

SAXTON & STUMP

LAWYERS AND CONSULTANTS

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May 1, 2026
VIA E-FILE SYSTEM

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

RE: Application of QualiT Healthcare LLC
PA Corporation Bureau Entity ID Number 6429326
1101 Central Avenue, Building B, Chester, PA 19013

Dear Secretary Homsher,

Please accept this cover letter regarding our client, QualiT Healthcare LLC, and the above-referenced Application, which was filed before the Public Utility Commission on May 1, 2026.

I, Seth A. Mendelsohn, 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).

Thank you for your attention to this matter. As always, I am available to you for any further clarification.

Very truly yours,
SAXTON & STUMP



Seth A. Mendelsohn, Esquire

SAM/jm
Enclosure - Application

APPLICATION CHECKLIST

Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND FLOOR, HARRISBURG, PA 17120

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:

- Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
- Transportation of people to correctional facilities for visitation.
- Transportation of people in wheelchair and stretcher vans.

****Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at www.nicinsurancefilings.com . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- | | | |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD). |
| | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
| | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits). |

Secretary PA Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

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)

QualiT Healthcare LLC (hereinafter "QUALIT")

- 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?** ___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 6429326

(See checklist and indicate type of business entity registered)

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, as a common carrier, by motor vehicle, persons in Paratransit Service, from points in the City and County of Philadelphia and Counties of Bucks, Chester, and Delaware, to points in Pennsylvania, 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.

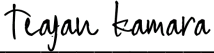
Verification of Application

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.

Teajan Kamara, CEO/Member

(Print Name)

DocuSigned by:

7B27E6956CFB42D...

(Signature)

5/1/2026

(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.

QualiT Healthcare LLC (hereinafter "QUALIT")

Legal Name of Applicant

N/A

Trade Name, if any

1101 Central Avenue, Building B, Chester, PA 19013

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.

Teajan Kamara, CEO/Member
1101 Central Avenue, Building B
Chester, PA 19013
Phone: (267) 981-9902

- 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.

I have a bachelor of science degree in Public Health with a minor in French from West Chester University. I also have a Masters in Public Health with a concentration in Health Care Management from West Chester University. I created QualiT HealthCare, LLC and have been the CEO and Executive Director since it was established in 2016. I also have over ten years of experience in social services, as well as working with people with various forms of disabilities, including physical and mental health.

I have vast experience managing individuals. At QUALIT, I manage approximately 80 individuals in the field. In my immediate office, I manage 4 individuals. I also have experience in the transportation industry having served, in the non-profit industry, with running programs that provided transportation services to individuals needing assistance."

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.

See attached page for answer to question 4.

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.

See attached page for answer to question 5.

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>
2015	Toyota	Sienna	7	5TDK3DC2FS127467	100,000

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

See attached page for additional response to question 6.

Page 6 – Answer to question 4.

The business headquarters for QUALIT is located at 1101 Central Avenue, Building B, Chester, PA 19013. There is on-site parking for company vehicles at this location. Inside, there is an office where I have room for general equipment that include filing cabinets, computer, printer, scanner, fax machine, and a desk on which to work. Calls will come to my cell phone or via email/text and will be tracked via computer software and will be dispatched from this location. I will also have a hard copy available of my schedule. All rides will be confirmed. All records will be kept via electronically, via a secure network, and via hard copy. Our operations will be gradually initiated, and everything will continuously be tracked. At all times, I will have my cell phone with me and GPS available.

Page 6 – Answer to question 5.

QUALIT will have two drivers. Once demand grows, we will likely need to hire additional drivers; however, such growth will be gradual and taken with great care.

- a. At all times, our plan is to employ the highest standards for hiring drivers. Specifically, all necessary paperwork for Applicant's drivers will be completed prior to hiring. All drivers will complete a driver's application, including front and back photocopies of driver's licenses. All drivers will be 21 years of age or older, and their age will be confirmed via driver's license and an additional form of photo identification. HIPAA Medical Release Authorization Forms must be signed for each driver's background check. We also will follow the criminal background check requirements as set forth in 5(b).
- b. We will obtain and review comprehensive criminal history records for each driver from the Pennsylvania State Police and every other state in which the driver has resided for the last 12 months. In addition, we note that QUALIT will obtain and review criminal history for each driver from the Pennsylvania State Police every two years from the date of the last criminal history check. Per Pa. Code § 29.505(a)(4), the criminal background checks will be kept for a minimum of three years. We will follow the provisions of Title 52 Pa. Code § 29.505(a)(3) and will not hire an individual to operate a vehicle in the service of QUALIT who was convicted of a felony or a misdemeanor under the laws of the Commonwealth or under the laws of another jurisdiction, to the extent the conviction relates adversely to that person's suitability to provide service safely and legally. This individual would be disqualified from employment as a driver at QUALIT. QUALIT also will follow the Commission's Policy Statement, 52 Pa. Code §41.14(6), and will apply it and will not employ any driver convicted of a felony or crime of moral turpitude and remains subject to supervision by a court or correctional institution.
- c. Drivers must complete driver's training prior to employment, including Defensive and Distracted Driving Course, Red Cross First Aid training, OSHA Bloodborne Pathogen training, and CPR training. We also will make sure that they know how to safely operate and secure a wheelchair in the vehicle. We will follow all of the PASS training program and will have in-person training for wheelchair vehicles.
- d. Drivers must sign and return Motor Vehicle Record Release Form DL-503. We will obtain and review drivers histories for each driver for the preceding three years and will obtain new driver histories at least once every 12 months from the date of the last report. Pa. Code § 29.504(a)(3), QUALIT will maintain a copy of the driver license check for each driver for at least two years.
- e. Drivers must complete a consent form for urinalysis drug testing with random urinalysis conducted as needed. QUALIT has a zero-tolerance policy on the use of unlawful drugs by its drivers. No individual may drive for QUALIT within 8 hours of consuming alcohol.

