

**COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

Application of Liberty Med Trans Inc
3380 Memphis Street, Philadelphia, PA 19134
Docket No. A-2026-3062327

RESPONSE TO DATA REQUEST

Re: Application of Liberty Med Trans Inc
Docket No.: A-2026-3062327
Applicant: Liberty Med Trans Inc
Response to Data Request

Submitted in response to the Commission correspondence dated May 12, 2026

Applicant	Liberty Med Trans Inc
Mailing Address	601 Surf Ave, Apt 19K, Brooklyn, NY 11224
Physical / Operating Address	3380 Memphis Street, Philadelphia, PA 19134
Telephone	929-500-5075
Email	info@libertymedtrans.com
Company Representative	Amiran Arsenyan, President
Filing Date	05/18/2026

ATTACHMENT A

Driver Qualification, Driver History, and Criminal History Compliance Plan

Applicant	Liberty Med Trans Inc
Docket No.	A-2026-3062327
Responsible Company Officer	Amiran Arsenyan, President

1. Purpose

The purpose of this plan is to establish written driver qualification, driver history, criminal history, and record-retention procedures for Liberty Med Trans Inc's proposed paratransit operations in Pennsylvania.

Liberty Med Trans will not allow any person to operate a vehicle in authorized paratransit service until the driver has been reviewed and approved under this plan.

Liberty Med Trans may use a qualified third-party vendor to obtain driver history reports, criminal history reports, and background checks. However, Liberty Med Trans Inc remains responsible for reviewing the results, determining driver eligibility, maintaining records, and complying with Commission requirements.

2. Scope

This plan applies to all drivers who operate, or may operate, vehicles under Liberty Med Trans Inc's Pennsylvania Public Utility Commission authority. This includes full-time drivers, part-time drivers, backup drivers, owner/officer drivers, and any other person who may operate a vehicle in Liberty Med Trans Inc's authorized service.

3. Driver age policy - 52 Pa. Code Section 29.503

Liberty Med Trans Inc will require each driver to be at least 25 years of age before operating a vehicle in Applicant's authorized service. Liberty Med Trans will verify each driver's age by reviewing a valid government-issued driver license before allowing the driver to operate.

Liberty Med Trans Inc does not intend to use any driver under 25 years of age in Pennsylvania authorized service.

Records maintained for driver age

- Copy of valid driver license.
- Date of birth / age verification.
- Date Applicant reviewed and approved the driver.

4. Driver history policy - 52 Pa. Code Section 29.504

Before any driver is permitted to operate in Liberty Med Trans Inc's authorized service, Liberty Med Trans will obtain and review a driver history report from the appropriate agency of every state in which the driver held a motor vehicle operator's license or permit during the preceding three years.

Liberty Med Trans will also verify that the driver holds a current and valid driver license before the driver is allowed to operate. After the initial driver history review, Liberty Med Trans will obtain and review a new driver history report for each active driver at least once every 12 months from the date of the last report. Applicant will maintain a copy of each driver history report for at least two years.

Driver history review standards

- Liberty Med Trans will not allow a driver to operate if the driver does not hold a current valid driver license.
- Liberty Med Trans will not allow a driver to operate if the driver's license is suspended, revoked, cancelled, restricted in a way that prevents operation, or expired.
- Liberty Med Trans will not allow a driver to operate if the driver fails to disclose a licensing state from the preceding three years.

- Liberty Med Trans will conduct an individualized safety review of each driver history report and will disqualify a driver whose record creates an unreasonable risk to passengers or the public.
- Each driver must immediately report any citation, accident, license suspension, license revocation, license restriction, medical condition affecting safe driving, or other event that may affect driver qualification.

5. Criminal history policy - 52 Pa. Code Section 29.505

Before any driver is permitted to operate in Applicant's authorized service, Liberty Med Trans will obtain and review a criminal history record from the Pennsylvania State Police and from every other state in which the driver resided during the prior 12 months.

