

## APPLICATION CHECKLIST

### Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at [www.puc.pa.gov](http://www.puc.pa.gov)).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

**ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.**

**If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2<sup>ND</sup> FLOOR, HARRISBURG, PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps) on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

## General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
  - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
  - Transportation of people to correctional facilities for visitation.
  - Transportation of people in wheelchair and stretcher vans.

***\*Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at [www.nicinsurancefilings.com](http://www.nicinsurancefilings.com) . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- |                        |     |  |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).  |
|                        | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
|                        | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).   |

## 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)

United Family Home Care

- 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 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 7362559

(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).**

Fareeda Mohammed \_\_\_\_\_  
Shahah Mekki \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

1031 Borbeck Ave  
Street Address

Philadelphia, PA, 19111 Philadelphia  
City, State and Zip Code County

267-616-5198 support@unitedfamilyhomec.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.)

Same as mailing address  
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. 4505146

10. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

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To transport transport people between points in Philadelphia county, Bucks county, Montgomery county and Delaware county.U

Type text here

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*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.

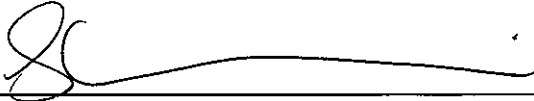
## Verification of Application

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.

Shahah Mekki

(Print Name)



(Signature)

5/19/2026  
(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.

United Family Home Care

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Legal Name of Applicant

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Trade Name, if any

1031 Borbeck Ave

Street Address (principal place of business)

Philadelphia

City or Municipality

PA

State

19111

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.

Shahah Mekki- CEO  
1031 Borbeck Ave, Philadelphia PA 19111  
267-415-3908

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

n/a

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.

The applicant has 4 years experience operating and managing a home care agency and has 20 years working in the field of behavioural health and intellectual disability setting. Duties includes supervising individuals, transporting individuals and administrative duties.

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.

See attached "Description of facilities, record maintenance plan and communication network"

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.

See attached

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.

| <b>YEAR</b> | <b>MAKE</b> | <b>MODEL</b> | <b>SEATING CAPACITY*</b> | <b>VEHICLE ID #</b> | <b>MILEAGE</b> |
|-------------|-------------|--------------|--------------------------|---------------------|----------------|
| 2018        | Mazda       | CX-5         | 5                        | JM3KFBMIJOY56406    | 126618         |
|             |             |              |                          |                     |                |
|             |             |              |                          |                     |                |
|             |             |              |                          |                     |                |
|             |             |              |                          |                     |                |
|             |             |              |                          |                     |                |

\*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

See attached

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).

See attached

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

- 1. Multiple insurance providers were contacted to request quotes based on insurance requirements.
- 2. A financial plan was created to acquire sufficient capital to cover initial premium and ongoing insurance costs.
- 3. Confirmed ability to cover expenses.

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.

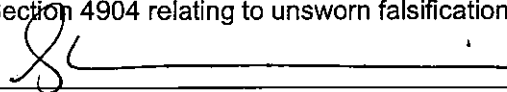
YES     NO

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.

See attached

### 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)

Shahah Mekki, CEO

\_\_\_\_\_  
(Name and Title, printed or typed)

5/19/2026  
\_\_\_\_\_  
(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 4/30/2026**  
**(Must be less than 6 months old)**

ASSETS

|                                  |                |         |                    |
|----------------------------------|----------------|---------|--------------------|
| Current Assets                   |                |         |                    |
| Cash                             |                | \$4000  |                    |
| Other Current Assets (specify)   | Owners capital | \$35000 |                    |
| Total Current Assets             |                |         | <u>\$39,000.00</u> |
| Tangible Assets                  |                |         |                    |
| Motor Vehicle Equipment          |                | \$15000 |                    |
| Property (buildings, land, etc.) |                | 0       | \$15,000.00        |
| Office Equipment                 |                |         |                    |
| TOTAL ASSETS                     |                |         | <u>\$54,000.00</u> |

