

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)

R Joseph Transportation Services 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)

R Joseph Transport

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 33-5044421
(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).

LLC Robinson Joseph

6. Mailing Address

724 Disston st
Street Address
Philadelphia PA 19111 Philadelphia
City, State and Zip Code County
267 576 8937 rjoseph0479@yahoo.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?

 No Yes, at No. 4412701

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).
-

Additional sheet is provided

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.

Robinson Joseph
(Print Name)


(Signature)

05/10/2026
(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.

R Joseph Transportation Services LLC
Legal Name of Applicant

R Joseph Transport
Trade Name, if any

724 Disston st Philadelphia PA 19111
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.

Robinson Joseph / Owner

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

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.

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.

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>

*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).

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

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)

Robinson Joseph
(Name and Title, printed or typed)

05/10/2026
(Date)

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash		
Other Current Assets (specify)	_____	
Total Current Assets	_____	
Tangible Assets		_____
Motor Vehicle Equipment		
Property (buildings, land, etc.)	_____	
Office Equipment	_____	_____
	TOTAL ASSETS	_____

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	_____

1. COVER LETTER

Robinson Joseph
Rjoseph Transportation Services LLC
Philadelphia, Pennsylvania
267-576-8937
267-949-7674
rjoseph0479@yahoo.com

Date: May 10, 2026

Pennsylvania Public Utility Commission

RE: Application Support Documents – Motor Common Carrier of Persons in Paratransit Service

Dear Sir or Madam,

Please accept the attached response package and supporting documents submitted in connection with the application of Rjoseph Transportation Services LLC for Motor Common Carrier of Persons in Paratransit Service authority.

Rjoseph Transportation Services LLC is a Pennsylvania-based passenger transportation company currently in the startup and expansion phase of operations. The company intends to provide safe, reliable, and professional paratransit transportation services, including ADA-accessible transportation services and advance reservation passenger transportation services.

The company currently operates a 15-passenger transportation van and plans to expand its fleet with an additional 10-passenger van and a wheelchair-accessible van equipped with a wheelchair lift.

The attached materials include the company's operational plan, driver compliance and safety policies, financial and operational statement, federal registration confirmations, and supporting compliance documentation.

Rjoseph Transportation Services LLC is committed to complying with all applicable Pennsylvania Public Utility Commission regulations and operating in a safe, lawful, and professional manner.

Thank you for your time and consideration.

Respectfully Submitted,

Robinson Joseph
Rjoseph Transportation Services LLC
<https://www.rjosephtransport.com>

2. PARATRANSIT SERVICE TERRITORY STATEMENT

Rjoseph Transportation Services LLC intends to provide Motor Common Carrier of Persons in Paratransit Service on a nonexclusive, advance reservation basis in accordance with applicable Pennsylvania Public Utility Commission regulations.

The company intends to originate transportation service from points within Philadelphia County, Montgomery County, and Bucks County, Pennsylvania.

The proposed service territory includes:

- Between points in Pennsylvania
- From points in Philadelphia County, Montgomery County, and Bucks County to points in Pennsylvania, and return
- Between points within Philadelphia County, Montgomery County, and Bucks County

The company intends to provide paratransit transportation services including:

- ADA-accessible transportation services
- Wheelchair-accessible transportation services
- Advance reservation transportation services
- Transportation for passengers requiring specialized transportation assistance

The company understands that paratransit authority may not be used for airport transportation services unless separately authorized by the Pennsylvania Public Utility Commission.

The proposed service territory is appropriate for the company's planned startup and expansion operations and is consistent with the company's anticipated fleet size, staffing plan, and operational capabilities.

Rjoseph Transportation Services LLC is committed to providing safe, reliable, professional, and compliant transportation services throughout its proposed service territory.

3. BUSINESS EXPERIENCE STATEMENT

Rjoseph Transportation Services LLC believes that the owner's passenger transportation experience provides a strong operational foundation for the proposed paratransit transportation services.

The owner, Robinson Joseph, possesses more than a decade of school transportation and passenger transportation experience, including experience transporting passengers safely and professionally in transportation operations.

In addition, the owner previously served as a state-certified school bus instructor and has experience related to driver safety, passenger transportation procedures, transportation operations, and transportation compliance responsibilities.

The company's proposed transportation operations include:

- Paratransit transportation services
- ADA-accessible transportation services
- Wheelchair-accessible transportation services
- Advance reservation transportation services

Rjoseph Transportation Services LLC understands the importance of:

- Passenger safety
- Regulatory compliance
- Vehicle maintenance
- Driver supervision
- Driver training
- Recordkeeping requirements
- ADA passenger assistance procedures
- Safe operational practices

The company is committed to operating in a safe, lawful, reliable, and professional manner while continuing to expand operational knowledge, staffing, and transportation resources as the business grows.

The owner believes that prior passenger transportation experience, combined with ongoing operational planning and regulatory compliance efforts, provides an appropriate foundation for the proposed paratransit transportation services.

17. AFFILIATION STATEMENT

In response to Question #2 of the Verified Statement of Applicant, Rjoseph Transportation Services LLC states the following:

The applicant is not affiliated through ownership, management, or operational control with any other certificated passenger carrier operating under Pennsylvania Public Utility Commission authority.

The owner may currently or previously have worked in passenger transportation as an employee or driver, but does not maintain ownership, partnership interest, or managerial control over another certificated carrier.

The applicant may coordinate with schools, transportation contractors, charter organizations, healthcare-related transportation entities, or other transportation-related organizations in the normal course of business operations and contractual services.

Rjoseph Transportation Services LLC is independently owned and operated and is responsible for its own transportation operations, regulatory compliance, staffing, vehicle maintenance, insurance coverage, and operational management.

The company is committed to operating in a safe, lawful, professional, and financially responsible manner in compliance with applicable Pennsylvania Public Utility Commission regulations and transportation requirements.

4. FACILITIES, RECORDKEEPING & COMMUNICATION PLAN

Rjoseph Transportation Services LLC is currently operating from its principal business location in Philadelphia, Pennsylvania.

The company intends to maintain business records, operational records, driver records, insurance records, vehicle records, and compliance-related documentation at its principal place of business.

The company's facilities and operational setup are intended to support safe, reliable, and professional paratransit transportation operations.

The company intends to utilize standard office equipment and business technology including:

- Computers and printers
- Mobile telephones
- Internet-based communication systems
- Electronic recordkeeping systems
- Email communication systems

The company intends to maintain records required by the Pennsylvania Public Utility Commission and other applicable regulatory agencies.

Records may include:

- Driver qualification records
- Criminal background check records
- Pennsylvania Child Abuse Clearance records
- Vehicle maintenance records
- Insurance records
- Driver license monitoring records
- Operational and dispatch records
- Business and financial records

The company intends to maintain communication with drivers through:

- Mobile phone communication
- Text messaging communication
- Dispatch communication procedures
- Electronic scheduling systems when applicable

Transportation requests may be received through:

- Telephone communication
- Email communication
- Advance reservation transportation requests
- Contractual transportation arrangements
- Direct customer communication
- Website communication requests

The company intends to maintain continuous operational communication with drivers during transportation operations to support safety, efficiency, customer service, and ADA-accessible transportation coordination.

Vehicles will be parked and maintained in appropriate locations consistent with safe operational practices and applicable local requirements.

5. DRIVER PLAN & SAFETY COMPLIANCE

Number of Drivers and Explanation

Rjoseph Transportation Services LLC is currently in the startup and expansion phase of operations.

At the present time, the owner, Robinson Joseph, serves as the primary driver and operator of the business. The company currently owns a 15-passenger transportation van and is planning to expand the fleet by purchasing:

- One (1) 10-passenger van
- One (1) wheelchair-accessible van equipped with a wheelchair lift

The company anticipates hiring approximately three (3) additional drivers by August 2026 in order to support the planned expansion of transportation services.

This staffing level is appropriate for the following reasons:

- The company's fleet is expanding from one vehicle to multiple vehicles.
- Services will include school transportation, charter transportation, paratransit services, and transportation for passengers requiring wheelchair accessibility.
- Additional drivers are necessary to provide route coverage, scheduling flexibility, backup coverage, and safe operational practices.
- The company intends to originate service from points within Philadelphia County, Montgomery County, and Bucks County.
- The company anticipates increased transportation demand as contracts and service agreements are secured.

