

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)

Leasing World Enterprises 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)

Mobility Transit

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- 6428124

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) yes

If YES, provide your PA Corporation Bureau Entity ID Number DD14545093
(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).

Erica T Delai
JASON B Garland

6. Mailing Address

4885 McKnight Road Suite 271
Street Address

Pittsburgh Pa 15237 Allegheny
City, State and Zip Code County

(412) 951-9778 Jason@mobilitytransitservices.com
Telephone Number E-mail Address
Erica@mobilitytransitservices.com

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.)

2 Churchill Road
Street Address

Pittsburgh Pa 15235 Allegheny
City, State and Zip Code County

(412) 951-9778 jgarland3512@gmail.com
Telephone Number E-mail Address
delai,erica@yahoo.com

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)

NA
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?

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 transport people who's disabilitys prevent them from using standard transportation.

Transporting people in wheelchair or non medical stretchers from points in the city of Pittsburgh to points in Allegheny and beaver County and Return.

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.

Erica T. Delai
(Print Name)

Erica T. Delai 4.13.2026
(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.

Leasing World Enterprises LLC
Legal Name of Applicant

DBA Mobility Transit
Trade Name, if any

2 Churchill Road Pittsburgh Pa 15235
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.

Erica T. Dela Co-owner (412) 951-9778
 2 Churchill Road
 Pittsburgh Pa 15235

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

owners/co owners Erica T. Dela - Jason B. Garland
 4885 McKnight Road
 Suite 271
 Pittsburgh Pa 15237

Co-owners
 Both of us Run day to day operations ^{NO} AFFILIATION with any other carrier

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.

Starting out with a home base office lets Erica and Jason Oversee all aspects of Daily business operations including Scheduling, dispatching, driver management, client relations and billing We have hands on operational experience managing and coordinating trips and managing Facility administrators, Social workers and discharge planners. They are knowledgeable in PA Transportation Regulations and specific needs of medically vulnerable passengers.

MOBILITY TRANSIT SERVICES LLC

4885 McKnight Rd, Suite 271 | Pittsburgh, PA 15237 | 412-951-9778

DISCLOSURE OF AFFILIATIONS — Owners, Managers & Controlling Interests

COMPANY INFORMATION	
Legal Business Name:	Mobility Transit Services LLC
Business Address:	4885 McKnight Rd, Suite 271, Pittsburgh, PA 15237
Phone / Website:	412-951-9778 mobilitytransitservices.com
Business Structure:	Limited Liability Company (LLC) — Commonwealth of Pennsylvania
PRINCIPAL #1 — CO-OWNER	
Full Legal Name:	Erica T. Delai
Title / Role:	Co-Owner / Operations Manager
Ownership Interest:	18%
Responsibilities:	Day-to-day operations, client relations, scheduling, billing, and administration
Affiliation with Other Carriers:	NONE
Prior / Revoked PUC Authority:	None
PRINCIPAL #2 — CO-OWNER	
Full Legal Name:	Jason B. Garland
Title / Role:	Co-Owner
Ownership Interest:	82%
Responsibilities:	Co-ownership and strategic oversight of Mobility Transit Services LLC
Affiliation with Other Carriers:	NONE
Prior / Revoked PUC Authority:	None
STATEMENT REGARDING OTHER AFFILIATIONS	
Mobility Transit Services LLC has no parent company, subsidiary, or affiliated entity. Neither Erica T. Delai nor Jason B. Garland holds any ownership, management, or controlling interest in any other PUC-certificated motor carrier, transportation company, or regulated entity. No principal has previously held PUC authority that was suspended, revoked, or cancelled.	
CERTIFICATION AND SIGNATURE	
We, the undersigned, certify that the information provided in this Disclosure of Affiliations is true, accurate, and complete to the best of our knowledge.	
Erica T. Delai — Co-Owner	Signature: <i>Erica T. Delai</i> Date: 4-13-2026
Jason B. Garland — Co-Owner	Signature: <i>Jason B. Garland</i> Date: 4-13-2026

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.

