

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)

KARMA HOMECARE 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?** 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 7453651

(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).**

KARMA TAMANG

6. **Mailing Address**

1779 W TRINDLE RD, SUITE 100B

Street Address

CARLISLE, PA 17015 CUMBERLAND
City, State and Zip Code County

717-966-1601 KARMA@KARMAHOMECARE.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.)

1779 W TRINDLE RD, SUITE 100B

Street Address

CARLISLE, PA 17015 CUMBERLAND
City, State and Zip Code County

717-966-1601 KARMA@KARMAHOMECARE.COM
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).

To provide paratransit transportation for passengers from Cumberland, York, Dauphin, Franklin, Adams, and Perry Counties to destinations throughout 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.

KARMA TAMANG

(Print Name)



05/05/2026

(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.

KARMA TAMANG

Legal Name of Applicant			
Trade Name, if any			
1779 W TRINDLE RD, SUITE 100b	CARLISLE	PA	17015
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.

NAME: KARMA TAMANG
ADDRESS: 1779 W TRINDLE RD, SUITE 100B, CARLISLE PA 17015
TELEPHONE NUMBER:717-966-1601

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

NON-APPLICABLE

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.

Karma Tamang has been the sole owner and operator of Karma HomeCare LLC, a Pennsylvania-licensed home care agency in Carlisle, Cumberland County, since February 2022 (PA Entity ID 7453651). Over four-plus years running this regulated healthcare business, the applicant has gained direct experience in patient transportation coordination, dispatch and scheduling across multiple counties, regulatory compliance under PA DOH Chapter 611, driver/caregiver hiring and supervision (including criminal background checks, MVR review, and drug testing), and commercial insurance procurement. These operational and compliance systems translate directly to the requirements of paratransit service under 52 Pa. Code.

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.

*Physical location. The applicant's principal place of business is located at 1779 W Trindle Rd, Suite 100B, Carlisle, PA 17015, Cumberland County. The office is equipped with a dedicated business phone line, work computers, and a multi-function printer/scanner. Vehicles are housed in a secure off-street parking area at the principal place of business.

*Records. Hard-copy records (billing, payroll, driver files, vehicle maintenance logs, insurance, and trip records) are kept in a locked filing cabinet at the office. Soft copies are maintained on a password-protected work computer. All records required by 52 Pa. Code are retained for the applicable periods and made available to PUC Enforcement Officers upon request.

*Communications. Customer reservations are received by phone, e-mail, and through the company website, and logged in a centralized scheduling system. Vehicles are dispatched by phone and SMS, and continuous communication with drivers is maintained throughout each shift via mobile phone and GPS-enabled location sharing.

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.

The applicant will start with 1 driver (owner-operator) and 1 vehicle, appropriate for initial service volume in the six-county territory.

- a. Hiring Standards. Drivers must have a clean driving record, no criminal record, NEMT experience or willingness to train, age 21–65, and no disqualifying convictions; DMV violation/accident history is obtained at hire (spouses authorized to drive are subject to the same review).
- b. Criminal Background Checks. Drivers are screened through a third-party background check vendor and the Pennsylvania Access to Criminal History (PATCH) system.
- c. Driver Training. Drivers without prior NEMT experience complete in-house training covering safe driving, passenger assistance, pre/post-trip inspections, emergency response, and PUC/ADA compliance.
- d. Driver License Checks. License validity is verified at hire and periodically through PennDOT Driver License screening, alongside PATCH checks.
- e. Drug and Alcohol Policy. The company maintains a written drug and alcohol-free workplace policy; no driver may operate a company vehicle while under the influence of drugs or alcohol, and any violation results in corrective action.

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>
2025	Tesla	Model 3	5	5YJ3E1EA1SF134817	5,000

*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).

All company vehicles are serviced at the Tesla Service Center in Mechanicsburg, Pennsylvania, which serves as our authorized maintenance provider. All company vehicles are serviced at the Tesla Service Center in Mechanicsburg, Pennsylvania, which serves as our authorized maintenance provider. Vehicles are brought in for routine service, diagnostics, and any necessary repairs in accordance with manufacturer-recommended intervals, and each vehicle undergoes the required annual Pennsylvania state safety inspection. Drivers perform documented pre-trip and post-trip safety checks before and after every shift, and these inspection logs are reviewed daily by the fleet manager to ensure ongoing compliance with 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.

The applicant has already obtained commercial automobile liability insurance in the name of Karma HomeCare LLC through Progressive Commercial (United Financial Casualty Company, NAIC #11770), Policy #866543805, with coverage in effect from December 4, 2025 through June 4, 2026. Premiums are current and paid from the company's operating cash flow, demonstrating both the ability to obtain coverage in the commercial market and the financial capacity to sustain the required premiums on an ongoing basis. Upon approval of this application, the applicant will work with the carrier to adjust coverage limits as needed to meet PUC minimums and direct the carrier to file the required Form E electronically through the NIC Insurance Filings system within the 60-day post-approval window.

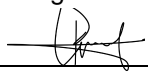
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ 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. Section 4904 relating to unsworn falsification to authorities.



(Signature) Karma Tamang, Owner/President

(Name and Title, printed or typed)

05/05/2026

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) _____

(Must be less than 6 months old)

ASSETS

Current Assets			
Cash		\$110k	
Other Current Assets (specify)		<u>N/A</u>	
Total Current Assets			<u>\$110k</u>
Tangible Assets			
Motor Vehicle Equipment		<u>1 financed</u>	
Property (buildings, land, etc.)		<u>3 Laptops, other office equipment's & Accessories</u>	
Office Equipment			<u>\$7,000</u>
	TOTAL ASSETS		<u>\$117K</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		<u>N/A</u>	
Credit cards/revolving credit		<u></u>	
Other Liabilities (Attach schedule)		<u></u>	
Total Current Liabilities			<u>N/A</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		<u>N/A</u>	
Long term commercial loan		<u>\$32,391.31</u>	
Other Liabilities (Attach Schedule)		<u>N/A</u>	
Total Long-Term Liabilities			<u>\$32,391.31</u>
	TOTAL LIABILITIES		<u>\$32,391.31</u>