The company's hiring and operational plan is designed to ensure safe, reliable, and compliant transportation services while maintaining proper supervision and operational control.

(A) DRIVER HIRING STANDARDS

Rjoseph Transportation Services LLC will maintain hiring standards that comply with applicable Pennsylvania Public Utility Commission regulations and 52 Pa Code Chapter 29.

All drivers must meet the following minimum qualifications:

- Minimum age of 21 years old in compliance with 52 Pa Code §29.503.
- Possess a valid driver's license appropriate for the vehicle being operated.
- Maintain an acceptable driving record.
- Demonstrate safe driving habits and professional conduct.
- Successfully pass required criminal background checks.
- Successfully complete Pennsylvania Child Abuse Clearance screening.
- Successfully pass drug and alcohol screening.
- Demonstrate the ability to safely transport passengers.
- Be physically capable of safely performing transportation duties.

Preferred qualifications may include prior passenger transportation experience, school transportation experience, defensive driving training, ADA/passenger assistance experience, or wheelchair securement knowledge.

The company reserves the right to reject any applicant who does not meet company safety standards.

(B) CRIMINAL BACKGROUND CHECK SYSTEM

Rjoseph Transportation Services LLC will implement and maintain a criminal background check policy compliant with 52 Pa Code §29.505.

Pre-Employment Screening

Before any driver is permitted to operate a company vehicle, the following checks will be conducted:

- Pennsylvania State Police Criminal History Check
- Pennsylvania Child Abuse Clearance
- National criminal background screening through an approved third-party provider

Ongoing Monitoring

The company will conduct periodic reviews and annual re-screening as necessary.

Disqualifying Offenses

Applicants with serious criminal offenses, violent crimes, sexual offenses, crimes involving children, child abuse-related offenses, drug trafficking, or offenses that may jeopardize passenger safety may be disqualified from employment.

Record Retention

The company will securely maintain criminal background records for a minimum of three (3) years in compliance with applicable regulations.

Records will be available for inspection upon lawful request.

(C) DRIVER TRAINING PROGRAM

Rjoseph Transportation Services LLC is committed to maintaining a safe and professional transportation operation.

All drivers will complete company training before operating any vehicle.

Training Program Includes:

- Defensive driving techniques
- Passenger safety procedures
- Emergency procedures and accident response
- ADA assistance procedures
- Wheelchair lift operation and wheelchair securement procedures
- Pre-trip and post-trip vehicle inspections
- Company policies and procedures
- Safe loading and unloading procedures
- Customer service and professional conduct
- Vehicle safety equipment procedures

Ongoing Training

Drivers will participate in:

- Annual refresher training
- Safety meetings
- Additional training required by regulations or contracts

The owner possesses extensive passenger transportation experience, including school transportation experience and prior experience as a state-certified school bus instructor.

(D) DRIVER LICENSE CHECK SYSTEM

Rjoseph Transportation Services LLC will comply with 52 Pa Code §29.504 regarding driver history monitoring.

Initial Review

Motor Vehicle Record (MVR) checks will be conducted before hiring.

Ongoing Monitoring

Driver license checks and MVR reviews will be conducted every six (6) months.

Reviews Will Include:

- License validity
- Suspensions
- Revocations
- Traffic violations
- Accident history
- Overall driving performance

Drivers with unacceptable driving records may be subject to corrective action, suspension, or termination.

Record Retention

Driver history records will be maintained for a minimum of three (3) years.

(E) ALCOHOL & DRUG POLICY

Rjoseph Transportation Services LLC maintains a strict zero-tolerance policy regarding alcohol and drug use.

Drivers are prohibited from:

- Operating a vehicle under the influence of drugs or alcohol
- Possessing illegal drugs while on duty
- Consuming alcohol during working hours

Testing Program

The company will implement a drug and alcohol testing program that may include:

- Pre-employment testing
- Random testing
- Post-accident testing
- Reasonable suspicion testing

The company may utilize qualified third-party administrators or testing providers to administer the program.

Any violation of the company's alcohol and drug policy may result in immediate removal from duty and possible termination.

8. VEHICLE EXPANSION PLAN

Rjoseph Transportation Services LLC is currently in the startup and expansion phase of operations and is committed to developing a safe, reliable, and compliant passenger transportation fleet.

The company currently operates one (1) 15-passenger transportation van.

As operational demand and transportation contracts increase, the company plans to expand its fleet by purchasing:

- One (1) 10-passenger van
- One (1) wheelchair-accessible van equipped with a wheelchair lift

The planned fleet expansion is intended to support:

- School transportation services
- Charter transportation services
- Paratransit transportation services
- ADA-accessible transportation operations

The company anticipates hiring approximately three (3) additional drivers by August 2026 in connection with the planned vehicle expansion and operational growth.

All vehicles operated by Rjoseph Transportation Services LLC will be maintained in safe operating condition and inspected regularly in accordance with applicable safety requirements and operational standards.

Safety equipment for company vehicles may include:

- First aid kits
- Fire extinguishers
- Emergency safety equipment
- Seat belt cutting devices
- Body fluid cleanup kits

The company intends to ensure that all vehicles are properly registered, insured, inspected, and maintained before being placed into transportation service.

Rjoseph Transportation Services LLC is committed to responsible fleet growth while maintaining passenger safety, regulatory compliance, and professional transportation operations.

13. VEHICLE SAFETY PROGRAM

Rjoseph Transportation Services LLC is committed to maintaining a comprehensive vehicle safety program designed to support safe, reliable, and compliant transportation operations.

The company understands the importance of maintaining vehicles in safe operating condition and complying with applicable Pennsylvania vehicle equipment and inspection standards.

Periodic Vehicle Maintenance Plan

The company intends to conduct regular vehicle inspections and preventative maintenance in accordance with manufacturer recommendations, operational needs, and applicable safety requirements.

Vehicle maintenance procedures may include:

- Routine maintenance inspections
- Brake inspections
- Tire inspections and replacement
- Fluid checks and maintenance
- Lighting and signal inspections
- Wheelchair lift inspections and maintenance for ADA-accessible vehicles
- Safety equipment inspections
- Mechanical repairs as needed

The company intends to maintain maintenance and inspection records for all operational vehicles.

Vehicle Compliance Procedures

Rjoseph Transportation Services LLC intends to ensure that all vehicles continuously comply with applicable Pennsylvania vehicle equipment standards, including applicable requirements under 67 Pa. Code Chapter 175.

The company intends to ensure that all operational vehicles are:

- Properly registered
- Properly insured
- Properly inspected
- Maintained in safe operating condition

Drivers may also be required to conduct pre-trip and post-trip inspections to identify any potential safety concerns or mechanical issues before and after transportation operations.

Safety equipment for company vehicles may include:

- First aid kits
- Fire extinguishers
- Emergency safety equipment
- Seat belt cutting devices
- Body fluid cleanup kits

Rjoseph Transportation Services LLC is committed to maintaining safe vehicles, protecting passengers, and operating in compliance with all applicable safety requirements and operational standards.

7. INSURANCE PLANNING STATEMENT

Rjoseph Transportation Services LLC understands the importance of maintaining proper insurance coverage for passenger transportation operations.

The company is committed to maintaining all insurance coverages required by applicable Pennsylvania Public Utility Commission regulations, federal regulations, contractual requirements, and operational standards.

The company intends to maintain insurance coverage appropriate for school transportation services, charter transportation services, paratransit services, and ADA-accessible transportation operations.

Coverage may include:

- Commercial automobile liability insurance
- General liability insurance
- Workers' compensation insurance when required
- Physical damage coverage
- Passenger liability coverage
- Additional coverages required for school transportation or paratransit operations

The company understands the importance of maintaining active insurance coverage for all operational vehicles and ensuring compliance with all applicable insurance requirements before providing transportation services.

Rjoseph Transportation Services LLC currently operates a 15-passenger transportation van and plans to expand its fleet with:

- One (1) 10-passenger van
- One (1) wheelchair-accessible van equipped with a wheelchair lift

The company intends to ensure that all current and future vehicles are properly insured before being placed into service.

Rjoseph Transportation Services LLC is committed to maintaining safe, compliant, and financially responsible transportation operations.

14. INSURANCE PROCUREMENT STATEMENT

Rjoseph Transportation Services LLC has taken steps to determine the availability and cost of insurance coverage required for passenger transportation operations.

The company has communicated with insurance providers and insurance representatives regarding insurance requirements applicable to school transportation services, charter transportation services, paratransit services, and ADA-accessible transportation operations.

The company understands the importance of maintaining insurance coverage required by the Pennsylvania Public Utility Commission and other applicable regulatory agencies before beginning transportation operations.

The company understands that insurance requirements may include:

- Commercial automobile liability insurance
- General liability insurance
- Passenger liability coverage
- Physical damage coverage
- Workers' compensation insurance when required
- Additional coverages required for passenger transportation operations

The company currently operates one (1) 15-passenger transportation van and plans to expand its fleet by purchasing:

- One (1) 10-passenger van
- One (1) wheelchair-accessible van equipped with a wheelchair lift

Rjoseph Transportation Services LLC understands that insurance premiums may vary depending on vehicle type, seating capacity, operational scope, driver qualifications, and transportation authority requirements.

The company intends to maintain active insurance coverage for all operational vehicles and comply with all insurance filing requirements prior to providing transportation service.

Insurance premiums may be paid through monthly installment arrangements or other payment arrangements acceptable to the insurance provider.

Rjoseph Transportation Services LLC is committed to maintaining financially responsible and compliant transportation operations.

9. FEDERAL REGISTRATION & COMPLIANCE STATEMENT

Rjoseph Transportation Services LLC has completed and/or obtained the following federal transportation registrations and compliance filings in connection with its passenger transportation operations:

- USDOT Registration Number: 4412701
- MC Operating Authority Number: MC01733698
- BOC-3 Filing Completed
- MCS-150 Filing Completed

The company understands the importance of maintaining compliance with all applicable federal transportation regulations and operational requirements.

Rjoseph Transportation Services LLC is committed to maintaining active and accurate federal registration records and completing all required updates, renewals, and compliance filings as required by law.

The company intends to operate safe, lawful, and professional passenger transportation services in compliance with applicable federal and state regulations.

The company further understands the importance of maintaining:

- Proper insurance coverage
- Driver qualification compliance
- Vehicle maintenance compliance
- Drug and alcohol program compliance
- Safe operational practices
- Accurate recordkeeping and reporting requirements

Rjoseph Transportation Services LLC is committed to continuous compliance, operational safety, and professional transportation service standards.



Registration Confirmation

The Docket number assigned is: MC1733698 ***Please see important message below ***

Congratulations!

You have completed the OP-1(P) application. Notice of the application will be published in the FMCSA Register.

You may begin operations only after the certificate, permit or license has been issued following your compliance with the requirements shown below:

1. Insurance (liability: Form BMC-91 or BMC-91X) (49 CFR 387)
2. Designation of agents upon processes may be served (Form BOC-3) (49 CFR 366)

Note: To avoid delay in the issuance of your operating authority (MC number), your name, address and MC number (excluding the suffix) **MUST MATCH EXACTLY** on all of the forms that you file, including the information filed by your insurance company.

If the applicant fails to comply within 20 days of the date of publication in the FMCSA Register, a decision will be served notifying the applicant that the application will be dismissed for want of prosecution unless the applicant complies with the requirements within 60 days.

Within 24 to 48 hours after filing your application you can visit our website at [FMCSA](https://www.fmcsa.gov) to see the status of your application.

If you have any questions about the OP-1(P) application process and the issuance of operating authority, please call the FMCSA Licensing Team at 202-366-9805.

To print a facsimile in PDF format of your registration entry, click the appropriate GO Button:

Generate OP1(P) 

In order to view PDF files, you will need the Adobe® Acrobat® Reader™, a plug-in available from Adobe Systems, Inc.
You may obtain this free plug-in at: <http://www.adobe.com/products/acrobat/readstep2.html>

In order to view MS Word files, you may need to MS Word Viewer plug-in available from Microsoft.
You may obtain this free plug-in at: <http://www.microsoft.com/downloads/details.aspx?FamilyID=9bbb9e60-e4f3-436d-a5a7-da0e5431e5c1&DisplayLang=en>

May 06, 2026





2026 UCR Registration is VALID!



Receipt # 000-0610-7271

Registered on: 04/21/2026 22:23 EST

Generated: 04/21/2026 22:23 EST

Year: 2026

Paid:	Date	Bracket	UCR Fee	Conv. Fee	Total
	04/21/2026	Bracket 1	\$46.00	\$1.37	\$47.37

Bracket: 0 to 2 vehicles [1 vehicle(s)]

USDOT #: 4412701

Classifications: Motor Carrier

Legal Name: RJOSEPH TRANSPORTATION SERVICES LLC

DBA: RJOSEPH TRANSPORT

Base State: Pennsylvania

Principal: 724 DISSTON ST
PHILADELPHIA, PA 19111
US

Payor: RJOSEPH TRANSPORTATION SERVICES LLC

*** Expires: 12/31/2026 ***

BUSINESS BANK ACCOUNT STATEMENT CLARIFICATION

Robinson Joseph
Rjoseph Transportation Services LLC
Philadelphia, Pennsylvania
267-576-8937
rjoseph0479@yahoo.com

Date: May 10, 2026

Pennsylvania Public Utility Commission

RE: Business Bank Account Statement Clarification

Dear Sir or Madam,

Please be advised that the business checking account for Rjoseph Transportation Services LLC with PNC Bank was recently opened as part of the company's startup and operational preparation process.

Although a bank statement is available, the statement may not fully reflect the company's current account balance because additional deposits and business funds were added to the account after the statement closing date.

The company continues to maintain active business funds within the account for operational expenses, vehicle-related expenses, startup costs, and transportation business operations.

Rjoseph Transportation Services LLC respectfully submits this clarification in connection with its application materials and supporting financial documentation.

Thank you for your time and consideration.

Respectfully Submitted,

Robinson Joseph
Rjoseph Transportation Services LLC

No. K0679712

DEAL# 536770
STK# A26410

MV-1 (7-19)