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.

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	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2023	Ram	Promaster 2500 conversion VAN	2-3 wheelchair NON Medical Stretcher Accessible	3C6LR1PG4PE519740	740 / 33000
2026	Chrysler	Voyager	Stretcher 2 wheelchair	24RC1CG2TR 232526	20000 76 20 miles

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

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.

(Signature) (Date) (Name and Title, printed or typed)

James B. Hubbard *4-13-2026*
James B. Hubbard *4-13-2026*
Co-owner *Co-owner*

App MCC Persons Paratransit Service
rev 12/6/21

Statement of Financial Position (Balance Sheet)

As of (date) 04/13/2026
(Must be less than 6 months old)

ASSETS

Current Assets

Cash \$20000.00
Other Current Assets (specify)
Total Current Assets \$20000.00

Tangible Assets

Motor Vehicle Equipment 2 Vans
Property (buildings, land, etc.)
Office Equipment \$5000.00
TOTAL ASSETS \$25000.00

LIABILITIES

Current Liabilities (Due within one year of date)

Loans 0
Credit cards/revolving credit 0
Other Liabilities (Attach schedule) 2 Vehicle Loans
Total Current Liabilities

Long Term Liabilities (Due after one year of date)

Mortgage 0
Long term commercial loan 0

Page 6 Question 4

Our Facility will be FROM A Home OFFICE to STAR
The Record maintenance Plan will include Vehicle
Maintenance Logs: Oil Changes, tire Rotations, brake
INSPECTIONS, LIFT SERVICING ETC. DRIVER RECORDS
Licenses and CERTIFICATIONS, BACKGROUND CHECKS
Drug AND Alcohol testing RESULTS, Training complete
TRIP LOGS, INCIDENT REPORTS, INSURANCE AND
Registration, ADA Equipment checks.

We PLAN to use SOFTWARE such AS Genie Route
FOR scheduling, DISPATCHING, AND MANAGING
PATIENTS transportation along with Billing AND
INVOICES, COMPLIANCE, GPS tracking.

The office is EQUIPPED with the necessary ItE
TO manage the business. Computers, Printer, SCAN/Fax,
File Cabinets ETC. Since we're starting small
we PLAN to Keep the vehicles AT the OFFICE Location
We PLAN to Keep Records FOR PUC AND Normal business
Records IN the File Cabinets AT the OFFICE AS well AS
Digital storage provide THROUGH Route Genie Software.

Page 6 Question 4 Part 2

Route Genie software will receive customer request for transportation and dispatch the vehicles to fulfill the request. Continuous communication with drivers will happen with two way radios Motorola (MOTOTRBO)

- A. valid Drivers License, Age Requirements must be 21
Criminal background checks, Driving History No Drugs
or Alcohol or controlled Substances. CPR First Aid
Certification, Customer Service training, Drivers Safety
training.
- B. Patch Pennsylvania Access to criminal History
Before Drivers First Day
- C. Demonstrate technical Fitness during safety Fitness reviews
Certifications CTAA Pass completing 19 modules with test
And completing on hand trainings wheelchair segments.
CTS Medicare, Saferside health and MTM,
Certified stretcher operator (CSO) hands on training
Specifically for transporting stretcher bound passenger
in a non-emergency setting: vehicle pre-trip inspection
HIPAA, Sensitivity / Dementia
- D. Penn Dot MVR (Motor Vehicle Record) with a Penn dot
business account or For Employers Submitting a Form
and a Fee to Penn Dot
- E. Alcohol Drivers may not operate a vehicle while under
the influence
- Controlled Substances Prohibition Drivers may not operate
while under influence of any controlled substances
and maybe checked at any time with Reasonable
Suspicion.

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).