Following the initial criminal history review, Liberty Med Trans will obtain and review a Pennsylvania State Police criminal history record for each active driver every two years from the date of the last criminal history check. Liberty Med Trans will maintain a copy of each criminal history record for at least three years.

Criminal history review standards

Liberty Med Trans will not permit a person to operate if the person has a felony or misdemeanor conviction. Liberty Med Trans will review criminal history results for offenses involving, among other things:

- Violence or threat of violence.
- Sexual offenses.
- Abuse, neglect, or exploitation of vulnerable persons.
- Theft, fraud, dishonesty, or financial exploitation.
- Controlled substances.
- Driving under the influence.
- Use of a motor vehicle in connection with a crime.
- Any conviction that may create an unreasonable safety risk to passengers or the public.

Liberty Med Trans may also use a third-party background screening provider to conduct supplemental multi-jurisdictional searches, national criminal database searches, and sex offender registry checks. Such third-party checks will not replace required Pennsylvania State Police and other required state criminal history records.

Criminal history review documentation

- Date the criminal history was requested.
- Source of the criminal history record.
- Date the criminal history was received.
- States searched.
- Name and title of the person reviewing the result.
- Qualification decision.
- Reason for disqualification, if applicable.

6. Alcohol and controlled substance policy

Drivers may not use alcohol, be under the influence of alcohol, or have any measured alcohol concentration or detected presence of alcohol while operating a vehicle in passenger service. Drivers may not use a controlled substance, be under the influence of a controlled substance, or have any measured concentration or detected presence of a controlled substance while operating a vehicle in passenger service.

Any driver suspected of impairment will be removed from service immediately. A violation of Applicant's alcohol and controlled substance policy will result in termination and disqualification from driving for Liberty Med Trans.

7. Driver training and operational qualification

Before transporting passengers, each driver will receive training on company policies, safe vehicle operation, passenger assistance, wheelchair and/or stretcher securement where applicable, use of seat belts and safety

equipment, customer service, dispatch communication, trip documentation, emergency procedures, accident and incident reporting, vehicle defect reporting, and compliance with applicable Pennsylvania vehicle safety requirements.

Applicant will provide refresher training when policies change, when a driver is assigned to different equipment, after a preventable incident, or whenever additional training is needed to maintain safe service.

8. Driver qualification file

Applicant will maintain a driver qualification file for each driver. No driver may operate until the file is complete and approved. The file will contain:

- Driver application or employment record.
- Copy of valid driver license.
- Age verification.
- Initial driver history report from each state where the driver held a license or permit during the preceding three years.
- Annual driver history reports.
- Pennsylvania State Police criminal history record.
- Criminal history record from every other state where the driver resided during the prior 12 months.
- Biennial Pennsylvania State Police criminal history updates.
- Driver training record.
- Alcohol and controlled substance policy acknowledgment.
- Passenger assistance / wheelchair securement training record, if applicable.
- Incident, accident, and complaint records, if applicable.
- Driver approval or disqualification documentation.

9. Record retention schedule

Record	When obtained	Minimum retention period
Driver age / license verification	Before driver operates	Duration of service plus 3 years
Initial driver history	Before driver operates	At least 2 years
Annual driver history update	Every 12 months	At least 2 years
Pennsylvania State Police criminal history	Before driver operates	At least 3 years
Other-state criminal history	Before driver operates, if driver resided outside Pennsylvania within prior 12 months	At least 3 years
Pennsylvania State Police criminal history update	Every 2 years	At least 3 years
Training records	Before driver operates and upon refresher training	Duration of service plus 3 years
Alcohol / controlled substance policy acknowledgment	Before driver operates	Duration of service plus 3 years
Accident / incident records	As incidents occur	At least 3 years, or longer if required

10. Driver approval

A driver may not operate until Applicant has completed the driver qualification file, reviewed all required records, and approved the driver in writing. Approval must be documented by the President or designated compliance officer.