A. VEHICLE DESCRIPTION							H. TAX/FEE'S							
Make of Vehicle FORD		Vehicle Identification Number (VIN). If tracing required, tape securely to reverse side of this copy. 1FRAX2Y83TKA82965			Body Type (SDN, TK, Bus, etc.) 2026		Purchase Price (See Note On Reverse.) 33,483.00							
Gross Vehicle Wt. Rating		Fuel Type: <input type="checkbox"/> Gasoline <input type="checkbox"/> Hybrid <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas		DIN/Bus. Part. ID/Mechanic # 85-4744CH		Authorized Notary Public or Certified Inspection Mechanic (Print Name)		Less Trade-In 0.00						
Check the appropriate block if the vehicle is to be used or was formerly used as a <input type="checkbox"/> Taxi or a <input type="checkbox"/> Police Vehicle (If applicable)				I certify that I have verified that a legible tracing cannot be secured and that the above VIN and vehicle weight information listed here and in Section F are correct.		Sign Here		Taxable Amount 33,483.00						
B. APPLICANT INFORMATION														
Last Name (or Full Business Name) RJOSEPH TRANSPORTATION SERVICES LLC			First Name Middle Name		PA DL/ID# or Bus. ID#		Date of Birth		Sales Tax X 6% (.06), X 7% (.07) or X 8% (.08) * (See Note on Reverse.) 5,078.64					
Co-Purchaser Last Name			First Name Middle Name		PA DL/ID#		Date of Birth		Less Tax Credit N/A					
Street 724 DISSTON ST					Date Acquired/Purchased 04/20/2026		COUNTY CODE		1. Sales Tax Due 5,078.64					
City PHILADELPHIA PA 19111			State Zip Code		Dealer/Bus. Partner ID# (If Applicable)		Refer to county codes listing on reverse side of yellow copy		1A. Exemption Reason Code (must be a number from 1 to 26 or 0)					
NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (On death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/> . Otherwise, the title will be issued as "Tenants in Common" (On death of one owner, interest of deceased owner goes to their heirs or estate.)							1B. Exemption No.							
NOTE: If the vehicle is to be used as a daily rental or leased vehicle, CHECK HERE <input type="checkbox"/> . If block is checked, complete and attach Form MV-1L.							1C. PTA No.							
C. MILEAGE INFORMATION														
<input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits.				<input type="checkbox"/> Is NOT the actual mileage. WARNING: Odometer discrepancy.		ODOMETER READING								
WARNING: Federal and state laws require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.							12 Tenths		2. Title Fee 72.00					
D. LIEN INFORMATION														
If no lien, CHECK <input type="checkbox"/> . Is this an ELT? (If yes, FIN required) <input type="checkbox"/> YES <input type="checkbox"/> NO				If no 2nd lien, CHECK <input type="checkbox"/> . Is this an ELT? (If yes, FIN required) <input type="checkbox"/> YES <input type="checkbox"/> NO				3. Lien Fee 36.00						
1st Lienholder Financial Institution Number 302586239778400				2nd Lienholder Financial Institution Number				4. Registration Or Processing Fee 48.00						
1st Lienholder Name FORD MOTOR CREDIT COMPANY				2nd Lienholder Name				Fee Exempt Number as Assigned by the Department N/A						
Street PO BOX 30201				Street				5. County Fee (See Note on Reverse) 5.00						
City COLLEGE STATION TX 77842				State Zip Code		City COLLEGE STATION TX 77842		State Zip Code		6. Duplicate Reg. Fee No. of Dup. Reg. Cards: N/A				
E. VEHICLE TRADED														
Make of Vehicle		Vehicle Identification Number (VIN)			Model Year		7. Transfer Fee N/A							
Body Type (SDN, BUS, TK, etc.)		Condition of Vehicle <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR					8. Increase Fee N/A							
F. ADDITIONAL VEHICLE INFORMATION														
Passenger, Taxi/Bus		<input type="checkbox"/> Passenger <input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> School Bus <input type="checkbox"/> Mass Transit <input type="checkbox"/> Other Bus		Seating Capacity		9. Replacement Fee N/A								
Motorcycle, Motor Driven Cycle, Moped		Cylinder Capacity 50cc or Less <input type="checkbox"/> YES <input type="checkbox"/> NO		Brake Horsepower <input type="checkbox"/> 1.5 or Less <input type="checkbox"/> 1.6 to 5.0 <input type="checkbox"/> Over 5.0		10. TOTAL PAID (ADD 1 THRU 8) Send One Check In This Amount 5,239.64								
		Operable Pedals <input type="checkbox"/> YES <input type="checkbox"/> NO		Max Design Speed 25 MPH or Less <input type="checkbox"/> YES <input type="checkbox"/> NO										
		Automatic Transmission <input type="checkbox"/> YES <input type="checkbox"/> NO		Designed/Altered for Road Use <input type="checkbox"/> YES <input type="checkbox"/> NO										
Motor Home		Chassis Mfr:		Body Make:										
Trailer & Vehicles Below		Number of Axles:		Req. Registered Gross Wt. (Including Load)										
		Sum of GAWR's:		Unladen Wt. (Empty)										
Truck, Truck Tractor		Req. Registered Gross Combination Wt.		Gross Combination Wt. Rating										
G. APPLICATION FOR REGISTRATION														
Original Registration Plate - CHECK ONE <input type="checkbox"/> Registration Plate to be Issued by Department (Proof of insurance must be attached.) <input type="checkbox"/> Exchange Registration Plate to be Issued by Department <input type="checkbox"/> Temporary Registration Plate Issued by Full Agent (NOTE: This registration plate will expire 90 days from date of issuance.)							<input type="checkbox"/> Transfer of Previously Issued Registration Plate <input type="checkbox"/> Transfer & Replacement of Registration Plate <input type="checkbox"/> Transfer & Renewal of Registration Plate							
Registration Plate No. N/A				Reason for Replacement <input type="checkbox"/> Lost <input type="checkbox"/> Defaced <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received (Lost in Mail)			NOTE: If "Never Received" block is checked, applicant must complete Form MV-44.							
Expires Month N/A Year N/A				VIN N/A										
Transferred From Title No. N/A				Signature of Person From Whom Registration Plate is Being Transferred (If Other Than Applicant)			Sign Here		Relationship to Applicant					
Temp. Registration Plate No. NDH0890				Insurance Company Name PROGRESSIVE			NAIC No.		Policy No. (Or Attach Binder) 872352590		Policy Effective Date 04/20/2026			
ISSUING AGENT INFORMATION				I certify that on month 04 day 20 year 2026 , I have checked to determine that the vehicle is insured and issued temporary registration to the above applicant, in compliance with all applicable provisions of the Vehicle Code and Department regulations.			Issuing Agent (Print Name) CHAPMAN FORD SALES, INC		Agent No. 85-4744CH		Policy Expiration Date 04/20/2027			
				Issuing Agent Signature <i>Chapman Ford Sales, Inc</i>			Telephone No. 15 698-7000							
I. NOTARIZATION														
Subscribed And Sworn To Before Me: Month 04 Day 20 Year 2026							I/We certify that I/we have examined and signed this application after its completion. I/We further certify that all statements herein are TRUE and CORRECT and make application for certificate of title for the vehicle described in Section A. If any exemption is claimed, the purchaser further certifies that they are authorized to claim this exemption. I/We acknowledge that I/we may lose my/our operating privilege(s) or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. I/We acknowledge that I/we may be subject to a fine not exceeding \$5,000 and imprisonment of not more than two years for any false statement that I/we make on this application.		Signature of Purchaser or Authorized Signer <i>Joseph R</i>		Telephone No. 267 949-7674			
SIGNATURE OF PERSON ADMINISTERING OATH <i>Chapman Ford Sales, Inc</i>							Signature of Co-Purchaser/Title of Authorized Signer		MESSENGER NO.					
NO NOTARY REQUIRED														

Chapman Ford Lincoln VW

9371 Roosevelt Blvd
Philadelphia, PA 19114
(215) 698-7000

Created

Receipt No. **362163**

Amount **\$ 500.00**

Created by Lwhitfield

Voucher No A03451089

Receipt Date April 20 2026

Control No. 9181129

Company # 1

Pmt Method Sales Cash BLVD

500.00

Stock Number **A26410**

Received from -----

9181129
Rjoseph Transportation Services Llc
724 Disston St
Philadelphia, PA 19111

Type Normal Receipt

Accounting Date April 20 2026

GL Account 11110

Period 4

Drawer

Posted to G/L Yes

Deal No. 536770

Deposited No

Comment DOWN PAYMENT

Account #	Description	Amount \$	Control#	Control2#	Description	1
1.11005	CHAPMAN CASH CLEARING ACC	500.00	9181129			
1.11110	ACCOUNTS REC-VEHICLES	-500.00	9181129		No A/R Card, 0.00	

R. F. M. WEYOUNG TRI
 DEAL # 538770
 CUST # 9181129
 STK #: A26410

WE OWE

R. JOSEPH TRANSPORTATION SERVICES LLC
 ROBINSON JOSEPH

NAME _____ STK. NO. A26410 NEW XX USED _____

ADDRESS 724 DISSTON ST YEAR 2026 MAKE FORD

CITY PHILADELPHIA STATE PA ZIP 19111 MODEL TRANSIT

PHONE (267) 949-7674 SERIAL NO. 1FBAX2Y83TKA88965

SALESPERSON JOHNEL BETHEA DEL. DATE 04/20/2026

QTY.	NAME OF ITEM	PART	LABOR
	NOTHING OWED OR IMPLIED		

I hereby accept this WE-OWE with the understanding that it is valid for only (30) THIRTY DAYS FROM DATE OF ISSUANCE, and that I must make an ADVANCE APPOINTMENT WITH THE SERVICE DEPARTMENT before the above work can be performed.

DATE 04/20/2026

CUSTOMER X [Signature]

APPROVED _____ MGR.

YOU OWE

	TO BE RECEIVED BY DATE		TO BE RECEIVED BY DATE
1) Title to Trade In Vehicle		5) Other	
2) All Monies		6) Other	
3) Valid Insurance Card		7) Other	
4) Other		8) Other	

I hereby agree to provide the above listed item(s) to the dealer. I understand that the sales transaction is not completed until I provide such items.

CUSTOMER X [Signature]

DATE: 04/20/2026

STOCK NO. A26410 CUSTOMER (TRANSFeree) RJOSEPH TRANSPORTATION SERVICES LLC DATE 04/20/2026
ADDRESS 724 DISSTON ST (BUYER'S PRINTED NAME) PHILADELPHIA STATE PA ZIP 19111

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

THE BELOW NAMED TRANSFEROR/SELLER OF:

Year 2026 Make FORD Model TRANSIT Body Type RWD
V.I.N. 1FBAX2Y83TKA88965

States that the odometer mileage indicated on the vehicle described above now reads 12 (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described above, unless one of the following statements is checked.

