

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)

CarePro MSO 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)

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 0015215609

(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).**

Xi Chen

_____	_____
_____	_____
_____	_____

6. **Mailing Address**

7047 Frankford Ave

Street Address

Philadelphia, PA 19135

Philadelphia

City, State and Zip Code

County

215-827-7812

Alliancechintown@gmail.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.)

7047 Frankford Ave

Street Address

Philadelphia, PA 19135

Philadelphia

City, State and Zip Code

County

215-827-7812

Alliancechintown@gmail.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).
-

To transport people whose personal conditions or convictions prevent them from operating motor vehicles from points in Philadelphia, Bucks, Montgomery, Delaware and Chester counties.

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.

Xi Chen

(Print Name)

Xi Chen

(Signature)

05/27/26

(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).

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.

Xi Chen

Legal Name of Applicant

CarePro MSO LLC

Trade Name, if any

7047 Frankford Ave

Philadelphia

PA

19135

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.

Xi Chen (Jess), Administrator & Owner

Add: 7047 Frankford Avenue, Philadelphia, PA 19135

Tel: 215-827-7812

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

None

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.

Has extensive experience in business operations, organizational management, and service delivery within regulated industries. While the applicant will not personally manage the daily transportation activities, CarePro MSO will hire qualified management staff to oversee all day-to-day operational functions of the transportation service. This management team will be responsible for scheduling, dispatching, driver oversight, vehicle safety compliance, customer service, and adherence to all Pennsylvania Public Utility Commission regulations. This combination of business leadership experience, regulatory preparation, and the hiring of qualified transportation management personnel ensures that the company is fully equipped to operate a safe, compliant, and reliable transportation service.

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.

CarePro MSO's facilities, record

to support safe, compliant, and efficient transportation operations. By combining secure administrative infrastructure, a robust compliance plan, and a reliable dispatch system, the company is fully prepared to meet all PA PUC operational requirements

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.

CarePro MSO plans to start with six to eight drivers. This number is appropriate for the size of the service area because it allows the company to cover daily transportation needs, maintain reliable scheduling, and ensure backup coverage when a driver is unavailable. (Please see the additional pages)

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

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

Please see the additional pages

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).

Please see the additional pages

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

Please see the additional pages

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 X 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.

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.

Xi Chen

(Signature)

Xi Chen, Administrator & Owner

(Name and Title, printed or typed)

05/27/26

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 05/30/2026

(Must be less than 6 months old)

ASSETS

Current Assets

Cash

\$350,000

Other Current Assets (specify)

Total Current Assets

\$350,000

Tangible Assets

Motor Vehicle Equipment

Property (buildings, land, etc.)

Office Equipment

\$15,000

TOTAL ASSETS

\$365,000.00

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

Credit cards/revolving credit

Other Liabilities (Attach schedule)

Total Current Liabilities

\$0.00

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

TOTAL LIABILITIES

\$0.00

BUSINESS PLAN/VERIFIED STATEMENT OF APPLICANT

Additional Answers

Q. #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.

CarePro MSO will hire drivers who meet the following minimum standards:

- At least 21 years old
- Valid Pennsylvania driver's license
- Clean driving record
- Ability to pass a criminal background check
- Professional, courteous, and able to provide safe customer service
- Physically able to assist passengers when needed

b. Your system for conducting criminal background checks.

All drivers will undergo a **state and federal criminal background check** before being hired. CarePro MSO will use an approved background-check provider to ensure all results are accurate and compliant with PUC requirements.

c. Your driver training program.

Before beginning service, all drivers will receive training that includes:

- Safe driving practices
- Passenger assistance and customer service
- ADA awareness and proper handling of mobility devices (if applicable)
- Company policies and emergency procedures
- Trip documentation and communication procedures

Refresher training will be provided as needed.

d. Your system for conducting driver license checks.

CarePro MSO will verify each driver's license (DMV & PA State Police)

e. Your policies regarding alcohol and drug use by your drivers.

CarePro MSO maintains a strict zero-tolerance policy for alcohol and drug use by all drivers. Drivers are not permitted to use, possess, or be under the influence of alcohol, illegal drugs, or any impairing substances while on duty, operating a vehicle, or representing the company in any capacity.

