

## 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](http://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, 2<sup>ND</sup> 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](http://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](http://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).   |

## 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)

Liberty Med Trans Inc

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- 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

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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** 0015446473

(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).**

Amiran Arsenyan - President/Shareholder -100% \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

601 Surf ave, Apt 19K  
Street Address

Brooklyn, NY 11224 Kings  
City, State and Zip Code County

929-500-5075 info@libertymedtrans.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.)

3380 Memphis Street  
Street Address

Philadelphia, PA 19134 Philadelphia  
City, State and Zip Code County

929-500-5075 info@libertymedtrans.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)

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).

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Applicant will provide nonexclusive, advance-reservation paratransit transportation of persons from points in Philadelphia, Bucks, Delaware, and Montgomery Counties to points in Pennsylvania, and return, using vehicles seating fewer than 15 passengers including the driver. Service will be available to the general public and to referral sources such as hospitals, physician practices, dialysis centers, rehabilitation providers, adult day programs, skilled nursing facilities, and discharge planners. Service may include ambulatory passengers and passengers using wheelchairs. Applicant will not provide taxi/call-or-demand, limousine, airport transfer, scheduled-route, or transportation network company service under this authority.

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*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.

Amiran Arsenyan

\_\_\_\_\_  
(Print Name)

  
\_\_\_\_\_  
(Signature)

05/06/2026

\_\_\_\_\_  
(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.

Liberty Med Trans Inc

Legal Name of Applicant

Trade Name, if any

3380 Memphis Street	Philadelphia	PA	19134
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.

The person making this Verified Statement on behalf of Liberty Med Trans Inc is Amiran Arsenyan, President and authorized corporate officer of the applicant. His business address is 3380 Memphis Street, Philadelphia, PA 19134. His telephone number is 929-500-5075 and his email address is info@libertymedtrans.com

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

Applicant is not affiliated with any other carrier. Applicant does not own, manage, control, or operate any other motor carrier or transportation carrier. No officer, shareholder, or controlling person of Liberty Med Trans Inc has an ownership, management, or control relationship with another carrier.

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.

Amiran Arsenyan, President and authorized corporate officer of Liberty Med Trans Inc, has over fifteen years of ownership and operational experience in the non-emergency medical transportation industry in New York. His experience includes managing transportation operations, coordinating passenger trips, supervising drivers, insurance and licensing compliance, communicating with customers and facilities, maintaining service schedules, addressing operational issues, and ensuring safe and reliable transportation for passengers who require non-emergency medical transportation services.

Through this experience, Mr. Arsenyan has developed practical knowledge of passenger transportation operations, including dispatching, driver oversight, customer service, vehicle maintenance coordination, insurance compliance, trip documentation, and the importance of safe and dependable service for passengers with medical or mobility-related transportation needs.

Liberty Med Trans Inc will apply this experience to its proposed Pennsylvania paratransit operation. Applicant understands that paratransit service must be provided on a nonexclusive, advance-reservation basis and that service may not originate from or terminate at airports. Applicant will not provide compensated intrastate transportation in Pennsylvania unless and until authority is granted by the Pennsylvania Public Utility Commission and the required insurance filings are accepted.

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.

Applicant's principal business and operating location is 3380 Memphis Street, Philadelphia, PA 19134. This location will be used for administrative operations, customer reservations, dispatch coordination, driver files, vehicle files, insurance records, maintenance records, trip records, invoices, financial records, PUC compliance records, and ordinary business records Applicant will use standard office equipment, including telephone service, mobile phones, computers, email, printer/scanner, and electronic document storage. Paper records, if used, will be maintained in organized files at the business location. Electronic records will be maintained in a secure and organized manner so that trip, driver, insurance, maintenance, and financial records can be produced when needed. Applicant will maintain records including, but not limited to, customer reservation records, trip logs, driver qualification files, driver license verification records, background check records, vehicle maintenance records, repair records, insurance documents, accident/incident reports, complaint records, invoices, revenue records, and annual assessment-related records.

Customer requests for transportation will be received by telephone and email. Each reservation will record the passenger name or account name, pickup address, destination, requested date and time, passenger assistance needs, vehicle assigned, driver assigned, and trip status. Applicant will dispatch vehicles based on reservation time, driver availability, vehicle availability, passenger needs, and safe routing. All dispatching operations will be done using a compliant dispatch software. Applicant will maintain continuous communication with drivers by cellular telephone via app through the dispatch software. Drivers will be required to remain reachable by dispatch while on duty and to notify dispatch of trip acceptance, arrival, passenger pickup, trip completion, delays, cancellations, vehicle problems, accidents, incidents, passenger complaints, or emergencies. Vehicles will be parked and available for inspection at or near the physical operating location, Applicant will make vehicles and records available for inspection by the Commission as required.

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.