I HEREBY CERTIFY: THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.

I HEREBY CERTIFY: THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE.

WARNING! • ODOMETER DISCREPANCY

Dealership (Transferor) CHAPMAN FORD SALES, INC.
Address 9371 ROOSEVELT BLVD (PRINTED NAME)
City PHILADELPHIA State PA Zip 19114
Transferor's Signature [Signature] (receipt of copy acknowledged)
(For Dealerships)

Buyer's Signature [Signature] (TRANSFeree) (receipt of copy acknowledged)
Co-Buyer (Transferee) _____ (PRINTED NAME)
Co-Buyer's Signature _____ (TRANSFeree)

ODOMETER STATEMENT

Collision Deductible Payment Program Participation (Multi-Vehicle)

Purchase Price

DEAL #: 536770 STK#: A26410 CUST: 9181129

0.00

Dealership Name Chapman Ford Lincoln VW		Dealership Number		Dealership Phone Number (215) 698-7000	
Address 9371 Roosevelt Blvd		City Philadelphia		State PA	Zip 19114
Participant's Name Rioseph Transportation Services Llc		Participant's Phone Number (267) 949-7674		Participant's Email Address rioseph5210@gmail.com	
Address 724 Disston St		City Philadelphia		State PA	Zip 19111
Primary Vehicle Year / Make / Model 2026 / Ford / TRANSIT		Primary Vehicle Identification Number 1FBAX2Y83TKA88965		Payment Term (Months) ⁽¹⁾ 24	
Collision Insurance Policy Number	Deductible Amount ⁽¹⁾ \$500	Program Start Date 04/20/2026		Primary Vehicle Odometer 12	

⁽¹⁾ If the Deductible Amount referenced above does not specify an amount, the You acknowledge and agree that such amount shall be deemed to be \$500.00. If the Program Term referenced above does not specify a term amount in months, then You acknowledge and agree that such Program Term shall be deemed to be twelve (12) months. Further and as used herein, the term "Deductible Amount" shall mean the lesser of: (i) the actual deductible amount established under Your collision policy covering the Primary Vehicle at the moment of any Collision, as such term is defined herein, or (ii) the amount stated in the "Deductible Amount" box hereinabove.

Generally

This Collision Deductible Payment Program ("Program") is made between the original Vehicle purchaser ("Participant", "You", "Your"), and **Chapman Ford of Philadelphia**, the Program provider ("Provider"), regarding Your vehicle, as listed above ("Primary Vehicle") as well as those vehicles listed on the same collision insurance policy as the Primary Vehicle ("Secondary Vehicles") (collectively, Primary Vehicle and Secondary Vehicles, "Covered Vehicle"). **This Program is not insurance.** Subject to the terms and conditions of this Program, **Chapman Ford of Philadelphia** agrees to the following:

- **Benefits.** This Program will pay to the above listed Dealership's Collision repair facility, an amount equivalent to the Participant's Deductible Amount listed above, should the Participant's Covered Vehicle be involved in a Collision; provided however, that YOU HEREBY ACKNOWLEDGE AND AGREE THAT SUCH PAYMENT WILL BE MADE ON YOUR BEHALF TO THE DEALERSHIP AS SOLE PAYEE, AND THAT SUCH PAYMENT FULFILLS THE BENEFIT OBLIGATION PROVIDED BY THIS PROGRAM. As used herein, "Collision" shall mean an event whereby Your Covered Vehicle comes into direct contact with another vehicle or object and damage results, excepting for total losses, and Your collision insurance provides coverage for such damage.
- **Coverage.** This Program shall apply only to insurance claims: (i) resulting from Collisions exceeding the Deductible Amount, and (ii) provided Your collision insurance company pays the balance of the insurance claim.

Your Responsibilities, Exclusions, and Limitations

In order to be eligible to receive any benefits herein, all Collision repairs must be completed at the Dealership's Collision repair facility. Repairs must be performed in full according to the insurance estimate. Payments shall only be made to the Dealership's Collision repair facility. No payments will be made directly to the Participant, or any repair facility other than the Dealerships Collision repair facility. Further, this Program:

- does not apply to deductibles for non-Collision repair work; or insurance claims that occurred prior to the Program Start Date;
- applies only to, and is Participant-specific. Program is only valid if the collision insurance claim is filed under the name of the Participant or additional related insured on the Covered Vehicle covered under this Program;
- does not apply to recreational vehicles, motor homes, mobile homes, motorcycles, mopeds, all terrain vehicles, boats, personal watercraft, rental vehicles, trailers or commercial vehicles;
- will, in the event Your collision insurance company determines the Primary Vehicle to be a total loss, apply an amount equivalent to the deductible Amount to Your purchase of a replacement vehicle from the Dealership within thirty (30) days of the Collision event causing such total loss. Written proof of a total loss acceptable to **Chapman Ford of Philadelphia** must be provided to **Chapman Ford of Philadelphia**;
- requires You to purchase and maintain primary collision insurance coverage on the above Primary Vehicle while this Program remains in effect. Termination of Your collision insurance coverage shall automatically terminate this Program for each and every Covered Vehicle;
- will not pay any benefits herein resulting directly, or indirectly, from forgery, or any dishonest, criminal, or fraudulent acts, conversion, embezzlement, or other similar intentional acts by any person in lawful possession of the Vehicle;
- will not pay any benefits herein for Collisions occurring outside of the United States;
- will not pay any benefits herein for Collisions occurring after the expiration of the Program Term;
- is non-transferable; and
- under no condition shall benefits herein be extended for any Deductible Amount attributed to comprehensive damage incurred, such exclusions include, but are not limited to damage caused by hail, flooding, tornadoes, windstorms, other adverse weather-related acts of God, fire, theft, vandalism, rioting, and all other damage resulting from incidents other than collision.

Benefits Procedures

In order to receive the benefits provided herein, You must:

- notify **Chapman Ford of Philadelphia** within five (5) days after the Collision has been reported to Your collision insurance company; and
- submit a copy of the Dealership's completed collision repair order to **Chapman Ford of Philadelphia**; and
- submit a copy of Your vehicle collision insurance policy as issued by Your primary collision insurance carrier to **Chapman Ford of Philadelphia**.

I Accept and Agree to this Collision Deductible Payment Program. Further, I have read, acknowledge, and understand the terms and conditions contained herein and voluntarily elect to accept participation in the Collision Deductible Payment Program.

Participant's
Signature

[Handwritten Signature]

Date

04/20/2026

No. K0679712

DEAL# 536770
STK# A26410

MV-1 (7-19)

A. VEHICLE DESCRIPTION	Make of Vehicle FORD	Vehicle Identification Number (VIN). If tracing required, tape securely to reverse side of this copy. 1FBAX2Y83TKA88065	Body Type (SDN, TK, Bus, etc.)	Model Year 2026	H. TAX/FEES	
	Gross Vehicle Wt. Rating	Fuel Type: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Hybrid <input type="checkbox"/> Other	DIN/Bus. Part. ID/Mechanic # 85-4744CH	Authorized Notary Public or Certified Inspection Mechanic (Print Name)		Purchase Price (See Note On Reverse.) 63,483.00
	Check the appropriate block if the vehicle is to be used or was formerly used as a <input type="checkbox"/> Taxi or a <input type="checkbox"/> Police Vehicle (If applicable)					I certify that I have verified that a legible tracing cannot be secured and that the above VIN and vehicle weight information listed here and in Section F are correct. Sign Here

B. APPLICANT INFORMATION	Last Name (or Full Business Name) RJOSEPH TRANSPORTATION SERVICES LLC.	First Name	Middle Name	PA DL/ID# or Bus. ID#	Date of Birth	Sales Tax X 6% (.06), X 7% (.07) or X 8% (.08) ★ (See Note on Reverse.) 5,078.64	
	Co-Purchaser Last Name	First Name	Middle Name	PA DL/ID#	Date of Birth		Less Tax Credit N/A
	Street 724 DISSTON ST	Date Acquired/Purchased 04/20/2026		COUNTY CODE			1. Sales Tax Due 5,078.64
	City PHILADELPHIA PA 19111	State	Zip Code	Dealer/Bus. Partner ID# (If Applicable)	Refer to county codes listing on reverse side of yellow copy		1A. Exemption Reason Code (must be a number from 1 to 26 or 0)

C. MILEAGE INFORMATION	<input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits.	<input type="checkbox"/> Is NOT the actual mileage. WARNING: Odometer discrepancy.	ODOMETER READING 12 Tenths
	WARNING: Federal and state laws require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.		

