

DATE OF DEPOSIT

Tass Trans LLC

6453 Eastwood St
Philadelphia., PA 19149
Phone: (267) 970 0089

Email: info@tasstrans.com

MAY - 8 2026

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Date: 05/05/2026

To: Mathew L Hornnsher, Secretary
PA Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, PA 17120

Subject: Docketed No.: M-2026-3061024. Appeal to the decision (TASS TRANS LLC 6424798)

I am writing to formally appeal against the decision to cancel our Common Carrier Certificate of Public Convenience.

The required certificate was originally filed on time; however, it was rejected due to a typographical error. This was an honest mistake, and I have attached a copy of the original filing for your review. We have since refiled the document with the error corrected, and a copy of the corrected filing is also attached.

Please be advised that we are actively working to operate the business and have continued to pay our insurance premiums to maintain full compliance. I have attached proof of our current insurance coverage. Additionally, the company has secured a contract to work with Lyft, a copy of which is attached as well. Currently, the business has been on a waiting list for both Modivcare and Access Care for more than a year.

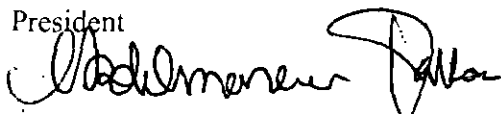
We look forward to hearing your decision regarding our request for reinstatement as soon as possible. We would be grateful for your allowance to continue our operations, as this was a first-time error.

Thank you for your time and consideration.

Best regards,

Abdelmoneim Taka,

President





COMMONWEALTH OF PENNSYLVANIA
 PENNSYLVANIA PUBLIC UTILITY COMMISSION
 COMMONWEALTH KEYSTONE BUILDING
 400 NORTH STREET
 HARRISBURG, PENNSYLVANIA 17120

2025 ASSESSMENT REPORT - MOTOR CARRIERS

TRADE OR CORPORATE NAME OF UTILITY (UTILITY CODE):
 TASS TRANS LLC (6424798)

CONTACT NAME:
 ABDELMONIEM TAKA

EMAIL:
 INFO@TASSTRANS.COM

ADDRESS:
 6453 EASTWOOD STREET, PHILADELPHIA PA 19149

PHONE:
 267-970-0089

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	All other passenger transportation
PA GROSS INTRASTATE OPERATING REVENUE	\$4,774	\$0	\$0	\$0
PA EXEMPT INTRASTATE REVENUE				
TOTAL Exempt Revenue				
PA NET INTRASTATE OPERATING REVENUE	\$4,774	\$0	\$0	\$0

UNIFIED CARRIER REGISTRATION (UCR) INFORMATION

TASS TRANS LLC is NOT registered with UCR.

NOTARIZATION

When filing your assessment report through the portal, notarization is not required.

AFFIDAVIT

I hereby state that the information reported herein is complete, true and correct, I expect to be able to prove the same as necessary, and I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

I further agree that I have authority to and do consent to the release of all tax records filed or compiled with regard to the listed utility and/or individual to the Public Utility Commission, if requested, as a means to verify the accuracy of the financial information supplied, in accordance with Sections 505 and 506 of the Public Utility Code.

SUBMISSION/AUTHORIZATION

Name	Abdelmoneim Taka
Email Address	INFO@TASSTRANS.COM
Phone Number	2679700089

For your records only. Do not mail to the Commission



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120

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SUBMISSION/AUTHORIZATION

Name	Abdel Taka
Email Address	linfo@tasstrans.com
Phone Number	2679700089
Date of Submission	Saturday, April 4, 2026 3:04 PM

Pennsylvania INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER
13587

COMPANY COMMERCIAL PERSONAL
First Chicago Insurance Company

POLICY NUMBER
LVA 125654

EFFECTIVE DATE

06/10/2025

EXPIRATION DATE

06/10/2026

YEAR

2012

MAKE/MODEL

Ford

E150

VEHICLE IDENTIFICATION NUMBER

1FTNE2EW0CDB10379

AGENCY/COMPANY ISSUING CARD

ExQuizit Insurance Services (Phone: 215-600-1230)

2720 E. Allegheny Ave FI-1

Claim: 888-262-8864

Philadelphia

PA 19134

INSURED

TASS Trans LLC

6453 Eastwood Street

Philadelphia

PA 19149

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as
soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each
vehicle involved.

ExQuizit Insurance Services (eisgroups.com)

2720 E. Allegheny Avenue, Philadelphia, PA 19134 Phone: 215-600-1230 Fax: 215-454-2767

~~INSURANCE QUOTATION - VALID FOR 30 DAYS ONLY OR UNTIL THE PROPOSED EFFECTIVE DATE~~

Quotation Includes Only the Coverages Listed Below and Does Not Necessarily Provide the Terms/Coverages Requested in Your Application.

