



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

June 1, 2026

A-6428971
A-2026-3062765

DAYE HEALTH ENTERPRISES CORPORATION
221 SKYLINE DRIVE SUITE 208/282
EAST STROUDSBURG PA 18301

RE: Application of Daye Health Enterprises Corporation

To Whom It May Concern:

On May 27, 2026, the application of Daye Health Enterprises Corporation, at A-2026-3062765, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Matthew L. Homsher, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

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

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

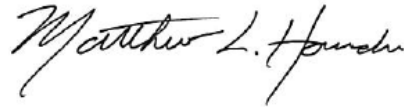
I, _____, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are **not** accepted.

Sincerely,

A handwritten signature in black ink that reads "Matthew L. Homsher". The signature is written in a cursive style with a large initial 'M' and a long, sweeping underline.

Matthew L. Homsher
Secretary

Enclosure

Docket No. A-2026-3062765
Daye Health Enterprises Corporation

Request for Information

- 1.) It was hard to read what you put down for your proposed territory, however, it looked like you wished to provide non-emergency medical paratransit service between points within a fifty (50) mile radius of borders of the borough of Stroudsburg, Monroe County, Pennsylvania. If this is correct, please confirm, otherwise, please clarify the territory that you intend to service, and do so in a manner that has clear and defined boundaries that can easily be identified on a map.
- 2.) You failed to adequately answer all aspects of question #5 of the Verified Statement of Applicant. **Please review Title 52 Pa Code §29.501-509 Driver Regulations to see what is required of motor carriers.**
 - a. Please explain your hiring standards for drivers; **(Title 52 Pa Code §29.503 – Age Restrictions)**
 - i. Are there any age restrictions?
 - b. Your system for conducting criminal background checks; **(Title 52 Pa Code §29.505 – Criminal History)**
 - i. How will background checks be conducted? Please note it is the applicant's responsibility to conduct background checks, not your insurance company.
 - ii. How often will you conduct criminal background checks?
 - iii. What type of things in their criminal background check would disqualify them from employment?
 - iv. How will you maintain records (record retention) of the criminal background checks performed?
 - c. Will there be any on the road driver training or defensive driver course conducted as part of the driver training program?
 - d. Your system for conducting driver license/history checks; **(Title 52 Pa Code §29.504 – Driver History)**
 - i. How will driver license/history checks be performed? Please note it is the applicant's responsibility to conduct driver history/license checks, not your insurance company.
 - ii. How often will you conduct driver license/history checks?
 - iii. How will you maintain records (record retention) of such checks?

- e. When asked what your policies regarding alcohol and drug use by your drivers, you stated that “drivers will be reported if drugs and alcohol use is suspected. May implement portable breathalyzer test prior to shift.”
 - i. Will drivers be tested for drugs or alcohol?
 - ii. What actions would be taken should a driver be under the influence?
 - iii. Please don’t provide what you may do, please provide policies of what you will do.
- 3.) You failed to provide your periodic vehicle maintenance plan. We are looking for your schedule of routine maintenance performed on the vehicle (including what that routine maintenance entails) to keep your vehicle being road worthy.
- 4.) Please review the below criteria and submit a revised compliant Statement of Financial Position:
- a. The information is to be exact and should not include estimates or approximations when accurate numbers are available. Property and vehicle valuations may be approximations, but bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).
 - b. All relevant assets and debts are to be included (for example: vehicle loan balances/vehicle asset value, lease expenses, etc.).
 - c. **The information provided is also to be strictly limited to assets and debts held by the applicant (Daye Health Enterprises Corporation), and not the individual member(s).** Any property and accounts listed must be registered or titled to the corporation. Bank accounts must be in the name of Daye Health Enterprises Corporation. Vehicles must be registered to Daye Health Enterprises Corporation. Property must be titled to Daye Health Enterprises Corporation. If these items are not in the name of Daye Health Enterprises Corporation, then they should not be included on the balance sheet.

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority.

- d. In order to fully assist the Commission in determining your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration vehicle titles, vehicle registrations, property titles, purchase agreements, etc.

- 5.) You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application.

**PLEASE PROVIDED A THOROUGH TYPED RESPONSE TO
THESE QUESTIONS ON A SEPARATE SHEET OF PAPER**