D. LIEN INFORMATION	If no lien, CHECK <input type="checkbox"/> . Is this an ELT? (If yes, FIN required) <input type="checkbox"/> YES <input type="checkbox"/> NO	If no 2nd lien, CHECK <input type="checkbox"/> . Is this an ELT? (If yes, FIN required) <input type="checkbox"/> YES <input type="checkbox"/> NO
	1st Lienholder Financial Institution Number 362586238779420	2nd Lienholder Financial Institution Number
	1st Lienholder Name FORD MOTOR CREDIT COMPANY	2nd Lienholder Name
	Street PO BOX 30201	Street

E. VEHICLE TRADED	Make of Vehicle	Vehicle Identification Number (VIN)	Model Year
	Body Type (SDN, BUS, TK, etc.)	Condition of Vehicle <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	

F. ADDITIONAL VEHICLE INFORMATION	Passenger, Taxi/Bus <input type="checkbox"/> Passenger <input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> School Bus <input type="checkbox"/> Mass Transit <input type="checkbox"/> Other Bus	Seating Capacity
	Motorcycle, Motor Driven Cycle, Moped Cylinder Capacity 50cc or Less <input type="checkbox"/> YES <input type="checkbox"/> NO	Brake Horsepower <input type="checkbox"/> 1.5 or Less <input type="checkbox"/> 1.6 to 5.0 <input type="checkbox"/> Over 5.0
	Operable Pedals <input type="checkbox"/> YES <input type="checkbox"/> NO	Max Design Speed 25 MPH or Less <input type="checkbox"/> YES <input type="checkbox"/> NO
	Automatic Transmission <input type="checkbox"/> YES <input type="checkbox"/> NO	Designed/Altered for Road Use <input type="checkbox"/> YES <input type="checkbox"/> NO
	Motor Home Chassis Mfr.	Body Make:
	Trailer & Vehicles Below Sum of GAWR's	Req. Registered Gross Wt. (Including Load)

G. APPLICATION FOR REGISTRATION	Original Registration Plate - CHECK ONE <input type="checkbox"/> Registration Plate to be Issued by Department (Proof of insurance must be attached.) <input type="checkbox"/> Exchange Registration Plate to be Issued by Department <input type="checkbox"/> Temporary Registration Plate Issued by Full Agent (NOTE: This registration plate will expire 90 days from date of issuance.)	<input type="checkbox"/> Transfer of Previously Issued Registration Plate <input type="checkbox"/> Transfer & Replacement of Registration Plate <input type="checkbox"/> Transfer & Renewal of Registration Plate
	Registration Plate No. N/A	Reason for Replacement <input type="checkbox"/> Lost <input type="checkbox"/> Defaced <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received (Lost in Mail) NOTE: If "Never Received" block is checked, applicant must complete Form MV-44.
	Expires Month N/A Year N/A	VIN N/A
	Transferred From Title No. N/A	

I. NOTARIZATION	Subscribed And Sworn To Before Me: Month 04 Day 20 Year 2026	I/We certify that I/we have examined and signed this application after its completion. I/We further certify that all statements herein are TRUE and CORRECT and make application for certificate of title for the vehicle described in Section A. If any exemption is claimed, the purchaser further certifies that they are authorized to claim this exemption. I/We acknowledge that I/we may lose my/our operating privilege(s) or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. I/We acknowledge that I/we may be subject to a fine not exceeding \$5,000 and imprisonment of not more than two years for any false statement that I/we make on this application.	
	Signature of Person Administering Oath CHAPMAN FORD SALES, INC 85-4744 NO NOTARY REQUIRED	Signature of Purchaser or Authorized Signer 85-4744CH	Relationship to Applicant
	Insurance Company Name PROGRESSIVE	NAIC No.	Policy No. (Or Attach Binder) 872352580

I. NOTARIZATION	ISSUING AGENT INFORMATION I certify that on month 04 day 20 year 2026 , I have checked to determine that the vehicle is insured and issued temporary registration to the above applicant, in compliance with all applicable provisions of the Vehicle Code and Department regulations.	Issuing Agent (Print Name) CHAPMAN FORD SALES, INC	Agent No. 85-4744CH
		Issuing Agent Signature <i>[Signature]</i>	Telephone No. 215 698-7000
		Signature of Co-Purchaser/Title of Authorized Signer	Telephone No. 267 948-7674

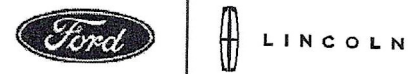


CHAPMAN FORD SALES, INC
 9371 ROOSEVELT BLVD • PHILADELPHIA, PA 19114
 PH: (215) 698-7000 • FAX: (215) 698-2576
 WWW.CHAPMANFORDSALES.COM

DEAL 536770
 CUST 9181129

PLEASE ENTER MY ORDER FOR THE FOLLOWING				NAME	DATE LC
<input checked="" type="checkbox"/> NEW or <input type="checkbox"/> USED <input type="checkbox"/> DEMO <input type="checkbox"/> CAR <input type="checkbox"/> TRUCK	PRIORITY USE:			R JOSEPH TRANSPORTATION SERVICE ROBINSON JOSEPH	04/20/2026
YR. MAKE MODEL TYPE	STREET				
2026 FORD TRANSIT RWD	724 DISSTON ST				
COLOR TRIM MILEAGE	CITY		STATE		ZIP
OXFORD WHITE XL 12	PHILADELPHIA		PA		19111
VIN	PHONE RES.		PHONE BUS.		
1 F B A X 2 Y 8 3 T K A 8 8 9 6 5	(267) 949-7674				
ENC TO FORD MOTOR CREDIT				DESCRIPTION / OTHER	
P.O. BOX 30201					
COLLEGE STATION, TX 77840 AMOUNT: 64,275.39					
IN 60 MONTHLY PAYMENTS OF \$ 1,354.56 EACH	X CUSTOMER SIGNATURE				
STARTING 4TH DAY OF JUNE YEAR 2026					
STOCK NO. A26410 SALESMAN JOHNEL BETHEA					
DESCRIPTION OF TRADE IN #1					
YR. MAKE MODEL TYPE	SALE PRICE				
N/A	59,645.00				
COLOR TRIM MILEAGE	REBATE		TRADE		
	N/A		N/A		
VIN	TITLE NO.		PLATE NO.		EXP. DATE
DESCRIPTION OF TRADE IN #2					
YR. MAKE MODEL TYPE	WARRANTY				
	3,043.00				
COLOR TRIM MILEAGE	AFTERSALE		OTHER STATE FEES		
	795.00		5.00		
VIN	TITLE NO.		PLATE NO.		EXP. DATE
COLLISION COVERAGE					
NAME OF AGENT			PHONE		
MARIO TERRA, TERRA INS SERVICES			(215) 742-3743		
ADDRESS					
1879 COTTMAN AVE PHILADELPHIA, PA 19111					
POLICY NUMBER			COLLISION DEDUCTIBLE		
872352590					
INSURANCE CO.			SPOKE WITH		
PROGRESSIVE					
EFFECTIVE DATE		EXP. DATE		VERIFIED BY	
04/20/2026		04/20/2027			
WARRANTY INFORMATION					
<input checked="" type="checkbox"/> FACTORY WARRANTY - The manufacturer's warranty constitutes all of the warranties with respect to the sale of this item/items. The seller hereby expressly disclaims all warranties, either expressed or implied including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items. <input type="checkbox"/> USED CAR WARRANTY - Used car is covered by a limited warranty detailed in a separate document. You may obtain a full copy of any applicable warranty from us. <input type="checkbox"/> AS IS - THIS MOTOR VEHICLE IS SOLD "AS IS" WITHOUT ANY WARRANTY EITHER EXPRESSED OR IMPLIED. THE PURCHASER WILL BEAR THE ENTIRE EXPENSE OF REPAIRING OR CORRECTING ANY DEFECT THAT PRESENTLY EXISTS OR THAT MAY OCCUR IN THE VEHICLE.					
PURCHASER'S SIGNATURE X					
USED CAR BUYERS GUIDE: THE INFORMATION YOU SEE ON THE WINDOW FORM FOR THIS VEHICLE IS PART OF THE CONTRACT. INFORMATION ON THE WINDOW FORM OVERRIDES ANY CONTRARY PROVISIONS IN THE CONTRACT OF SALE.					
If you cancel this purchase agreement or refuse to take delivery of the vehicle ordered, except as permitted by law, you shall at our option forfeit as damages the amount of \$					
AMOUNT DUE		713.75		TOTAL	
				69,275.39	
LESS DEPOSIT WITH ORDER				N/A	
LESS AMOUNT FINANCED				64,275.39	
CASH DUE ON DELIVERY				5,000.00	