LIABILITIES

|  |              |       |                  |
|--|--------------|-------|------------------|
| Current Liabilities (Due within one year of date)  |              |       |                  |
| Loans  |              | 0     |                  |
| Credit cards/revolving credit                      |              | \$500 |                  |
| Other Liabilities (Attach schedule)                | GL insurance | 950   |                  |
| Total Current Liabilities                          |              |       | <u>\$1450.00</u> |
| 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                                  |              |       | <u>\$1450.00</u> |

## **Question 4**

### **Description of Facilities, Record Maintenance Plan, and Communication Network**

#### **1. Physical Location and Office Facilities**

Our administrative office is located at **1031 Borbeck Ave, Philadelphia PA 19111**. The office is fully equipped to support day-to-day paratransit operations. Office equipment includes:

- Desktop and laptop computers with secure cloud-based data backup
- Multi-line telephone system and VoIP service
- High-speed internet access
- Printers, scanners, and fax capability
- Secure file cabinets for storing hard-copy documents
- Designated workspace for dispatch personnel and administrative staff

#### **Vehicle Housing Facility:**

Our vehicles are stored at the above address, which provides adequate parking space, lighting, and security. The facility allows for routine cleaning, inspections, and maintenance. If needed, we maintain relationships with local certified maintenance shops to provide repairs and scheduled servicing.

#### **Storage of Household Goods (If Applicable):**

The vehicle will not be used as a carrier of household goods in use.

#### **2. Record Maintenance Plan**

We maintain all required Public Utilities Commission (PUC) records as well as standard business documents in accordance with state and federal regulations. Our record-keeping system includes:

- **Digital Records:**  
All operational files, driver qualification files, maintenance logs, trip logs, customer records, and PUC compliance documents are stored in a secure, cloud-based system with automatic backups.
- **Hard-Copy Records:**  
Physical documents, when required, are stored in locked filing cabinets within our administrative office. Files are organized and retained in accordance with the PUC's mandated retention schedule.

- **Maintenance Records:**

Vehicle inspections, repairs, and preventative maintenance documents are kept in individual vehicle files, accessible both digitally and in hard copy.

- **Data Security:**

Access to records is restricted to authorized personnel. Files containing personal or sensitive information are encrypted and password-protected.

### **3. Communication Network and Transportation Coordination**

#### **Receiving Customer Requests:**

Customer requests for transportation are received through multiple channels:

- Phone calls to our main dispatch line
- Email requests from clients or partner agencies

#### **Dispatching Vehicles:**

Our dispatch team uses real-time scheduling and fleet-management software to assign trips efficiently. Dispatch personnel monitor trip schedules throughout the day and adjust assignments as needed to ensure timely service.

#### **Communication With Drivers:**

We maintain continuous communication with drivers through multiple systems:

- Company-issued mobile phones
- GPS-enabled fleet management system, allowing real-time updates, route adjustments, and incident reporting

Drivers are required to check in at the beginning and end of each shift, as well as before and after each trip. In the event of delays, emergencies, or schedule changes, dispatch can communicate instantly and provide updated instructions.

## **Question 5 – Drivers and Safety Compliance**

### **Number of Drivers and Justification**

United Family Home Care intends to employ **two (2) drivers** for initial operations. This number is appropriate for the proposed service territory because it allows the company to provide **reliable, continuous, and flexible paratransit service** while maintaining compliance with safety, scheduling, and regulatory requirements.

Two drivers allow for:

- Coverage of **pre-scheduled and same-day trip requests**
- Operational flexibility during **peak service hours**
- Continuity of service in the event of **driver absences, illness, or vehicle maintenance**
- Compliance with driver safety, rest, and availability standards

As demand increases within the service territory, additional drivers will be hired in accordance with **Title 52 Pa. Code Chapter 29**.

## **a. Hiring Standards for Drivers**

*(52 Pa. Code § 29.503 & § 29.504)*

United Family Home Care maintains written hiring standards to ensure drivers are qualified, safe, and suitable for paratransit operations.

Minimum hiring requirements include:

- **Minimum age of 21 years**, verified by government-issued identification
- Possession of a **valid Pennsylvania driver's license** appropriate for the vehicle operated
- Minimum of **one (1) year of verifiable driving experience**
- **Clean driving history**, with no disqualifying violations (including DUI, reckless driving, or license suspension) within the previous **three (3) years**
- Ability to safely assist passengers with mobility limitations
- Successful completion of criminal background checks
- Completion of required training prior to operating a vehicle

Driver qualification records, including proof of age and experience, are maintained **for the duration of employment and for at least three (3) years thereafter**, in compliance with Commission requirements.

## **b. System for Conducting Criminal Background Checks**

*(52 Pa. Code § 29.505)*

United Family Home Care conducts criminal background checks **prior to hiring** any driver.

The background screening system includes:

- Pennsylvania State criminal history check
- National criminal database search
- Sex offender registry search
- Identity and Social Security number verification

Background checks are obtained through a certified screening provider, reviewed by management, and documented in the driver qualification file. **No driver is permitted to operate a vehicle until background clearance is approved.**

Criminal background records are retained **for the duration of employment plus three (3) years**, in accordance with **Title 52 Pa. Code § 29.505**.

## **c. Driver Training Program**

All drivers must complete a structured training program **prior to transporting passengers**. Training includes both classroom instruction and practical evaluation.

Training topics include:

- Defensive driving and safe vehicle operation
- Passenger assistance techniques, including ADA-compliant procedures
- Wheelchair securement and mobility aid handling
- Disability awareness and sensitivity training
- Emergency procedures and incident reporting
- Company policies, customer service standards, and documentation requirements
- Road testing and supervised ride-along evaluations

Refresher training is provided **at least annually** and additionally as needed following incidents, complaints, or policy updates. Training records are maintained in the driver file **for employment duration plus three (3) years**.

## **d. System for Conducting Driver License Checks**

*(52 Pa. Code § 29.504)*

United Family Home Care maintains an ongoing system for monitoring driver license status.

Driver license records are checked:

- **Prior to hire**, through a certified Motor Vehicle Record (MVR) check
- **Annually thereafter**
- Immediately following any accident, complaint, or safety concern

Drivers are required to report any license suspension, restriction, or citation immediately. **No driver is permitted to operate a vehicle unless their license is valid and in good standing.**

MVR documentation is retained **for the duration of employment plus three (3) years**, in compliance with Commission regulations.

## **e. Policies Regarding Alcohol and Drug Use**

United Family Home Care maintains a **zero-tolerance drug and alcohol policy** to ensure passenger and public safety.

The policy includes:

- **Pre-employment drug testing** for all driver applicants
- **Random drug and alcohol testing**, as applicable
- **Post-accident testing** following reportable incidents
- Immediate removal from duty for suspected impairment
- Mandatory disclosure of prescription medications that may impair driving
- Termination of employment for confirmed violations

Drug and alcohol testing records are maintained in accordance with applicable **state and federal retention requirements** and reviewed by management.

### **Question 6**

#### **Proposed Number of Vehicles:**

We plan to operate **one vehicle** during the initial phase of our paratransit service. This number is appropriate to provide reasonable and efficient service within our service territory because it allows us to meet anticipated rider demand while maintaining flexibility for scheduling, maintenance, and peak service hours.

The proposed fleet size supports timely pickups, minimizes passenger wait times. As ridership demand increases, we will evaluate service performance and add vehicles as necessary to maintain reliability and efficiency.

### **Question 7**

#### **Vehicle Safety Program Description**

Our vehicle safety program is designed to ensure that all vehicles used in paratransit service are safe, reliable, and continuously compliant with applicable Pennsylvania vehicle equipment standards. The program emphasizes preventive maintenance, routine inspections, timely repairs, and thorough documentation.

### **a. Periodic Vehicle Maintenance Plan**

All vehicles are maintained under a **preventive maintenance schedule** based on manufacturer recommendations and service intensity. Maintenance activities include:

- **Daily pre-trip and post-trip inspections** conducted by drivers to identify any safety or mechanical issues (e.g., brakes, lights, tires, wheelchair lifts/ramps, securement systems).
- **Scheduled preventive maintenance inspections** performed at regular mileage or time intervals (e.g., oil changes, brake inspections, tire rotation, fluid checks).
- **Immediate removal from service** of any vehicle found to have a safety-related defect until repairs are completed.
- **Use of qualified maintenance providers**, including licensed inspection stations or certified mechanics, to perform all required maintenance and repairs.
- **Maintenance records** maintained for each vehicle, documenting inspections, repairs, and corrective actions, and retained in accordance with state and local requirements.

This maintenance plan ensures vehicles remain roadworthy, minimizes service disruptions, and promotes passenger and driver safety.

### **b. Compliance with Pennsylvania Vehicle Equipment Standards**

*(67 Pa. Code, Chapter 175)*

To ensure continuous compliance with **Pennsylvania vehicle equipment standards**, our program includes the following measures:

- **Annual Pennsylvania safety inspections** conducted at authorized inspection stations in accordance with 67 Pa. Code, Chapter 175.
- **Routine internal inspections** to verify compliance with required equipment standards, including brakes, steering, suspension, lighting, tires, mirrors, windshield condition, and safety systems.
- **Wheelchair accessibility equipment checks**, including lifts/ramps, securement devices, and restraint systems, to ensure proper operation and compliance with ADA and state requirements.
- **Driver training** on identifying equipment defects and reporting issues immediately.

- **Corrective action procedures** requiring that any vehicle failing inspection or identified with a compliance issue be repaired promptly and reinspected before returning to service.
- **Documentation and tracking** of inspection certificates, maintenance logs, and repair records to demonstrate ongoing compliance with state regulations.

## **Conclusion**

Through regular preventive maintenance, systematic inspections, trained personnel, and strict adherence to Pennsylvania vehicle equipment standards, our vehicle safety program ensures that all vehicles operate safely, reliably, and in full regulatory compliance while providing high-quality paratransit service.

# **Question 10 – Financial Data (Revised Statement of Financial Position Narrative)**

## **Statement of Financial Position Narrative**

The attached **dated Statement of Financial Position** accurately reflects the current financial condition of the business and demonstrates that **sufficient financial resources are available** to initiate and sustain paratransit transportation services in a **safe, reliable, and continuous manner**, consistent with the requirements of **Title 52 Pa. Code**.

The business is **adequately capitalized** to support both start-up and ongoing operating expenses, including but not limited to:

- Vehicle acquisition or leasing
- Required insurance premiums
- Fuel, routine maintenance, inspections, and repairs
- Driver wages, payroll taxes, and benefits
- Driver training, licensing, and compliance costs
- Administrative, regulatory, and overhead expenses

Funds have been specifically allocated to ensure that all vehicles are **properly insured, inspected, and maintained** in accordance with Commission safety standards at all times.

In addition to routine operating capital, the business maintains **dedicated financial reserves** sufficient to address unexpected or non-routine expenses, including:

- Emergency vehicle repairs

- Temporary service disruptions
- Unanticipated increases in fuel, insurance, or maintenance costs

These reserves ensure that transportation services can continue **without interruption** and **without compromising safety, reliability, or regulatory compliance**.

The company's financial planning approach is **conservative and sustainability-focused**. Operating expenses and revenues are monitored on an ongoing basis, and budgets are adjusted as necessary to ensure that financial obligations are met promptly. Internal financial controls are in place to track income and expenditures and to maintain adequate liquidity to support daily operations.

Based on the **attached dated Statement of Financial Position**, available operating capital, and maintained reserves, the business is **financially fit and capable** of providing **safe, dependable, and compliant paratransit transportation services** to the public on an ongoing basis.