Page 6 – Answer to question 6.

At the present time, we own a single vehicle, a minivan, that is capable of providing ambulatory service only. We plan to start with two drivers being available for driving clients.

At this time, we suggest this is appropriate because it would permit us to start slowly and to begin our operations methodically. Once business picks up, we would add to our fleet accordingly.

- 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).

See attached page for answer to question 7.

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

We currently have insurance coverage for the minivan identified in question 6 that meets the state requirements. Meeting the premium requirements has not been difficult for the company and we are confident that the company will be able to continue to provide coverage and to meet the insurance requirements.

- 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

- 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.

Teajan Kamara
 (Signature)
 Teajan Kamara, CEO/Member
 (Name and Title, printed or typed)

5/1/2026
 (Date)

Page 7 – Answer to question 7.

- a. Each vehicle will be subject to preventative maintenance checks each day before operation including, but not limited, to an exterior, visual inspection.

In addition, the company will take the following steps:

- It will make sure all lights including headlights, taillights, brake lights, turn signals, and hazard lights are operational.
 - It will make sure that windshield wipers are in good working condition and washer reservoir fluid is filled.
 - Tires will be checked to make sure they are properly inflated.
 - All safety equipment will be checked to make sure it is in working order.
 - Any warning lights on the vehicle will be investigated.
 - An interior inspection will confirm that the vehicle's interior is clean and that all trash is removed before transporting any clients.
 - Doors: Operate smoothly, seal properly, and open and close securely.
 - Seats and restraints: All seats securely anchored and not damaged; seatbelts and restraints present, operable, and undamaged.
 - All first aid equipment is fully stocked and a fire extinguisher is present. A flashlight is also available.
 - The company will follow all recommended manufacturers' schedules for maintenance.
- b. QUALIT has a system in place to make sure that every vehicle will be tracked to have passed inspection by a facility licensed by PennDOT for annual state safety and emissions inspections. The company will follow all recommended manufacturers' schedules for maintenance and tracks any recalls.

Statement of Financial Position (Balance Sheet)

As of (date) April 7, 2026

(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	295,000	
Other Current Assets (specify)	0	
Total Current Assets		<u>295,000</u>
Tangible Assets		
Motor Vehicle Equipment	10,000	
Property (buildings, land, etc.)	200,000	210,000
Office Equipment		<u>2,000</u>
	TOTAL ASSETS	<u>507,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		<u>0</u>
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		<u>0</u>
	TOTAL LIABILITIES	<u>0</u>

See attached financial statements from Citadel FCU and CapitalOne

CITADEL FEDERAL CREDIT UNION

Qualit Healthcare Llc

General

Account [REDACTED] 737

Account Type: LLC

Member
QUALIT HEALTHCARE LLC
TEAJAN KAMARA
QUENDELLA Q TAYLOR

Name Type
Primary
Authorized Signer
Authorized Signer

Birthdate

SSN/TIN

Type Preferred Contact

EIN Not Specified: [REDACTED]

SSN Phone: [REDACTED]

SSN Phone: [REDACTED]

1101 CENTRAL AVE BUILDING B
CHESTER, PA 19013

Shares - 2

Share	Description	Maturity Date
S 0000	BUSINESS STAR SAVINGS [REDACTED] 737]	
S 0070	ESSENTIAL BUSINESS CHECKING [REDACTED] 737]	

Total Shares: 112,628.41

Available	Balance
30,025.04	30,026.04
73,682.37	82,602.37

Citadel
Brookhaven
4923 Edgmont Avenue
Brookhaven, PA 19015

CITADEL FEDERAL CREDIT UNION

VERIFICATION OF DEPOSIT

Account Number: [REDACTED] 737

Account Holders: Qualit Healthcare Llc
Teajan Kamara
Quendella Q Taylor

Share ID	Description	Open Date	Current Balance	60-Day Avg Balance
[REDACTED]	BUSINESS STAR SAVINGS	11/23/2022	30,026.04	6,025.13
[REDACTED]	ESSENTIAL BUSINESS CHECKING	11/23/2022	82,602.37	86,433.29

Loan ID	Description	Current Balance	Current Payment	Original Balance	Delq Hist	Open Date
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Not Applicable

X  Dated 04/07/2026

Lexie Petzak
Personal Banker II



QualiT Healthcare LLC
1101 Central Ave
Bldg B
Chester PA 19013

Thanks for saving with Capital One 360®

Here's your **March 2026** bank statement.

STATEMENT PERIOD
Mar 1 - Mar 31, 2026

\$183,058.14

TOTAL ENDING BALANCE
IN ALL ACCOUNTS

Account Summary

ACCOUNT NAME	Mar 1	Mar 31
Business Checking Account... 3683	\$123,379.67	\$178,711.72
Business Savings Account...3674	\$4,346.05	\$4,346.42
All Accounts	\$127,725.72	\$183,058.14

Cashflow Summary

+ \$0.37 INTEREST EARNED
THIS PERIOD

Business Checking Account - [REDACTED] 683

JOINT WITH TEAJAN KAMARA

DATE	DESCRIPTION	CATEGORY	AMOUNT	BALANCE
Mar 1	Opening Balance			\$123,379.67