**TireCARE Plus/TireCARE Tire and Wheel
DentCARE Paintless Dent Repair
WindshieldCARE Repair**



PROTECT™

SECTION A – INDIVIDUAL VEHICLE REGISTRATION SCHEDULE

1 F B A X 2 Y 8 3 T K A 8 8 9 6 5
Vehicle Identification Number

04/20/2026
Signature Date

12
Starting Mileage

SECTION B – COVERAGE TYPES AND TERMS

COVERAGE OPTIONS				PLAN TERM
COMPLETE PROTECTION		OR	INDIVIDUAL PROTECTION	
(ONLY available at time of sale or lease of the covered vehicle)				
<input type="checkbox"/> TripleCARE Plus PLAN Includes TireCARE Plus (includes cosmetic), DentCARE and WindshieldCARE Not available for chrome or clad wheels.	<input type="checkbox"/> DoubleCARE Plus PLAN Includes TireCARE Plus (includes cosmetic) and DentCARE Not available for chrome or clad wheels.	<input type="checkbox"/> TireCARE Plus (includes cosmetic) Not available for chrome or clad wheels	<input type="checkbox"/> DentCARE	RETAIL / LEASE OPTIONS* Please (✓) check one box only <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 6 Years <input checked="" type="checkbox"/> 7 Years <input type="checkbox"/> 8 Years <input type="checkbox"/> 27 Months <input type="checkbox"/> 39 Months * Financing options may vary by Lender.
<input type="checkbox"/> TripleCARE PLAN Includes TireCARE, DentCARE and WindshieldCARE	<input type="checkbox"/> DoubleCARE PLAN Includes TireCARE and DentCARE	<input checked="" type="checkbox"/> TireCARE	<input type="checkbox"/> WindshieldCARE Plus	
			WindshieldCare Plus is not available in the following states: AZ, GA, ME, NY, TX	
<input type="checkbox"/> Optional Off Road Surcharge <input type="checkbox"/> Enhanced Rental Delete				

SECTION C – COVERAGE COST

Service Contract Plan	Expiration Date	Purchase Price	Sales Tax	Total Purchase Price and Sales Tax
TireCARE Plus Protection		\$	\$	\$
TireCARE Protection	04/20/2033	\$ 795.00	\$ 63.60	\$ 858.60
DentCARE Protection		\$	\$	\$
WindshieldCARE		\$	\$	\$
WindshieldCARE Plus		\$	\$	\$
DoubleCARE Plus Plan		\$	\$	\$
DoubleCARE Plan		\$	\$	\$
TripleCARE Plus Plan		\$	\$	\$
TripleCARE Plan		\$	\$	\$
Totals		\$ 795.00	\$ 63.60	\$ 858.60

THE PURCHASE OF A PROTECTION PLAN IS NOT A REQUIREMENT FOR THE PURCHASE, LEASE OR FINANCING OF A COVERED VEHICLE. THIS AGREEMENT IS NOT INSURANCE AND IS NOT SUBJECT TO THE INSURANCE LAWS OF THIS STATE.
 IF YOU HAVE ANY QUESTIONS CONCERNING YOUR AGREEMENT ON FORD AND LINCOLN VEHICLES, PLEASE CALL 800-521-4144.
 IF YOU HAVE QUESTIONS CONCERNING YOUR AGREEMENT ON ALL OTHER VEHICLES, PLEASE CALL 800-233-5819.
 FOR CLAIMS SERVICE OR INQUIRIES, PLEASE CALL ADMINISTRATOR AT 800-321-7790.
 SEE IMPORTANT TERMS AND CONDITIONS ON THE FOLLOWING PAGES OF THIS AGREEMENT.
 Coverage BEGINS on the Signature Date. Coverage ENDS upon the expiration of the Plan Term Purchased from the Signature Date.

SECTION D – DISCLOSURE INFORMATION

THE PURCHASE OF THIS AGREEMENT IS NOT REQUIRED IN ORDER TO PURCHASE, OR OBTAIN FINANCING FOR A MOTOR VEHICLE. YOU MAY PURCHASE THE SERVICE CONTRACT BY CASH OR UNSECURED CREDIT CARD, IF YOU ELECT TO PURCHASE THIS AGREEMENT, IT GIVES YOU SPECIFIC LEGAL RIGHTS, WHICH MAY VARY FROM STATE TO STATE.

I (Service Contract Holder) whose signature appears below, acknowledge that the information contained above is, true and accurate. I have read the terms and conditions which are available electronically at https://ford.fordprotect.tandcfd.com/fordcontracts/tandc/2026/NationalFPLP/TIRE_DENT_SHIELD_2026, by scanning the QR code, or in paper copy from the Dealer upon request; and I am requesting coverage, and I understand and agree to all of the provisions herein.



Service Contract Holder Signature (not valid without signature)
 Rjoseph Transportation Services Llc, 724 Disston St Philadelphia
 Service Contract Holder Name and Address
 FORD MOTOR CREDIT
 Service Contract Lienholder Name

04/20/2026
Signature Date

SECTION E – DEALERSHIP INFORMATION

Chapman Ford Philadelphia 9371 Roosevelt Blvd Philadelphia PA 1911 () 2156987000
 Dealership Name and Address Telephone
 Dealership Signature Employee Stars ID P&A Code
 0 1 4 3 1

Claims Administrator: **SAFE-GUARD PRODUCTS INTERNATIONAL, LLC.** Two Concourse Parkway, Suite 500, Atlanta, GA 30328 • 800-742-7896
 Obligor: **Ford Motor Service Company, P.O. Box 6045, Dearborn, Michigan 48121, 800-521-4144.**
 In Nebraska, North Dakota, and Washington the Obligor is **Ford Motor Company, P. O. Box 6045, Dearborn, Michigan 48121, 800-521-4144.**

Standard
VEHICLE SERVICE CONTRACT

CONTRACT NUMBER AAGR 008610520
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PURCHASER INFORMATION

PURCHASER(S) NAME TRANSPORTATION SERVICES LLC, RJOSEPH		AREA CODE AND TELEPHONE NUMBER 2679497674
STREET ADDRESS 724 DISSTON ST	CITY, STATE, AND ZIP CODE PHILADELPHIA PA 19111	EMAIL ADDRESS RJOSEPH5210@GMAIL.COM

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER 1FBAX2Y83TKA88965		VEHICLE YEAR, MAKE, AND MODEL 2026 FORD TRANSIT T-350	
VEHICLE IN-SERVICE DATE 4/20/2026	CONTRACT SALE DATE 4/20/2026	VEHICLE ODOMETER READING AT TIME OF SALE 12	RATE CLASS 3
		VEHICLE SELLING PRICE \$ 59,645.00	

SELLING COMPANY AND FINANCE COMPANY INFORMATION

SELLING COMPANY NAME Chapman Ford - Philadelphia	SELLING COMPANY ADDRESS 9371 Roosevelt Blvd, Philadelphia PA 19114
SELLING COMPANY TELEPHONE NUMBER (215) 698-7000	SELLING COMPANY SIGNATURE 
FINANCE COMPANY NAME FORD MOTOR CREDIT	FINANCE COMPANY ADDRESS P.O. BOX 30201, COLLEGE STATION, TX 77842

CONTRACTUAL OBLIGOR

Dealers Alliance Corporation, P.O. Box 30250, Albuquerque, NM 87190

NEW VEHICLES

COVERAGE

- POWERTRAIN CLASSIC HIGH-TECH ELITE
 WRAP DIESEL WRAP

FOR THIS SERVICE CONTRACT TO BE VALID, THE FOLLOWING TERMS MUST BE CLEAR, LEGIBLE, WITHOUT CORRECTION, AND AVAILABLE TO THE SELLING COMPANY AT THE TIME OF SALE.