Applicant initially intends to use two to three qualified drivers, including backup or additional drivers as demand requires. This number is appropriate for the proposed service territory because applicant will begin operations on a limited, advance-reservation basis from Philadelphia and will accept only the number of trips that can be safely and reliably performed with available drivers and vehicles. Applicant will increase the number of qualified drivers only as business volume, vehicle availability, and compliance capacity increase.

Drivers must possess a valid driver's license appropriate for the vehicle operated, have a clean driving record, have prior experience in paratransit transportation, be legally authorized to work, be able to communicate professionally with passengers and dispatch, and be physically and mentally capable of safely operating the vehicle and assisting passengers. Drivers must demonstrate reliability, safe driving habits, customer-service ability, knowledge of company policies, and willingness to comply with PUC requirements and applicant's safety rules.

Applicant will conduct criminal background checks before allowing any driver to transport passengers. Applicant will not use any driver whose criminal history indicates an unreasonable safety risk to passengers or the public.

Before transporting passengers, each driver will receive training on company policies, safe vehicle operation, passenger assistance, wheelchair and/or stretcher securement where applicable, use of seat belts and safety equipment, customer service, dispatch communication, trip documentation, emergency procedures, accident and incident reporting, vehicle defect reporting, and compliance with applicable Pennsylvania vehicle safety requirements. Applicant will provide refresher training when policies change, when a driver is assigned to different equipment, after a preventable incident, or whenever additional training is needed to maintain safe service.

Applicant will verify each driver's license before the driver is permitted to transport passengers. Applicant will periodically re-check driver license status and driving records. Drivers will be required to immediately report any citation, accident, license suspension, license revocation, restriction, medical condition affecting driving ability, or other change that may affect driver qualification.

Drivers are prohibited from using, possessing, or being under the influence of alcohol, illegal drugs, controlled substances, or impairing medication while on duty, while operating a vehicle, while preparing to operate a vehicle, or while transporting passengers. Drivers are prohibited from reporting for duty while impaired or while their ability to operate safely is affected.

Any driver suspected of impairment will be removed from service immediately and terminated.

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>
2024	Ford	Transit	7	7	5000
2024	Ford	Transit	7	29	6300
2023	Ford	Transit	7	11	11000

\*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).

Applicant will maintain each vehicle in safe operating condition through a written vehicle safety and maintenance program. The program will include daily pre and post trip inspections, preventive maintenance, prompt repair of defects, driver reporting of safety concerns, maintenance records, and removal from service of any vehicle that is not safe to operate.

Applicant's periodic maintenance plan will include review and maintenance of brakes, tires, steering, suspension, lights, turn signals, hazard lights, mirrors, horn, windshield, windshield wipers, doors, seat belts, wheelchair lift or ramp if applicable, stretcher or wheelchair securement equipment if applicable, heating and ventilation, fluid levels, emergency equipment, and any other equipment necessary for safe passenger transportation.

Drivers will be required to perform pre-trip visual checks before transporting passengers and to report vehicle defects immediately. Any safety-related defect will be reviewed before the vehicle is used. Vehicles with unsafe conditions will be removed from service until repaired.

Applicant will keep maintenance and repair records for each vehicle. Records will identify the vehicle, date of service, mileage, inspection or repair performed, parts or systems serviced, and person or facility performing the work.

Applicant will ensure that vehicles continuously comply with applicable Pennsylvania vehicle equipment standards, including 67 Pa. Code Chapter 175, by using qualified inspection stations and repair facilities and by maintaining vehicles in safe operating condition at all times.

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

Applicant has reviewed the Pennsylvania Public Utility Commission insurance requirements for paratransit carriers and understands that it may not begin operations until required insurance evidence has been filed with and accepted by the Commission.

Applicant has contacted commercial motor vehicle insurance providers and/or insurance producers regarding coverage for the proposed paratransit operation and has determined that required commercial automobile liability coverage and required first-party benefits coverage can be obtained for the planned vehicles, subject to final underwriting and policy issuance.

Applicant has budgeted for insurance down payment and ongoing premiums and will maintain required insurance continuously while operating. Applicant understands that the insurance filing must match the applicant's legal name and address exactly as shown on the PUC application.

Upon approval of the application, applicant will instruct the insurance carrier's home office to electronically file the required Form E evidence of bodily injury and property damage insurance through the required electronic insurance filing system. Applicant will not begin providing compensated intrastate paratransit service until the required insurance filing is accepted by the Commission.


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.

  
 \_\_\_\_\_  
 (Signature)  
 Amiran Arsenyan / President  
 \_\_\_\_\_  
 (Name and Title, printed or typed)

05/06/2026  
 \_\_\_\_\_  
 (Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) April 6th, 2026**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$250,000	
Other Current Assets (specify)		
Total Current Assets		\$250,000
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)		
Office Equipment		\$25,000
TOTAL ASSETS		\$275,000

LIABILITIES

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