If a driver is suspected of impairment, they will be immediately removed from service and evaluated. Violations of this policy may result in disciplinary action, up to and including termination. CarePro MSO reserves the right to require drug or alcohol testing when appropriate under company policy or regulatory guidelines.

This policy is in place to ensure the safety of passengers, drivers, and the public, and to maintain full compliance with Pennsylvania PUC requirements.

Q. #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.

CarePro MSO plans to begin operations with 4 to 5 vehicles. This number is appropriate because it allows the company to provide reliable and efficient service across the counties we will be serving. Starting with this fleet size ensures we can meet customer demand, maintain consistent scheduling, and have backup vehicles available when one is out for maintenance or inspection.

As the business grows and transportation needs increase, CarePro MSO will add more vehicles and hire additional drivers to ensure continued high-quality service throughout the service territory.

Q. #7 Describe your vehicle safety program. Please include the following in your explanation:

CarePro MSO has a vehicle safety program designed to ensure all vehicles remain safe, reliable, and fully compliant with Pennsylvania regulations.

a. Your periodic vehicle maintenance plan

CarePro MSO will follow a regular maintenance schedule for every vehicle in the fleet. This includes:

- **Daily inspections** by drivers (tires, lights, brakes, mirrors, fluids, safety equipment).
- **Routine maintenance** such as oil changes, tire rotations, brake checks, and fluid replacements based on manufacturer recommendations.

- **Scheduled professional inspections** performed by a certified mechanic.
- **Immediate repairs** for any issue reported by a driver or found during inspection.

All maintenance and repairs will be documented and kept in each vehicle's file.

b. Ensuring Continuous Compliance with PA Equipment Standards (67 Pa. Code, Chapter 175)

CarePro MSO will ensure all vehicles continuously meet Pennsylvania's safety and equipment requirements by:

- Conducting **regular safety inspections** to verify compliance with Chapter 175 standards.
- Keeping all vehicles **properly registered, insured, and up-to-date** with state inspection stickers.
- Requiring drivers to report any mechanical or safety issue immediately.
- Removing any vehicle from service until all safety issues are corrected.
- Maintaining detailed inspection and repair records for review by the PUC.

This system ensures that every vehicle remains safe, road-ready, and fully compliant at all times.

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

CarePro MSO has already taken steps to confirm that the company can obtain the required insurance and pay the necessary premiums. The company has contacted several licensed insurance brokers who provide coverage for transportation carriers in Pennsylvania. These brokers confirmed that CarePro MSO is eligible for the liability insurance required by the PUC and provided preliminary premium estimates based on the planned number of vehicles.

CarePro MSO has also reviewed its financial plan and budget to ensure that the company can pay the insurance premiums on an ongoing basis. Funds have been allocated specifically for insurance costs as part of the startup budget, and the company's financial projections show that premium payments can be maintained as the business grows.

These steps demonstrate that CarePro MSO is prepared to secure and maintain all required insurance coverage to operate safely and in compliance with PUC regulations.

Q. #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.

CarePro MSO has secured an initial investment of **\$350,000** to begin transportation operations. This funding is sufficient to cover all startup costs, including the purchase of 4–5 vehicles, hiring drivers and management staff, securing insurance, and paying for fuel, maintenance, and administrative expenses during the early months of service.

A portion of the investment has been specifically allocated for required insurance premiums, vehicle purchases, safety equipment, and compliance-related costs. CarePro MSO has also prepared financial projections showing that expected revenue will support ongoing operations, including routine vehicle maintenance, driver wages, and adherence to all PUC safety and regulatory requirements.

In addition to the initial capital, the company has access to additional financial resources if needed. This ensures that unexpected expenses or temporary fluctuations in demand will not affect the company’s ability to provide safe, reliable, and continuous transportation service to the public.

Based on the available funding and financial planning, CarePro MSO is confident it has the financial ability to operate responsibly and maintain high-quality service.

If you want, I can make this even simpler or tailor it to match the exact counties you plan to serve.