84 MONTHS 125000 MILES

NEW VEHICLE terms, excluding WRAP and DIESEL WRAP terms, expire by time measured from the Contract sale date or mileage measured from zero (0) miles, whichever occurs first. WRAP and DIESEL WRAP terms expire by time measured from original In-Service Date or mileage measured from zero (0) miles, whichever occurs first.

USED VEHICLES

COVERAGE

- POWERTRAIN CLASSIC HIGH-TECH ELITE
 CERTIFIED WRAP

FOR THIS SERVICE CONTRACT TO BE VALID, THE FOLLOWING TERMS MUST BE CLEAR, LEGIBLE, WITHOUT CORRECTION, AND AVAILABLE TO THE SELLING COMPANY AT THE TIME OF SALE.

_____ MONTHS _____ MILES

USED VEHICLE terms, excluding CERTIFIED WRAP terms, expire by time measured from the Contract sale date or mileage measured from the Vehicle odometer reading at the time of sale, whichever occurs first. CERTIFIED WRAP terms expire by time measured from original In-Service Date or mileage measured from zero (0) miles, whichever occurs first.

DEDUCTIBLE PER VISIT

- \$0 \$50 \$100 DD \$ 100 \$200

If You have selected a Disappearing Deductible (notated by "DD" after the dollar amount above), Covered Repairs performed by the Selling Company will have no deductible. However, if You have selected the Disappearing Deductible above and Your Vehicle is not repaired by the Selling Company, a \$100 deductible will apply.

SURCHARGES AND OPTIONS

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> 1 Ton | <input type="checkbox"/> 4WD/AWD | <input type="checkbox"/> Lifted/Lowered Vehicle (Up to 6") |
| <input type="checkbox"/> 10 Cyl. | <input type="checkbox"/> Northstar | <input type="checkbox"/> Autonomous Driving Systems |
| <input type="checkbox"/> 12 Cyl. | <input type="checkbox"/> Turbo/Supercharger (OEM only) | <input checked="" type="checkbox"/> Travel Expense Reimbursement Upgrade |
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Dual Rear Wheels | |

APPLICABLE SURCHARGES AND DESIRED OPTIONS MUST BE SELECTED AT THE TIME OF SALE FOR CORRESPONDING BENEFITS TO APPLY.

IF NO COVERAGE IS REFLECTED ABOVE, POWERTRAIN COVERAGE WILL APPLY. IF NO TIME AND MILEAGE INFORMATION IS PROVIDED, TERMS WILL BE 12/12,000 FOR USED VEHICLES AND 36/100,000 FOR NEW VEHICLES. IF NO DEDUCTIBLE IS SELECTED, A \$100 DEDUCTIBLE WILL APPLY. IN THE EVENT THERE IS A COMBINATION OF NO COVERAGE SELECTED AND NO TIME AND MILEAGE INFORMATION REFLECTED, VEHICLES LESS THAN 12 MONTHS OLD WITH FEWER THAN 18,000 MILES WILL BE CONSIDERED NEW AND ALL OTHERS WILL BE CONSIDERED USED.

OTHER IMPORTANT INFORMATION

THIS CONTRACT IS NOT AN INSURANCE POLICY. IT IS A SERVICE CONTRACT BETWEEN YOU AND THE OBLIGOR. ANY CHANGE TO THE PREPRINTED TERMS AND CONDITIONS OF THIS CONTRACT IS INVALID AND OF NO FORCE OR EFFECT. IF ANY INFORMATION ON THIS CONTRACT IS IN ERROR, CONTACT THE SELLING COMPANY OR OBLIGOR IMMEDIATELY. PURCHASE OF THIS CONTRACT IS OPTIONAL AND IS NOT REQUIRED IN ORDER TO PURCHASE A VEHICLE OR TO OBTAIN VEHICLE FINANCING. YOUR VEHICLE MAY HAVE A MANUFACTURER'S WARRANTY AND THIS CONTRACT DOES NOT COVER CLAIMS THAT ARE COVERED BY THE MANUFACTURER'S WARRANTY OR RECALL.

PURCHASER'S SIGNATURE

I HAVE READ THIS SERVICE CONTRACT; I UNDERSTAND AND AGREE TO ITS TERMS AND CONDITIONS. THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE TO THE STIPULATIONS RELATED TO THE SPECIFIC COVERAGE, SURCHARGES, AND OPTIONS SELECTED. I ALSO UNDERSTAND THAT BOTH THE SELLING COMPANY AND THE OBLIGOR ASSUME NO OBLIGATION OR LIABILITY THAT DOES NOT APPEAR IN THIS SERVICE CONTRACT.

SIGNATURE _____

DATE _____

SERVICE CONTRACT PRICE \$ 3,043.00

THE LICENSED REPAIR FACILITY MUST CALL 1-866-444-1598 FOR AUTHORIZATION BEFORE STARTING ANY TEARDOWN OR REPAIRS.

PARATRANSIT AUTHORITY STATEMENT

Rjoseph Transportation Services LLC respectfully states that the company is applying for Motor Common Carrier of Persons in Paratransit Service authority in order to provide transportation services on a nonexclusive, advance reservation basis in accordance with applicable Pennsylvania Public Utility Commission regulations.

The company intends to provide paratransit transportation services including:

- ADA-accessible transportation services
- Wheelchair-accessible transportation services
- Transportation for passengers requiring specialized transportation assistance
- Advance reservation passenger transportation services

The company intends to originate transportation service from points within Philadelphia County, Montgomery County, and Bucks County, Pennsylvania.

Rjoseph Transportation Services LLC understands that paratransit authority is subject to all applicable Pennsylvania Public Utility Commission regulations, insurance requirements, operational requirements, and safety requirements.

The company is committed to operating in a safe, lawful, professional, and compliant manner and intends to maintain all required insurance coverage, operational compliance, and vehicle safety standards before providing transportation service.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.



Robinson Joseph
Rjoseph Transportation Services LLC

Date: _____

05/10/2026

16. STATEMENT OF FINANCIAL POSITION (BALANCE SHEET)

As of May 10, 2026

Rjoseph Transportation Services LLC

ASSETS	AMOUNT
Cash – Business Checking Account	\$11,340.87
2026 Ford Transit T-350 (Estimated Value)	\$59,645.00
Office Computers & Technology Equipment	\$4,700.00
Office Furniture & Supplies	\$1,200.00
Printer & Office Equipment	\$350.00
TOTAL ASSETS	\$77,235.87
LIABILITIES	AMOUNT
Vehicle Loan – Ford Motor Credit (Estimated Balance)	\$59,000.00
Business Credit Card Debt	\$0.00
Other Business Liabilities	\$0.00
TOTAL LIABILITIES	\$59,000.00
ESTIMATED NET POSITION	\$18,235.87

The information contained in this Statement of Financial Position is provided to the best of the applicant's knowledge, information, and belief for purposes of demonstrating financial responsibility and operational readiness in connection with the Pennsylvania Public Utility Commission application process.



 Robinson Joseph
 Rjoseph Transportation Services LLC

Date: 05/10/2026

15. MISDEMEANOR / FELONY STATEMENT

In response to Question #9 of the Pennsylvania Public Utility Commission application materials, Rjoseph Transportation Services LLC states the following:

To the best of the applicant's knowledge, information, and belief, the applicant has not been convicted of any misdemeanor or felony offense that would affect the applicant's ability to safely and lawfully operate a passenger transportation business.

The company understands the importance of honesty, regulatory compliance, passenger safety, and professional conduct in transportation operations.

Rjoseph Transportation Services LLC is committed to operating in a safe, lawful, and responsible manner and complying with all applicable Pennsylvania Public Utility Commission requirements and transportation regulations.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.



Robinson Joseph
Rjoseph Transportation Services LLC

Date: 05 / 10 / 2026

10. VERIFICATION STATEMENT

I, Robinson Joseph, 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).



Robinson Joseph
Rjoseph Transportation Services LLC

Date: 05/10/2026