

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)

KindRide Medical Transport 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)

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?** X 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 0015309556

(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).**

Don Lyles _____

6. **Mailing Address**

209 Jacob Drive

Street Address

Pittsburgh Pennsylvania 15235 Allegheny

City, State and Zip Code County

412-927-9906 donkindride@gmail.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).
-

KindRide Medical Transport LLC will provide non-emergency medical transportation in Allegheny and Westmoreland Counties, covering Penn Hills, Monroeville, Murrysville, Irwin, and Greensburg. Service includes transportation to and from medical facilities, hospitals, dialysis clinics, and related healthcare services within these areas and surrounding communities within the Commonwealth of Pennsylvania.

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.

Don Lyles

(Print Name)

Don Lyles

(Signature)

04/30/2026

(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).

I, Don Lyles, certify that the information contained in this application is true and correct to the best of my knowledge and belief. I understand that false statements are subject to penalties under applicable laws.

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.

KindRide Medical Transport LLC

Legal Name of Applicant

Trade Name, if any

209 Jacob Drive

Pittsburgh

Pennsylvania

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.

- Don Lyles, Owner

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

- Owner of KindRide Medical Transport LLC responsible for management and operation of the company.

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 has extensive professional driving and transportation experience, including holding a Class A Commercial Driver's License (CDL) with Hazmat and Double/Triple Trailer endorsements.

The applicant has worked in multiple transportation and logistics roles, including freight delivery for New Penn (local and over-the-road operations), beverage delivery for Coca-Cola, and container transportation for PackRat.

The applicant also has experience transporting equipment for film production sets, including driving support vehicles and water trucks.

In addition, the applicant has personal experience assisting family members who use wheelchairs and elderly individuals to attend medical appointments, providing familiarity with passenger care and mobility assistance.

This combined experience provides strong practical knowledge of safe vehicle operation, passenger care, logistics, and transportation service responsibilities relevant to non-emergency medical transportation services.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicants 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.

KindRide Medical Transport LLC operates from a home-based office located at 209 Jacob Drive, Pittsburgh, PA 15235. The business does not keep commercial office space. The owner handles administrative tasks directly at the location.

The office is equipped with standard business tools including a computer, printer, scanner, and mobile phone used for scheduling, billing, and recordkeeping.

The company operates one passenger van used exclusively for non-emergency medical transportation services. The vehicle is stored at the business address when not in use. No additional storage facilities are required.

Recordkeeping is maintained electronically and in hard copy as required. Records include trip logs, billing records, insurance documents, vehicle maintenance records, and driver documentation. All records will be retained in accordance with Pennsylvania Public Utility Commission requirements.

Customer transportation requests are received primarily through phone calls and text messages. The owner/driver schedules and dispatches all trips directly.

Continuous communication is maintained with clients through mobile phone. Since the company operates with one vehicle and one driver, dispatching is managed directly by the owner without a centralized dispatch system.

Payments are processed through Clover via PNC Bank for private-pay customers, including debit and credit card transactions.

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.

KindRide Medical Transport LLC will utilize one (1) driver, who is also the owner of the company. This staffing level is right for the current size and scope of operations, which includes local non-emergency medical transportation services within Allegheny County, Westmoreland County, and surrounding areas in Pennsylvania.

As the sole driver, the owner meets all applicable licensing and safety requirements, including keeping a valid Commercial Driver's License and required endorsements.

The company does not hire additional drivers currently due to the small-scale, owner-operated nature of the business.

Driver qualification standards include maintaining a valid Pennsylvania driver's license/CDL, a clean driving record, and compliance with all applicable state and federal transportation regulations.

Criminal background checks will be completed as required for all transportation service providers prior to operation, even though the owner is the sole driver.

Driver's license status and driving record will be regularly monitored to ensure ongoing compliance.

The company maintains a zero-tolerance policy regarding alcohol and illegal drug use while operating a vehicle. The owner/driver will not operate any vehicle under the influence of alcohol or controlled substances and will comply with all applicable state and federal drug and alcohol regulations.

Since the company operates with one driver, training is completed through the owner's professional commercial driving experience, including CDL certification, Hazmat endorsement training, and prior commercial transportation employment.

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.

KindRide Medical Transport LLC proposes to initially use one (1) vehicle to provide non-emergency medical transportation services within its designated service area, including Penn Hills, Monroeville, Irwin, and Greensburg.

The use of one vehicle at startup is appropriate and sufficient to meet the expected demand while ensuring safe, dependable, and efficient service. This approach allows for effective trip scheduling, reduced response times, and proper vehicle maintenance, all of which are essential to delivering reliable transportation to clients.

Additionally, using a single vehicle during the initial phase enables the company to closely monitor service quality, control operating costs, and maintain compliance with regulatory standards. As demand increases, KindRide Medical Transport LLC is prepared to expand its fleet and resources to ensure continued efficiency and to meet the transportation needs of the growing customer base within the service territory.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2013	Dodge	Grand Caravan	6	2C4RDGEG5DR650254	30,000

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

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).

Vehicle Safety Program – KindRide Medical Transport LLC

KindRide Medical Transport LLC is committed to maintaining the highest level of safety, reliability, and regulatory compliance. The company will operate **one (1) vehicle**, and this vehicle will be maintained under a structured safety and preventive maintenance program to ensure continuous compliance with all applicable Pennsylvania vehicle equipment and inspection standards, including **67 Pa. Code Chapter 175 Vehicle Equipment and Inspection**.

