standard business equipment including a computer, phone system, and internet access to manage scheduling, communication, and recordkeeping. Vehicles will be stored at the applicant’s residence or a secure off-street parking location when not in use.

The applicant will maintain all required records in accordance with Pennsylvania Public Utility Commission regulations, including trip records, driver information, and insurance documentation. Records will be maintained electronically and organized for accessibility and compliance, along with standard business records such as invoices and scheduling logs.

Customer requests for transportation will be received via phone, email, and website inquiries. The applicant will coordinate and dispatch trips using a structured scheduling process. Drivers will be provided trip details in advance and communication will be maintained through mobile phone to ensure real-time updates and efficient service.

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 initially operate with one to two drivers, including the owner, based on the expected demand within Chester County and surrounding areas. This number is appropriate to ensure reliable, on-time service while maintaining operational control during the early stages of the business. Additional drivers will be added as demand increases.

- a. The applicant will hire drivers who possess a valid driver’s license, a clean driving record, and the ability to provide safe, courteous, and professional service to passengers.
- b. Criminal background checks will be conducted on all drivers prior to employment using reputable screening services to ensure passenger safety.
- c. Drivers will receive training on safe driving practices, passenger assistance, communication, and company procedures prior to operating.
- d. Driver license checks will be conducted prior to hiring and monitored periodically to ensure continued compliance with all applicable requirements.
- e. The applicant will maintain a strict zero-tolerance policy regarding alcohol and drug use. Drivers will not be permitted to operate vehicles under the influence of any substances that could impair their ability to safely transport passengers.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

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

The applicant intends to initially operate with one to two vehicles, including a combination of wheelchair-accessible and standard passenger vehicles, based on anticipated demand within Chester County and surrounding areas. This number is appropriate to provide reliable and efficient service while maintaining operational control during the early stages of the business. As demand increases, additional vehicles will be added to support expanded service capacity.

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 implement a vehicle safety program to ensure all vehicles are maintained in safe operating condition at all times. Vehicles will be inspected regularly and maintained in accordance with manufacturer recommendations and standard safety practices.

- a. The applicant will follow a periodic maintenance plan that includes routine inspections, oil changes, brake checks, tire inspections, and other preventative maintenance as recommended by the vehicle manufacturer. Maintenance will be performed on a scheduled basis and documented to ensure proper upkeep.
- b. The applicant will ensure all vehicles comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175). Vehicles will undergo required state inspections, and any identified issues will be promptly addressed. The applicant will conduct regular visual inspections and verify that all required equipment is functioning properly prior to operation.

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 steps to obtain the required insurance coverage by contacting insurance providers that specialize in non-emergency medical transportation services. The applicant has received insurance quotes and reviewed coverage requirements, including liability limits and policy terms.

The applicant has evaluated the cost of insurance premiums and determined that the required coverage is financially feasible. Funds have been allocated to meet initial and ongoing premium payments, and the applicant is prepared to secure and maintain the necessary insurance coverage prior to commencing operations.

The applicant understands that proof of insurance will be filed with the Pennsylvania Public Utility Commission and will ensure that all required filings are completed in a timely manner.

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 NO

The applicant was convicted of a felony in 2008 and a misdemeanor in 2011. These matters occurred over a decade ago and have since been fully resolved. Since that time, the applicant has maintained a clean record and has demonstrated responsible and professional conduct in both personal and business activities.

The applicant is committed to operating a safe, reliable, and compliant transportation service and understands the responsibilities associated with serving the public.

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. Section 4904 relating to unsworn falsification to authorities.

Andrew Bartley

 (Signature)
 Andrew Bartley

 (Name and Title, printed or typed)

4/8/2026

 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) 4/8/2026
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$10,000	
Other Current Assets (specify)		
Total Current Assets		
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)		
Office Equipment		\$1000
TOTAL ASSETS		\$11,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit	\$13,000	
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		\$13,000