Date	5/23/2022	Auto Liability:	First Chicago insurance Co.
Insured	TASS Trans LLC		
Effective	_____		
Business Desc:	NEMT		

Coverage	Symbols	Limits	Prem Per Veh	Unit	Total
Auto Liability	7	\$15,000/30,000/5,000	\$5,016	1	\$5,016
Personal Injury Protection		\$25,000			included
Work Loss		\$1,000/\$10,000			included
Underinsured		No coverage			
Uninsured		No coverage			
Collision/Comprehensive		No coverage			
Camera		1			\$150
Tax, policy fees					\$400

Total Premium					\$5,566
Down		\$1,553.20			
10 Installment				\$401.28	

This quotation is subject to the following terms and conditions:

- **Additional insured is not included. If additional insured is needed, a copy of contract is required.**
- **Loss Control Phone Call**
- **Inward/Outward camera**
- **Wheelchair Lift/Ramp**
- **Vehicle Registration (Must be PA registered)**

Fees must be paid in full Up Front and are not subject to a refund if coverage is to cancel.

If Filings are Required You must confirm in writing at the time of Binding and include a copy of the Operating Authority.

All Drivers must be reported in writing to and approved by the carrier prior to being put on the road for coverage to apply.

All vehicles must be reported in writing to and scheduled by the carrier prior to being put on the road for coverage to apply.

Telephone requests to bind cannot be accepted. All requests must be made in writing via fax (215-600-1230 or email info@eisgroups.com).

Terrorism, Assault, Battery are specifically excluded.

This policy may be subject to a 25% Minimum Earned Premium or short-rate cancellation if you request the policy to be cancelled.

A \$50 reinstatement fee may be charged if your policy to be cancelled.

Minimum Age Requirement for Drivers is 25 years old (23-24 must have a clean driving record).

Quote subject to acceptable MVR at binding

(Insured Signature)	(Name)	(Date)
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Installment Invoice

INVOICE NUMBER: S 516620 **AMOUNT DUE:** \$ 401.28
PAYMENT DUE DATE: 7/11/2022 **LATE PAYMENT AMOUNT:** \$ 406.28

NOTICE DATE: 6/27/2022
POLICY NUMBER: LVA 125654

A \$ 5.00 late fee applies to all payments received after the due date. Unpaid late fee will be reflected on your next invoice.

EXQUZIT INSURANCE SERVICES
 2720 E ALLEGHENY AVE FL-1
 PHILADELPHIA PA 19134

Insured:
 TASS TRANS LLC
 6453 EASTWOOD STREET
 PHILADELPHIA, PA 19149

Summary of Charges

POLICY NUMBER	LVA 125654	PRIOR INVOICE	\$ 0.00
POLICY PERIOD	6/10/2022 TO 6/10/2023 12:01 AM	PAYMENTS ON FILE	\$ 0.00
PAYMENT DUE DATE	7/11/2022	AMOUNT DUE ON INVOICE	\$ 401.28
PAY YOUR POLICY NOW	\$ 4,012.80	TOTAL AMOUNT DUE	\$ 401.28

To maintain your valuable coverage, please pay your current amount due by the due date. Any amount you pay in excess of the amount due will be credited to your next payment. If you have any questions about this invoice please contact your agent.

To keep your policy in force, your payment must be received by 7/11/2022. Please contact your agent at (215) 600-1230 with any questions regarding this invoice.

Save time and money with First Chicago's new Automatic Billing payment option. See back side for further information.

PLEASE DO NOT SEND CASH
 Send this part with your payment

Policy Holder:	Policy Number:	Invoice Type and Number:	Payment Due Date*:	Pay Policy In Full:	Amount Due:	Amount Paid:
TASS TRANS LLC	LVA 125654	S 516620	7/11/2022	\$ 4,012.80	\$ 401.28	

* LATE PAYMENTS: If payment is received after the due date a \$ 5.00 late fee will apply.

Mail payments to: FIRST CHICAGO INSURANCE
 PO Box 389508
 Chicago, IL 60638

To pay by phone: Call (708) 552-4400 and choose Option 7

To pay online: Go to www.firstchicagoinsurance.com

Producer: EXQUZIT INSURANCE SERVICES
 (215) 600-1230

AMX ___ Visa ___ MC ___ Discover ___
 To pay by credit card, complete the information below:
 ONE-TIME RECURRING

Card Number: _____
 Expiration Date: _____ CVV2 _____
 Cardholder Signature: _____

If you make payment by check please allow 4-7 business days for your payment to reach us. Write your policy number on the check, and make the check payable to "FIRST CHICAGO INSURANCE COMPANY". A \$ 35.00 fee will be assessed for any payment that is not honored, for any reason, by your bank or financial institution.

6453 Eastwood St
Philadelphia, PA 19144
TASS TRANS LLC



CERTIFIED MAIL

Retail



17120

RDC 99

U.S. POSTAGE
FCM LETTER
PHILADELPHIA
MAY 08, 2026

\$6.37

S2324E500

RECEIVED

MAY 13 2026

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

To. PA Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, PA 17120
Mathew L Hornsher, Secretary

1712080211 0000