1. Preventive Maintenance Plan

KindRide will implement a **routine preventive maintenance schedule** to ensure safe vehicle operation:

- **Daily Pre-Trip Inspections (Driver Responsibility):**
 - Check brakes, steering, horn, lights, tires, mirrors, seatbelts, and fluid levels
 - Verify wheelchair securement equipment (if applicable)
 - Confirm no visible defects or safety hazards
- **Weekly Checks:**
 - Tire pressure and tread depth
 - Fluid levels (oil, coolant, brake fluid, transmission fluid)
 - Interior cleanliness and safety equipment
- **Monthly Maintenance Review:**
 - Brake system inspection
 - Battery and electrical system check
 - Inspection of suspension and steering components
- **Scheduled Professional Service:**
 - Oil changes and manufacturer-recommended service intervals
 - Repairs completed promptly by a certified mechanic
 - Maintenance records retained for review

2. Compliance with Pennsylvania Inspection Standards

KindRide ensures the vehicle will **continuously meet or exceed Pennsylvania safety inspection standards** under Chapter 175, which include requirements for:

- **Braking systems** – must be fully operational and capable of stopping within prescribed limits
- **Tires and wheels** – must meet safety standards and be free of defects
- **Lighting and electrical systems** – all lamps and signals must function properly
- **Body condition** – no protruding hazards; doors and components must operate safely

The vehicle will undergo:

- **Annual Pennsylvania State Inspection**
- **Emissions testing (if applicable)**
- Immediate removal from service if any safety defect is identified

Pennsylvania regulations require vehicles to be inspected regularly and maintained in safe operating condition under Chapter 175 provisions.

3. Continuous Safety Monitoring System

KindRide will maintain a system to ensure ongoing compliance:

- **Driver Reporting System:** Drivers must immediately report any mechanical or safety issue
- **Out-of-Service Policy:** Vehicle will not be operated until any defect is repaired
- **Maintenance Log:** Detailed records of inspections, repairs, and services will be maintained
- **Qualified Repairs:** All repairs performed by certified or qualified technicians
- **Safety Equipment Checks:** Seatbelts, emergency equipment, and accessibility equipment checked regularly

4. Commitment to Safe and Reliable Service

Operating a single vehicle allows KindRide Medical Transport LLC to:

- Maintain **close oversight of vehicle condition**
- Ensure **consistent maintenance and inspection compliance**
- Provide **safe, dependable transportation services** to all passengers

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

KindRide Medical Transport LLC has contacted multiple commercial insurance providers that offer coverage for non-emergency medical transportation operations in Pennsylvania. Quotes have been requested based on the proposed vehicle and service type. KindRide Medical Transport LLC is currently awaiting underwriting review and approval from insurance carriers to finalize coverage. The company understands the insurance limits required for Pennsylvania PUC authority and is prepared to secure and maintain the required coverage prior to starting operations.

KindRide Medical Transport LLC confirms that sufficient financial resources are available to pay all required insurance premiums upon approval.

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 has a prior federal felony conviction related to narcotics. The applicant served the imposed federal sentence and has fully completed all court-ordered requirements. Since that time, the applicant has maintained a stable work history in commercial transportation and logistics, including positions involving Class A CDL operations, freight delivery, and equipment transport.

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.

Don Lyles

(Signature)

Don Lyles

(Name and Title, printed or typed)

04/30/2026

(Date)

KindRide Medical Transport LLC Financial Capability Statement

FINANCIAL CAPABILITY STATEMENT

KindRide Medical Transport LLC confirms sufficient financial capacity to operate safely and reliably within the proposed service area. The company owns a wheelchair accessible 2013 Dodge Grand Caravan valued at approximately \$30,000, which is fully equipped for non-emergency medical transport services. Additional operating funds, insurance coverage, and working capital are will be maintained to ensure compliance with Pennsylvania PUC safety and operational requirements (67 Pa. Code, Chapter 175).

VEHICLE SAFETY & MAINTENANCE

The company will maintain a preventive maintenance program including regular inspections, oil changes, brake checks, tire replacement, and compliance with all Pennsylvania vehicle safety

Medical Transport LLC
Balance Sheet
(As of [May 2026])

ASSETS

Current Assets

Cash in Business Account: \$8,500

Accounts Receivable (expected private pay / reimbursements): \$3,000

Total Current Assets: \$11,500

Tangible Assets

Wheelchair Accessible 2013 Dodge Grand Caravan (ADA equipped with ramp and 4-point tie-down system):
\$30,000

NEMT Equipment (wheelchair securement system, safety gear, first aid supplies, fire extinguisher):
\$2,500

Office Equipment (computer, phone, printer, administrative tools): \$1,200

Total Tangible Assets: \$33,700

TOTAL ASSETS: \$45,200

LIABILITIES

Current Liabilities

Business Credit Card Balance: \$2,500

Short-Term Operating Expenses (fuel, insurance, start-up costs): \$1,200

Total Current Liabilities: \$3,700

Long-Term Liabilities

Vehicle Loan: \$0 (vehicle owned free and clear)

TOTAL LIABILITIES: \$3,700

OWNER'S EQUITY

Total Assets: \$45,200

Minus Total Liabilities: \$3,700

Owner's Equity: \$41,500