I, Amiran Arsenyan, 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).

By: _____

Amiran Arsenyan, President

Date: _____

ATTACHMENT A-1

Driver Qualification File Checklist

Driver Name	[INSERT DRIVER NAME]
Date of Hire / Qualification Review	[INSERT DATE]
Reviewer	[INSERT REVIEWER NAME]

No driver may operate in Applicant's authorized Pennsylvania service until this checklist is completed and signed.

Requirement	Complete?	Date completed	Notes
Driver application / employment record	Yes / No	[DATE]	
Copy of valid driver license	Yes / No	[DATE]	
Age verified - driver is at least 21	Yes / No	[DATE]	
Initial driver history obtained from all states licensed during prior 3 years	Yes / No	[DATE]	
Driver history reviewed and approved	Yes / No	[DATE]	
Pennsylvania State Police criminal history obtained	Yes / No	[DATE]	
Criminal history from every other state of residence during prior 12 months obtained	Yes / No / N/A	[DATE]	
Criminal history reviewed and approved	Yes / No	[DATE]	
Driver training completed	Yes / No	[DATE]	
Passenger assistance / wheelchair securement training completed, if applicable	Yes / No / N/A	[DATE]	
Alcohol and controlled substance policy signed	Yes / No	[DATE]	
Driver approved to operate	Yes / No	[DATE]	

Reviewer Signature: _____

Date: _____

I, Amiran Arsenyan, 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).

By: _____

Amiran Arsenyan, President

Date: _____

ATTACHMENT A-2

Driver Certification and Policy Acknowledgment

Driver Name	[INSERT DRIVER NAME]
Driver License Number / State	[INSERT LICENSE NUMBER / STATE]
Date	[INSERT DATE]

I certify and acknowledge the following:

1. I hold a current valid driver license appropriate for the vehicle I will operate.
2. I am at least 21 years of age.
3. I have disclosed every state in which I held a motor vehicle operator's license or permit during the preceding three years.
4. I have disclosed every state in which I resided during the prior 12 months.
5. I authorize Liberty Med Trans Inc to obtain and review my driver history and criminal history records as required by company policy and applicable Commission requirements.
6. I will immediately notify Liberty Med Trans Inc of any traffic citation, accident, license suspension, license revocation, license restriction, criminal charge, criminal conviction, medical condition affecting driving ability, or other event that may affect my qualification to drive.
7. I will not use alcohol, illegal drugs, controlled substances, or impairing medication while on duty, while operating a vehicle, or while transporting passengers.
8. I understand that violation of company policy may result in immediate removal from service and disqualification from driving for Liberty Med Trans Inc.

Driver Signature: _____

Date: _____

Company Reviewer: _____

Date: _____

I, Amiran Arsenyan, 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).

By: _____

Amiran Arsenyan, President

Date: _____

ATTACHMENT B

Insurance Policy / Quote Summary

Applicant provides the following insurance information in response to the Commission's request for the provider's name, policy limits, annual cost, and payment arrangement.

Item	Information
Insurance provider	National Liability & Fire Insurance Company
Producer / agency, if any	Prime Cover Insurance Agency Inc
Policy or quote number	73QPS131275
Policy period or quote expiration	05/20/2026 – 05/20/2027
Applicant legal name shown on quote/policy	Liberty Med Trans Inc
Mailing address shown	3380 Memphis Street, Philadelphia, PA 19134
Garaging / operating address shown	3380 Memphis Street, Philadelphia, PA 19134
Type of coverage	Commercial automobile / paratransit operation
Liability limits	\$25,000 per person / \$50,000 per accident / \$10,000 property damage \$25,000 per person / \$50,000 per accident – Uninsured/Underinsured Cover
Annual premium	\$7,600
Payment method	ACH
Down payment	25%
Monthly payment	\$634
Number of payments	9

I, Amiran Arsenyan, 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).

