

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)

Star Medical Transport 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)

Lifemed

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- 2016-2579059

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 4213438
(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).

Maurice Williams, Founder

6. **Mailing Address**

401 E. Hunting Park Ave

Street Address

Philadelphia, PA. 19124

City, State and Zip Code

Philadelphia

County

(215) 694-6757

Telephone Number

m.williams@lifemedpa.com

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.)

Same

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)

N/A

Attorney's Name & Telephone Number for this Filing

Attorney's Address

E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

No

Yes, at No. _____

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

Addendum To Transport persons in paratransit service, including non medical transportation from points in the counties of Chester, Delaware, Montgomery and Philadelphia to points in PA and Return

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.

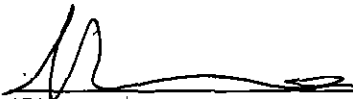
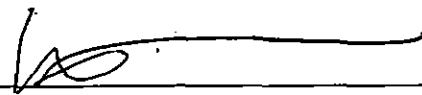
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure 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.

Maurice Williams
(Print Name)

  04/01/26
(Signature) (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).

Commonwealth of Pennsylvania
Pennsylvania Public Utility Commission

Petition of:

**Star Medical Transport Services LLC
D/B/A LifeMed**

Docket No.: A-2016-2579059

Utility Code: 6419423

PETITION TO AMEND CERTIFICATE OF PUBLIC CONVENIENCE

To the Pennsylvania Public Utility Commission:

1.

Applicant, **Star Medical Transport Services LLC d/b/a LifeMed**, with a principal place of business located at **401 E Hunting Park Ave, Philadelphia, PA 19124**, holds a Certificate of Public Convenience issued by the Commission at **Docket No. A-2016-2579059** authorizing it to operate as a motor common carrier of persons in paratransit service.

2.

Applicant seeks to amend its existing authority to expand its service territory and clarify its operating authority.

3.

Specifically, Applicant requests authority:

To transport persons in paratransit service, including non-medical transportation, from points in the Counties of Chester, Delaware, Montgomery, and Philadelphia to points in Pennsylvania, and return.

4. Public Interest

The requested amendment will enhance access to reliable transportation services for residents within Chester, Delaware, Montgomery, and Philadelphia Counties and improve the availability of both medical and non-medical transportation services.

Applicant is currently operating below maximum capacity and is prepared to expand operations immediately to meet increasing demand for non-emergency transportation services.

5. Compliance

Applicant remains in full compliance with all applicable Pennsylvania Public Utility Commission regulations, including insurance, safety, and operational requirements.

6. Conclusion

WHEREFORE, Applicant respectfully requests that the Commission approve this Petition and amend its Certificate of Public Convenience as requested herein.

Respectfully submitted:

**Star Medical Transport Services LLC
D/B/A LifeMed**

By:

Maurice Williams

Owner

Address:

401 E Hunting Park Ave
Philadelphia, PA 19124

Phone: 215-990-2568

Email: m.williams@lifemedpa.com

VERIFICATION

I, **Maurice Williams**, verify that the statements made in this Petition are true and correct to the best of my knowledge, information, and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Signature: _____

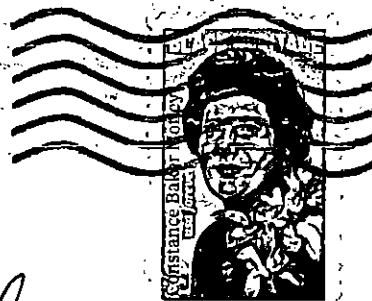
Date: _____

03/20/26

Lifemed Ambulance
401 E. Hunting Park Ave.
Phila, PA, 19124

PHILADELPHIA PA 190

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

17120-020202

