



**COMMONWEALTH OF PENNSYLVANIA**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

April 16, 2026

Docket No. A-2026-3061672

**ANCHOR MEDICAL TRANSPORT LLC  
1534 MACHINERY RD  
WEST CHESTER PA 19380-1556**

**RE: Application of Anchor Medical Transport, LLC, 1534 Machinery Rd West Chester, Chester County, PA 19380-1556. 484-301-5780**

To Whom It May Concern:

On April 9, 2026, the application of ANCHOR MEDICAL TRANSPORT, LLC, was received by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter.

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, \_\_\_\_\_, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response via the Commission's e-file website (information available at <https://www.puc.pa.gov/filing-resources/>), or to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

A handwritten signature in black ink that reads "Matthew L. Homsher". The signature is written in a cursive style.

Matthew L. Homsher, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2026-3061672  
ANCHOR MEDICAL TRANSPORT, LLC  
Data Request

1. Before your application can be processed further, you are required to provide an acceptable description of the proposed service area. Your request should be limited to a scope which can be supported by your present resources and financial position. As your business grows, additional territories and rights may be applied for. Applicants who request service areas beyond the scope of their resources risk the outright denial of their application, or possible Commission dictated revisions to their original request.

Your proposed service area must be fully bound, and easily discernible. Terms such as, “surrounding communities” is not suitably specific. The use of municipal boundaries, roads, railroads, or natural boundaries such as rivers and streams, etc., are generally specific enough.

**YOU SHOULD ONLY SPECIFY AREAS FROM WHICH YOU WISH TO ORIGINATE SERVICE.**

Example:

- a. Between points in Pennsylvania
  - b. between points in the counties of X, Y, and Z.
  - c. from points in the counties of X, Y, and Z, to points in Pennsylvania, and return.
  - d. from points in the counties of X, Y, and Z, to points in the counties of A, B, and C, and return
2. In response to Question #5: **when asked to provide a plan you are expected to provide a PLAN which is fully responsive to each portion of the question** *and* to ensure that the plan satisfies the requirements of 52 Pa Code. You may hire a third party to execute the actual check, but you, as the applicant, are expected to establish a policy which complies with the governing laws and regulations. You are also expected to provide this Commission with written evidence of said plan/policies.
    - a. In reference to Question #5

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The purpose of the verified statement questions is to determine your ability to provide safe, efficient, and reasonable transportation. It is in your best interest to provide accurate, complete, and timely responses. Failure to do so is sufficient grounds to justify the denial of your application because YOU have failed to provide sufficient evidence of your fitness to operate. Be advised that additional corrections may not always be requested; therefore, prior to submitting your responses, your consultation with an attorney or financial expert familiar with Commission regulated Motor Carrier related proceedings is highly encouraged.

- i. You are specifically advised to review the requirements of the following chapters of 52 Pa Code **and to submit EVIDENCE of compliant plan for drivers which completely addresses the following:**
  - § 29.503. Driver Age
  - § 29.504. Driver history (record retention)
  - § 29.505. Criminal history (schedule and record retention)
3. Your vehicle safety program is inadequate as described. Please provide a copy of your complete safety program and include copies of your vehicle maintenance plan.
  - a. Do you perform daily pre and post trip inspections?
  - b. If not, why not?
  - c. If so, please provide a copy of your daily vehicle inspection checklists.
4. Please provide information on your insurance quotes. Include the provider's name, policy limits, and annual costs. Do you intend to pay your premiums in monthly installments, or will you pay the entire premium in advance?
5. Please review the below criteria and submit a revised compliant Statement of Financial Position (if necessary) **and provide evidence to support the statement (required):**
  - a. The statement presented must be **DATED** and comprised of information **which is less than 6 months old.**
  - b. The submission **MUST** be comprised of information which is **accurate as of the date provided.**
  - c. **The information is to be exact and should not include estimates or approximations when accurate numbers are available.** Property and vehicle valuations may be approximations; however, if the valuation is higher than typical Kelly Blue Book (or similar) valuations, you should provide an explanation as to why (e.g. vehicle with an installed wheelchair lift, etc). Bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).
  - d. **ALL relevant assets and debts** are to be included (**vehicle loan balances/vehicle asset value, lease expenses, etc.**).

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- e. **The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (ANCHOR MEDICAL TRANSPORT LLC), and not the individual member(s). Any property and accounts listed MUST be registered or titled to the corporation. Bank accounts must be in the name of ANCHOR MEDICAL TRANSPORT LLC. Vehicles must be registered to ANCHOR MEDICAL TRANSPORT LLC. Property must be titled to ANCHOR MEDICAL TRANSPORT LLC. Relevant Vehicle and facility leases should also be properly shown and allocated. If these items are not in the name of ANCHOR MEDICAL TRANSPORT LLC, they should NOT be included on the balance sheet.**

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your updates). Applicants lacking suitable finances, resources, and equipment will be denied authority.

**Finally, in order to fully assist the Commission in verifying your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and/or notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Also include any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, leases, etc.**

**You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application, as is failure to provide the requested supporting documentation.**

6.

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