By: _____
 Amiran Arsenyan, President
 Date: _____

Statement of Financial Position (Balance Sheet)
As of (date) May 20th, 2026
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$110,000	
Other Current Assets (specify)		
Total Current Assets		\$110,000
Tangible Assets		
Motor Vehicle Equipment		
Property (buildings, land, etc.)		
Office Equipment		\$23,455
TOTAL ASSETS		\$133,455

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit		
Other Liabilities (Attach schedule)	\$19,600	
Total Current Liabilities		\$19,600
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
TOTAL LIABILITIES		\$19,600

VERIFICATION

I, Amiran Arsenyan, 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).

Date: _____

Signature: _____

Amiran Arsenyan, President
Liberty Med Trans Inc

ATTACHMENT C

Please take into consideration additional \$66,307 in my personal account that will be also used for this business purposes. Also I have a \$97,000 credit line that will be used as well.

Current Liabilities:

Insurance premium finance balance due within one year - \$7,600

Facility lease / rent due within one year - \$12,000

Total Current Liabilities - \$19,600

VERIFICATION

I, Amiran Arsenyan, 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).

Date: _____

Signature: _____

Amiran Arsenyan, President

Liberty Med Trans Inc



Deposit Account Balance Summary

05/20/2026

Requestor information:

LIBERTY MED TRANS INC

3380 MEMPHIS ST
PHILADELPHIA, PA 19134-4510

Summary of Deposit Account				
Account Number	Account Type	Open Date	Current Balance	Avg Balance (12 mos)
[REDACTED]	Chase Business Complete Checking	05/19/2026	\$110,000.00	\$0.00
Customer Information				
LIBERTY MED TRANS INC		Sole Owner		
AMIRAN V ARSENYAN		Signer		

Deposit Account Balance Summary request completed by Morgan Chase Bank, N.A.

VALERIIA BELOMYTTSEVA
(614) 248-5800
Brighton Beach Walk

Brighton Beach Walk
NY1-4875
128 Brighton Beach Ave
Brooklyn, NY 11235

PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.

This letter is written as a matter of business courtesy, without prejudice, and is intended for the confidential use of the addressee only. No consideration has been paid or received for the issuance of this letter. The sources and contents of this letter are not to be divulged and no responsibility is to attach to this bank or any of its officers, employees or agents by the issuance or contents of the letter which is provided in good faith and in reliance upon the assurances of confidentiality provided to this bank. Information and expressions of opinion of any type contained herein are obtained from the records of this bank or other sources deemed reliable, without independent investigation, but such information and expressions are subject to change without notice and no representation or warranty as to the accuracy of such information or the reliability of the sources is made or implied or vouched in any way. This letter is not to be reproduced, used in any advertisement or in any way whatsoever except as represented to this bank. This bank does not undertake to notify of any changes in the information contained in this letter. Any reliance is at the sole risk of the addressee.



US702 | BR369
 ROP 450
 P.O. Box 7000
 Providence, RI 02940

AMIRAN V ARSENYAN
 601 SURF AVE
 APT 19K
 BROOKLYN NY 11224-3445

Checking Account Statement

Page 1 of 3

Beginning April 17, 2026
 through May 18, 2026

Questions? Contact us today:



CALL:
 Checking Account Customer Service
 1-800-922-9999



VISIT:
 Access your account online:
citizensbank.com



MAIL:
 Citizens
 Customer Service Center
 P.O. Box 42001
 Providence, RI 02940-2001

AMIRAN V ARSENYAN
One Deposit Checking
XXXXXX-958-1

One Deposit Checking for XXXXXX-958-1

Balance Calculation

Previous Balance		65,399.65
Checks	-	.00
Withdrawals & Debits	-	.00
Deposits & Credit	+	908.00
Current Balance	=	66,307.65

The \$9.99 monthly maintenance fee is waived when you make at least 1 deposit that is posted before the end of your statement period.

You made at least 1 deposit.
 Good news! The monthly maintenance fee was waived based on your account activity.

