

Application for Motor Contract Carrier of Persons

This application is required to request a Permit to operate as a contract carrier of persons, when providing transportation for compensation between points in Pennsylvania. A contract carrier does not offer its services to the general public, but only provides transportation to those as specified in a contract with a specific organization.

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

Grace and Loving Home Care, 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)

N/A

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?** N/A **Previous Authority?** No

If YES, at PUC No. A- N/A

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

If YES, provide your PA Corporation Bureau Entity ID Number
6543456

(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).**

Arthur Kharko, Administrator

6. **Mailing Address**

5745B North Broad Street
Street Address
Philadelphia PA 19141 Philadelphia
City, State and Zip Code County
267-634-2901 arthur@graceandlovinghomecare.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 from Physical Address. Do not use a PO 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)

N/A

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 clients as a motor common carrier in paratransit from their residences in Philadelphia, Bucks, Montgomery, Delaware, and Chester Counties to points within those counties (including, but not limited to, the licensed home care agency operated by Grace and Loving Home Care LLC) and return, but only to the extent reimbursable as non-medical transportation services under (i) the Pennsylvania Medicaid Community HealthChoices Waiver, through contracts with Coordinated Transportation Solutions, Inc. and MTM, Inc., or (ii) the Pennsylvania Medicaid OBRA Waiver

Examples:

- *To transport people in motor vehicles as a contract carrier for ABC, Inc. between points in the counties of Bucks, Chester, and Delaware.*
- *To transport people in motor vehicles under the Medical Assistance Transportation Program as a contract carrier for 123, LLC, from points in the city and county of Philadelphia to points in PA, and return.*

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.

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.

Arthur Kharko

(Print Name)

Arthur Kharko

(Signature)

04/17/2026

(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).

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.

Grace and Loving Home Care, LLC

Legal Name of Applicant

Trade Name, if any

5745B N Broad Street

Philadelphia

PA

19141

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.

Arthur Kharko, Administrator
5745B N Broad Street
Philadelphia, PA 19141
267-634-2901

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.

Applicant will attend the Coordinated Transportation Solutions (CTS) Annual Pennsylvania Transportation Provider Training, and complete all initial trainings required by CTS and MTM. Applicant has not previously operated a licensed transportation service, but is an established provider of in-home care services to elderly and disabled individuals across multiple Pennsylvania counties. The company has extensive experience in staff management, scheduling, and coordinating time-sensitive services for 300+ clients.

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. With 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 facilities will consist of an office with a computer and landline telephone for communication with Applicant's drivers. Applicant's vehicles will be parked on-site when not in use. Applicant will maintain a communication network that ensures both reliable and efficient communication among its staff and clients. Applicant will receive customer requests via email or telephone from CTS or MTM, or in limited instances, clients. Applicant will dispatch vehicles in accordance with client needs. Applicant will maintain communication with its driver(s) via telephone and cell phone. Applicant will ensure all records related to its business as a Common Carrier are stored in a safe, secure, and easily accessible location. Applicant will designate a space within its facility for the safe and secure storage of PUC and normal business records.

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.

- a. Be at least twenty-one years of age (21). Speak and read English to effectively communicate with clients, understand traffic signals, make legible reports and records, operate vehicle safely, and have a valid drivers license issued by the Commonwealth of Pennsylvania. Comply with Applicant's Driver Job Description.
- b. Applicant will require all applicants for a driver position to submit a criminal history background check, including Pennsylvania State Police checks and, when applicable, FBI fingerprint-based screening.
- c. Applicant's Driver Training Program will include attendance at all CTS and MTM required training sessions and quarterly reviews by Applicant's administrator.
- d. Applicant will request quarterly drivers license checks on PennDOT online system for all drivers.
- e. Drivers will not be permitted to operate a vehicle under the influence of either drugs or alcohol. If a driver operates a vehicle under the influence of drugs or alcohol driver will be immediately terminated from employment with Applicant.

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>

Applicant will initially operate one (1) vehicle. When demand for Applicant's services increases, company have resources to obtain four (4) more vehicles or as needed.

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).

a. Vehicles will undergo maintenance reviews on a quarterly basis. Drivers will be required to alert Applicant immediately upon noticing any maintenance or repair needs to their vehicle.

b. Vehicles will undergo compliance reviews on a quarterly basis and annual inspections as required by law. Drivers will be required to notify Applicant immediately upon noticing any maintenance or repair needs to their vehicle.

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

Applicant has consulted with its insurance broker and is prepared to pay for all necessary insurance. The Applicant have sufficient funds to pay for initial insurance.

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 X NO

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. § 4904 relating to unsworn falsification to authorities.

Arthur Kharko

(Signature)

04/17/2026

(Date)

Arthur Kharko, Administrator

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets			
Cash	\$180,098.22		
Other Current Assets (specify)	\$0		
Total Current Assets		\$180,098.22	
Tangible Assets			
Motor Vehicle Equipment	\$0		
Property (buildings, land, etc.)	\$0		
Office Equipment		\$35,000	
TOTAL ASSETS		\$215,098.22	

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans	\$0		
Credit cards/revolving credit	\$0		
Other Liabilities (Attach schedule)	\$0		
Total Current Liabilities		\$0	
Long Term Liabilities (Due after one year of date)			
Mortgage	\$0		
Long term commercial loan	\$0		
Other Liabilities (Attach Schedule)	\$0		
Total Long-Term Liabilities		\$0	
TOTAL LIABILITIES		\$0	

Letter of Intent

April 17, 2026
Christopher Knaff
Business Development and Network Implementation
Coordinated Transportation Solutions, Inc.
35 Nutmeg Drive, Suite 120
Trumbull, CT 06611

Dear Mr. Knaff:

I understand that Coordinated Transportation Solutions, Inc. (CTS) is contracted with UPMC for Brokerage Services to provide Non-Emergency Medical Transportation (NEMT) services for its members located Across Pennsylvania. This *Letter* conveys our commitment to work with CTS to negotiate in good faith a contract to provide NEMT services in the Commonwealth of Pennsylvania.

I understand and agree to comply with all regulatory requirements to provide transportation in PA. In support of this commitment and as required by UPMC, we are providing the following information for your records:

Name of Company: **Grace and Loving Home Care LLC**

Company's Legal Status: LLC Corporation Not-for-profit

Federal Tax ID # or D-U-N-S #: 82-1247616

Company Address: 5745B N Broad Street

City, State, Zip Code: Philadelphia, PA 19141

Phone #: 267-634-2901

Fax #: 215-224-6000

Email Address: info@graceandlovinghomecare.com

Company Representative* (Name and Title): Arthur Kharko, Administrator

Signature Arthur Kharko

Date 04/17/2026

*Individual signing this document must be legally authorized to bind the company to contractual obligations.