

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

Application for Motor Common Carrier of Persons in Scheduled Route Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION IN WHICH THE VEHICLES DELIVERING THE SERVICE OPERATE ACCORDING TO SCHEDULES ALONG DESIGNATED ROUTES.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

All Needs Home Care Agency LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Transportation Services" 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 Transportation Services" or "J. Doe Transportation Services" 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 0007546159
(See checklist and indicate type of business entity registered.)

DATE OF DEPOSIT

APR 22 2026

5. If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).

TAVIA CRAFTON

6. Mailing Address

1617 John F Kennedy Blvd, FL20

Street Address

Philadelphia PA 19103 Philadelphia

City, State and Zip Code County

856 689 3334 ts@allneedshomecare.org

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.)

111 Patriots ridge drive

Street Address

Woodbury NJ 08096 Gloucester

City, State and Zip Code County

856 689 3334 ts@allneedshomecare.org

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 US DOT 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).

To Transport, as a common carrier by motor vehicle. All persons will be on schedule to transport to non medical emergent appointments, family events, long distance transport, Hospital Discharge within Philadelphia, Chester, Delaware, Bucks Counties, and return over the same route to render shuttle service and through service.

Example:

To transport, as a common carrier, by motor vehicle, persons on schedule, beginning on State Route 88 at the point where said route begins in the Township of Union, Washington County, at the point adjacent to the border with the Township of Carroll, Washington County, thence via said route to the City of Pittsburgh, Allegheny County, and return over the same route, with the right to render shuttle service and through service.

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 Scheduled Route Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

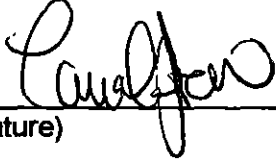
Verification of Application

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.

Tavia Crafton

(Print Name)



(Signature)

April 14, 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).

DATE OF DEPOSIT

APR 22 2026

PA Public Utility Commission
Secretary's Bureau

BUSINESS PLAN/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.

All Needs Home Care Agency LLC
Legal Name of Applicant

Trade Name, if any

1617 John F Kennedy Blvd Fl 20 Philadelphia PA 19103
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.

Tavia Crafton owner
1617 John F Kennedy Blvd Fl 20 Philadelphia PA
19103
856-689-3334

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

Tavia Crafton owner

DATE OF DEPOSIT

APR 22 2026

PA Public Utility Commission
Secretary's Bureau

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.

By education I am a registered nurse with over 10 years of experience with working with an array of individuals. Having to problem solve and adapt to changes with schedules and handling unexpected needs of people. Having work in this setting with vulnerable population I have become a pillar in trust and credibility all are values that a owner of a transport service should have.
Open to relevant transportation service education / training.

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.

All Drivers will have a company paid phone for logs and schedules. Vehicles will be assigned at start of shift with pick up and drop off locations for perspected clients each shift. All private personal information will be limited to my need to know basis via encrypted email, message or private fax. All drivers cars will be equipt with tracking and phones as well. All customer request can be made via phone, email or fax. Car pickup and drop off is well lit and safe, record maintenance will be maintained within state compliance and private.

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.

a. must hold appropriate drivers license for vehicle. License must be current and not suspended or revoked. As a requirement, driving experience, skills and competence.
 b. PA state police and FBI background
 c. vehicle specific training, on going monitoring and refresher courses
 d. Direct request from DMV for employees driving record
 e. zero tolerance for Alcohol and drug use by drivers.
 intend to hire 3 drivers is appropriate for scale of business at this time and the area of coverage.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE

*Vehicles with seating capacity of less than seven passengers cannot be used for scheduled route service.

2 vehicles to provide reasonable and efficient service to the territory that will be serviced.

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Daily pretrip and post trip inspections. Immediate reporting of Brake issues, steering problems lights and signal failure. Preventative maintenance schedule by tracking mileage, engine hours service intervals. and record keeping inspection certificates repair history, inspection for Drivers. All vehicles will have valid certificate of inspection for PA. Mechanical systems Safety equipment visibility lighting structural environmental compliance.

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

Called reputable insurance carriers gave perspective vehicles and required quotes on insurance premiums. All within business budget to pay premiums. quotes provided with at least the minimum outlined for 15 passengers or less.

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

 YES X NO

DATE OF DEPOSIT

APR 22 2026

PA Public Utility Commission
Secretary's Bureau

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.

Tawia Crafton
(Signature)

04/14/2026
(Date)

Tawia Crafton owner
(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 04/14/2020
(Must be less than 6 months old)

ASSETS

Current Assets			
Cash		20,000	
Other Current Assets (specify)			
Total Current Assets			
Tangible Assets			
Motor Vehicle Equipment			
Property (buildings, land, etc.)		5,000	
Office Equipment			
	TOTAL ASSETS		




LIABILITIES

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

Tavia Crafton, All needs home
Care Agency
1617 John F Kennedy Blvd A 20
Philadelphia PA 19103

TO:

Secretary PA Public Utility
Commission
400 North Street 2nd Floor
Harrisburg PA 17120

 UNITED STATES POSTAL SERVICE.	Retail
G	US POSTAGE PAID
	\$7.45 Origin: 08109 04/22/26 3301250109-16
USPS GROUND ADVANTAGE®	
0 Lb 4.20 Oz RDC 01	
C000	
SHIP TO: 	400 NORTH ST HARRISBURG PA 17120-0211
USPS TRACKING® #	
	
9500 1158 4872 6112 3804 10	

RECEIVED

APR 24 2026

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU