

APR 24 2026

**Application for Motor Common Carrier of Persons in Paratransit Service** Public Utility Commission  
Secretary's Bureau

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)

Daye Health Enterprises Corporation

- 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** 99-3493610  
(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).**

Darlene D. Pierre Pierre CEO and SOLE owner  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

221 Skyline Drive Suite 208/282<sup>#</sup>  
Street Address

East Stroudsburg PA 18301 Monroe  
City, State and Zip Code County

570-856-4880 dayehealthtransport@yahoo.com  
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.)

528 Lindbergh Ave.  
Street Address

Stroudsburg PA 18360 Monroe  
City, State and Zip Code County

570-856-4880 Dayehealthtransport@yahoo.com  
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. \_\_\_\_\_

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

• 50 mile radius from Stroudsburg is where patients will be transported in NEMT van. (Allentown PA, Bethlehem, Easton, Scranton, Wilkes Barre, Hazleton, Tobyhanna)  
 • Transport wheelchair patients, disabled patients, stretcher patients to medical appt's, imaging appt's, visiting family, dialysis and lab work appt's to and return back to original pickup location

**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.

no I will not unless authorized

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.

yes I understand

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.

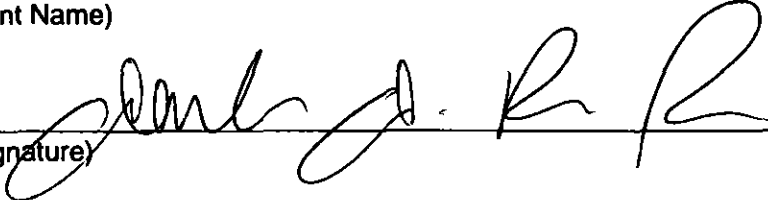
yes, I understand

## 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.

Darlene D. Peinc-Pierre  
(Print Name)

  
(Signature)

4/23/26  
(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 24 2026

PA Public Utility Commission  
Secretary's Bureau

# 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.

Darlene D. Pierre - Pierre  
Legal Name of Applicant

Daye Health Enterprises Corp  
Trade Name, if any

528 Lindburgh Ave      Stroudsburg      PA      18360  
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.

CEO and owner of the company  
Darlene D. Pierre - Pierre

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

owner

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.

- new business  
I am a health care worker and know how to handle and care for people with disabilities physical & mental. I have family members who are wheelchair bound and have transported them to family functions in the past.

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.

Facilities we will transport to are Dialysis centers, medical doctor appt's, labwork appt's, nursing home or assisted living facilities. NEMT van will be serviced ~~at~~ weekly regarding checking harnesses, ramp function and seatbelt function then recorded. OFFICE will operate for now regarding scheduling rides from residence and via business phone line as well as website. Fax/Scanner is at the residence. Records

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:
- Your hiring standards for drivers;
  - Your system for conducting criminal background checks;
  - Your driver training program;
  - Your system for conducting driver license checks;
  - Your policies regarding alcohol and drug use by your drivers.

We will start with 1 Fulltime driver and 1 parttime driver. Driver's background will be checked and driving record by insurance company. Drivers will have to take a wheel chair transport online certification course prior to driving for us. Drivers will be reported if drugs and alcohol use is suspected. May implement a portable breathalizer test prior to each shift.

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
2019	Dodge	caravan	2 seats with wheel chair patron or 2 wheel chair patron	2C7WDBG5KR756484	40,000

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

recorded on an Excel Spread Sheet  
Customer requests on website. Business phone #.  
Communicate via phone

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).

Vehicle has bolted floor restraints to stabilize wheelchair's or a stretcher. We have seat belt harnesses for wheelchairs and the 2 Back passenger seats have a chest + lap belt restraint. We have a rear manual ramp. We will comply to

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

Insurance for the vehicle has been obtained already with monthly payments set up.

yearly inspecting or more freq safety checks if needed.

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

DATE OF DEPOSIT

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PA Public Utility Commission  
Secretary's Bureau

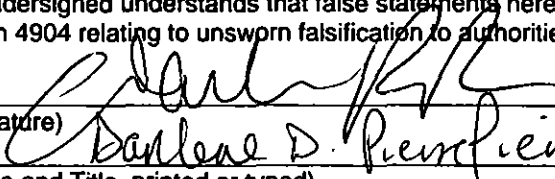
10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

### 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.

(Signature)

(Name and Title, printed or typed)

  
Darlene D. Pienfice, owner

(Date)

4/23/26

**Statement of Financial Position (Balance Sheet)**

As of (date) 4/23/26

(Must be less than 6 months old)

ASSETS

Current Assets

Cash

Other Current Assets (specify)

Total Current Assets

job salary \$ 15,000  
 \$ 167,000.41

\$ 15,000 earned

Tangible Assets

Motor Vehicle Equipment

Property (buildings, land, etc.)

Office Equipment

transport van pd \$ 28,000

\$ 182,000

Fax (Scanner machine)

\$ 400

**TOTAL ASSETS**

\$ 28,400

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

Credit cards/revolving credit

Other Liabilities (Attach schedule)

Total Current Liabilities

student loan \$ 30,000  
 \$ 25,000

none

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

none rent for \$1800 month  
none  
none

**TOTAL LIABILITIES**

\$ 1800 month

**DATE OF DEPOSIT**

APR 24 2026

PA Public Utility Commission  
 Secretary's Bureau

PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

Retail



17120

U.S. POSTAGE PAID  
PM  
EAST STROUDSBURG  
PA 18301  
APR 24, 2026  
**\$16.90**

RDC 03

0 Lb 3.20 Oz

S2324K505495-02



**PRIORITY<sup>®</sup>  
MAIL**



*Darlene Pierre Pierre  
528 Leadbergh Ave  
Stroudsburg PA 1836*

- Expected delivery date specified for domestic use.
- Domestic shipments include \$100 of insurance (restrictions apply).\*
- USPS Tracking<sup>®</sup> service included for domestic and many international destinations.
- Limited international insurance.\*\*
- When used internationally, a customs declaration form is required.

\*Insurance does not cover certain items. For details regarding claims exclusions see the Domestic Mail Manual at <http://pe.usps.com>.

\*\* See International Mail Manual at <http://pe.usps.com> for availability and limitations of coverage.

**RECEIVED**

APR 27 2026

TO:  
PA PUBLIC UTILITY COMMISS  
SECRETARY'S BUREAU

**FLAT RATE ENVELOPE**

ONE RATE ■ ANY WEIGHT

To schedule free Package Pickup,  
scan the QR code.



USPS.COM/PICKUP

*Secretary PA Public  
Utility Commission  
400 North Street 2  
Harrisburg, PA. 1712*

**TRACKED ■ INSURED**

EXPECTED DELIVERY DAY: 04/29/26

USPS SIGNATURE<sup>®</sup> TRACKING #



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