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums. *Contacted NEMT Specialist Insurers / broker, obtain quotes, make sure your insurer will FILE E electronically Filing with PUC Budgeting Premiums into operating cost*

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

Erica T. DeLai co-owner (No)
JASON B Garland co-owner (Yes)
2023 Misdemeanor + Simple Assault
which he has completed all education concerning charges.

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.

Erica T DeLai
 (Signature)
Erica T DeLai
 (Name and Title, printed or typed)

4-13-2026
 (Date)

VEHICLE SAFETY PROGRAM

Mobility Transit Services LLC

Prepared for Submission to the Pennsylvania Public Utility Commission

Mobility Transit Services LLC (MTS) provides wheelchair-accessible, ambulatory, non-medical stretcher, and wheelchair stair climber transportation services to nursing facilities and skilled nursing homes in the Pittsburgh, Pennsylvania area. The following describes MTS's vehicle safety program, including its daily pre-trip inspection process, periodic preventive maintenance plan, and the systems by which MTS ensures continuous compliance with applicable PA PUC vehicle equipment standards under 52 Pa. Code §§ 29.401–29.407 and 67 Pa. Code Chapter 175.

1. REGULATORY FRAMEWORK

MTS's vehicle safety program is designed to meet or exceed the requirements of 52 Pa. Code Subchapter E (§§ 29.401–29.407), governing vehicle equipment and inspection for passenger carriers operating vehicles of 15 seats or fewer, and 52 Pa. Code § 29.354, which requires that vehicles used to serve handicapped persons contain all equipment necessary for the safety and comfort of those passengers. All MTS vehicles are registered with PennDOT under the BA (paratransit) commercial registration plate designation. Each vehicle is marked with the MTS company name and PUC authority number in letters no less than 2 inches high by ½ inch in width, as required.

2. DAILY PRE-TRIP INSPECTION

Every MTS driver is required to complete and sign a written daily pre-trip inspection checklist before transporting any passenger. The checklist covers all items required under 52 Pa. Code § 29.402 and § 29.403, including:

- Service brakes and parking brake — function and hold test
- All exterior lighting — headlights, brake lights, turn signals, reverse lights, hazard flashers
- Tires — pressure, tread depth, and condition on all wheels
- Horn — audible function
- Mirrors — adjustment and condition
- Windshield wipers and washer fluid
- Heater and defroster — in working order (required per § 29.403(3))
- Interior cleanliness and sanitary condition (required per § 29.403(2))
- Seat hardware — hinges, latches, and brackets on all folding or removable seats (required per § 29.403(1))
- Wheelchair lift or ramp — full cycle operation, platform condition, and safety locks
- Wheelchair securement systems — four-point tie-downs, lap belt, and shoulder harness
- Stretcher mounting hardware and restraint systems (stretcher vehicles only)
- Emergency equipment — first aid kit and fire extinguisher present and accessible
- Fuel level
- Exterior vehicle markings — PUC number and company name visible and legible

Completed checklists are signed and dated by the driver and retained at MTS's principal place of business for a minimum of one year from the date of inspection, as required by 52 Pa. Code § 29.406(3). Any defect identified during a pre-trip inspection results in the vehicle being removed from service until the defect is repaired and documented.

3. PERIODIC PREVENTIVE MAINTENANCE PLAN

MTS maintains a scheduled preventive maintenance program for each vehicle in its fleet. All maintenance is performed by a qualified mechanic and documented on a per-vehicle maintenance log retained at MTS's principal place of business.

Interval	Maintenance Tasks
Every 3,000–5,000 miles	Oil and filter change; all fluid levels checked and topped off; tire rotation; visual brake inspection; wheelchair lift lubrication
Every 15,000 miles	Air filter replacement; brake pad inspection and measurement; battery load test; belts and hoses inspection; full lift/ramp mechanical function test; securement hardware inspection
Every 30,000 miles	Brake fluid flush; transmission service; coolant system flush; full suspension and steering inspection; lift/ramp inspection by qualified accessibility equipment technician; stretcher mounting hardware recertification
Annually	Pennsylvania state safety inspection (67 Pa. Code Ch. 175) at PennDOT-certified station; emissions inspection where applicable; full wheelchair securement system certification; seasonal tire compliance verification

Each maintenance log entry records the date, odometer reading, work performed, parts replaced, and the name and credentials of the mechanic or service facility. Logs are retained on a per-vehicle basis and made available to PUC enforcement officers upon request.