Your next statement period will end on June 16, 2026.

TRANSACTION DETAILS FOR CHECKING ACCOUNT ENDING 958-1

Deposits & Credits			Previous Balance
<i>Date</i>	<i>Amount</i>	<i>Description</i>	65,399.65
04/20	908.00	SSA TREAS 310 XXSOC SEC 042226 CITIZENS PAID EARLY	
Total Deposits & Credits			
			+ 908.00

Please See Additional Information on Next Page

One Deposit Checking for XXXXXX-958-1 Continued

Daily Balance						Current Balance	
<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>	<i>Date</i>	<i>Balance</i>	=	
04/20	66,307.65						66,307.65

Checking Account Balance Worksheet

Before completing this worksheet, please be sure to adjust your checkbook register balance by

- Adding any interest earned
- Subtracting any fees or other charges

1 Your current balance on this statement

	\$ _____
	Current Balance

2 List deposits which do not appear on this statement

Date	Amount	Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			+ \$ _____
			Total of 2

3 Subtotal by adding 1 and 2

	= \$ _____
	Subtotal of 1 and 2

4 List outstanding checks, transfers, debits, POS purchases or withdrawals that do not appear on this statement.

Date/ Check No.	Amount	Date/ Check No.	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			- \$ _____
			Total of 4

5 Subtract 4 from 3. This should match your checkbook register balance.

	= \$ _____
	Total

CUSTOMER SERVICE

If you have any questions regarding your account or discover an error, call the number shown on the front of your statement or write to us at the following address:

Citizens
Customer Service Center
P.O. Box 42001
Providence, RI 02940-2001

Change of Address

Please call the number shown at the front of your statement to notify us of a change of address.

DEPOSIT ACCOUNTS ARE NON-TRANSFERABLE

Personal deposit accounts, such as CD's and savings accounts, cannot be transferred to another person or to a corporate entity.

ELECTRONIC TRANSFERS

In Case of Errors or Questions About Your Electronic Transfers

(For Consumer Accounts Used Primarily for Personal, Family or Household Purposes)

Telephone us at the customer service number provided on Page 1 of this statement or write to us at the customer service address provided as soon as you can, if you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number, if any.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error and, if possible, the date it appeared on your statement or receipt.
- It will be helpful to us if you also give us a telephone number at which you can be reached in case we need any further information.

For consumer accounts used primarily for personal, family, or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

(For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.)

OVERDRAFT LINES OF CREDIT

BILLING RIGHTS SUMMARY

What To Do If You Think You Find A Mistake On Your Statement:

If you think there is an error on your statement write to us at the customer service address provided as soon as possible.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

INTEREST CHARGE CALCULATIONS FOR OVERDRAFT LINE OF CREDIT ACCOUNTS BASED ON AVERAGE DAILY BALANCE COMPUTATION METHOD

Calculating your Interest Charge

We calculate the interest charge on your Overdraft Line by applying the Daily Periodic Rate to the Average Daily Balance. Then, we multiply that result by the number of days in the billing cycle in which a balance is owed on your Overdraft Line. This gives us the total interest charge for that billing period.

Calculating your Average Daily Balance

To calculate the average daily balance, we take the beginning balance of you Overdraft Line each day (which does not include any unpaid interest charges or fees), add any new loan advances as of the date of those advances and subtract any payments or credits. This gives us the daily balance. Then, we add all the daily balances for the billing cycle together and divide the total by the number of days in the billing cycle. This gives us the average daily balance of your account.

Credit Bureau Reporting

We may report information about your Overdraft Line to credit bureaus for each joint account holder of your checking account. Late payments, missed payments, or other defaults on your Overdraft Line may be reflected in your credit report. If you believe we have furnished inaccurate or incomplete information to a credit reporting agency, write to us at the consumer service address provided and include your name, address, account number, and description of what you believe is inaccurate or incomplete.

Thank you for banking with Citizens.