4. PENNSYLVANIA STATE SAFETY INSPECTION COMPLIANCE

Each MTS vehicle receives an annual Pennsylvania state safety inspection performed by a PennDOT-certified inspection mechanic at a certified inspection station, as required by 52 Pa. Code § 29.405 and 67 Pa. Code Chapter 175. MTS maintains a master vehicle compliance calendar that tracks the inspection expiration date for each vehicle. Inspections are scheduled a minimum of 30 days before expiration to prevent any lapse in compliance. Valid PA inspection stickers are maintained on all vehicles at all times.

5. SEASONAL TIRE COMPLIANCE

In accordance with 52 Pa. Code § 29.403(5), all MTS vehicles are equipped with snow tires or all-weather tires on drive wheels between October 1 and April 1. MTS schedules tire changeover or verification prior to October 1 each year. The date of changeover and tire specifications are documented in each vehicle's maintenance log.

6. UNSAFE VEHICLE / OUT-OF-SERVICE POLICY

MTS strictly enforces a zero-tolerance policy for operating vehicles that do not comply with 52 Pa. Code §§ 29.402 or 29.403. Any driver who identifies a safety defect — whether during the pre-trip inspection or while in service — is required to immediately report the defect to management. The vehicle is immediately removed from service until all required repairs are completed, documented, and signed off by the repairing mechanic.

If a defect is discovered while a vehicle is transporting a passenger, the driver will proceed only to the nearest safe location to complete the trip or transfer the passenger, consistent with 52 Pa. Code § 29.404, and will not return the vehicle to service until it has been inspected and repaired. Out-of-service documentation is retained in the vehicle's maintenance file.

7. SPECIALIZED EQUIPMENT COMPLIANCE

MTS operates wheelchair-accessible vehicles and non-medical stretcher vehicles, which require specialized equipment compliance beyond standard vehicle inspection:

- Wheelchair lifts and ramps are inspected daily during pre-trip and serviced per manufacturer specifications at each scheduled maintenance interval.
- Four-point wheelchair tie-down systems, lap belts, and shoulder harnesses are inspected before each trip and replaced at the first sign of wear or damage.
- Non-medical stretcher mounting hardware, locking mechanisms, and passenger restraints are inspected daily and certified annually by a qualified technician.
- Wheelchair stair climber equipment is inspected before each use and maintained per manufacturer service schedule.

All specialized equipment maintenance and certification records are retained at MTS's principal place of business.

8. RECORD RETENTION AND AVAILABILITY

MTS maintains the following records at its principal place of business at 4885 McKnight Rd, Suite 271, Pittsburgh, PA 15237, and makes them available to PUC enforcement officers upon request:

- Daily driver pre-trip inspection checklists — retained for a minimum of 1 year
- Per-vehicle preventive maintenance logs — retained on an ongoing basis
- Pennsylvania state inspection certificates — current certificate retained in each vehicle
- Wheelchair lift and ramp service records
- Stretcher and securement equipment certification records
- Out-of-service and return-to-service documentation
- Seasonal tire compliance records

CERTIFICATION

The undersigned certify that the Vehicle Safety Program described herein accurately reflects the policies and procedures of Mobility Transit Services LLC and that MTS is committed to continuous compliance with all applicable Pennsylvania PUC vehicle equipment and inspection requirements.

Erica T. Delai, Co-Owner Signature: Erica T. Delai Date: 4-13-2026
Jason B. Garland, Co-Owner Signature: Jason B. Garland Date: 4-13-2026