

To Whom It May Concern:

Please accept this letter as a cover letter accompanying our amended filing. After reviewing our original application, we identified several sections that required updates and corrections to ensure the information provided is accurate, complete, and reflective of our current circumstances.

The amendments submitted address revisions to various portions of the initial application, including clarifications and updated information where necessary. These changes have been made to improve the accuracy of the filing and to ensure compliance with all applicable requirements.

We respectfully request that the amended application be reviewed in place of the previously submitted version. Should any additional information or documentation be required, please do not hesitate to contact us.

Thank you for your time and consideration.
Sincerely,

Tavon Moore TNR Transportation, LLC

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).
- 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, 2ND 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 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 . 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)

TNR Transportation, 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 33-3582982

(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).**

Rasheed Williams _____
Tavon Moore _____

6. **Mailing Address**

1727 Snyder Ave
Street Address
Philadelphia, PA 19145 Philadelphia
City, State and Zip Code County
315.278.2935
609.280.4148 support@tnrtransportation.net
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.)

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?**

X 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).

Our NEMT company will provide safe, reliable, and on-time transportation services throughout the following counties Philadelphia and Delaware. Our service area includes major hospitals, clinics, rehabilitation centers, dialysis facilities, senior living communities, and private residences across these counties.

We will support both urban and suburban communities by ensuring accessible transportation for individuals with mobility challenges, chronic medical needs, or limited transportation options. Our goal is to remove transportation barriers and improve healthcare access for individuals who require dependable, medically appropriate transit.

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.

Tavon Moore

(Print Name)



(Signature)

05/02/26

(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.

Tavon Moore

Legal Name of Applicant

Trade Name, if any

1727 Snyder Ave	Philadelphia	PA	19145
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.

Tavon Moore Co Owner, 1727 Snyder Ave, Philadelphia, PA 19145. (315-278-2935)

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

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.

My partner and I bring a strong combination of business management experience, transportation-related operations, and customer-focused service skills. We both hold bachelor's degrees in Business Administration, which provided foundational knowledge in management, operations, finance, and organizational leadership—skills essential for running a compliant and efficient transportation service.

Our practical experience includes operating a rental car business, where we managed vehicle logistics, scheduling, customer service, and fleet maintenance. This experience directly aligns with the operational demands of a non-emergency medical transportation (NEMT) service, including vehicle oversight, safety standards, and timely service delivery.

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3 Continued.

In addition, my partner has operated a successful used car dealership. This role strengthened his expertise in vehicle acquisition, inspection, regulatory compliance, and customer relations—all of which contribute to maintaining a safe and reliable transportation fleet.

I am also CPR certified, demonstrating my commitment to passenger safety and preparedness for medical situations that may arise during transport. My background as a licensed Property & Casualty insurance agent further enhances my understanding of risk management, liability, and regulatory requirements within the transportation and healthcare-adjacent industries.

Together, this blend of education, business ownership, transportation experience, and safety training provides a strong foundation for successfully operating a NEMT 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.

We will initially operate from a dedicated desk at 1727 Snyder Ave. This space includes a designated workstation equipped with a computer, secure internet access, and standard office equipment (e.g., printer, scanner, and filing cabinet). Scheduling, dispatching, record maintenance, and daily administrative operations will be managed at this location. The vehicles will be stored in a secured lot on Paschall Avenue.

All records required by the PUC, including standard business records, will be maintained in a secure and organized manner. Our record-keeping system will include both digital and physical records, with clear retention and compliance procedures. Digital records—such as trip logs, driver schedules, maintenance records, insurance documents, and compliance files—will be stored in secure, password-protected folders.

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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.

On Next page

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.

N/A @ this time!

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4. Continued

Cloud-based backup systems will be implemented to ensure records are preserved and accessible for audits and inspections. Regarding physical record-keeping, hard copies of contracts, driver qualification files, vehicle inspection reports, and other regulatory documents will be stored in locked filing cabinets within the office. Retention and compliance records will be maintained in accordance with PUC requirements, including retention timelines, accessibility standards, and confidentiality protections. Records will be reviewed regularly to ensure accuracy and compliance.

Customer requests for transportation will be received through multiple channels, such as the business phone and email. Once a request is received, trip details will be entered into the scheduling system and assigned to an available driver based on location, timing, and vehicle suitability. Dispatching will be handled via mobile communication; drivers will use approved mobile devices to receive trip assignments, updates, and route information. GPS navigation and tracking will ensure efficient routing and real-time monitoring of trip progress. Our dispatcher will maintain ongoing contact with drivers throughout each shift to manage schedule changes, monitor safety, and respond to any issues that may arise.

5.

TNR Transportation intends to hire at least three full-time drivers along with one to two part-time drivers to accommodate NEMT requests. This staffing level is appropriate for several reasons. First, it enables us to cover peak medical appointment times and support recurring dialysis and therapy routes. Additionally, it allows us to meet broker expectations by ensuring backup coverage when needed and provides surge capacity for hospital discharges.

A. Our hiring standards for drivers are as follows: A common or contract carrier may permit a person to operate a vehicle in its authorized service if that person is at least 21 years of age.

(b) A common or contract carrier providing paratransit service may permit a person to operate a paratransit vehicle in its authorized service if that person is at least 18 years of age but under 21 years of age if the following conditions are met:

(1) The person shall be registered as a certified emergency medical services vehicle operator (EMSVO) with the Department of Health (Department).

(2) The person shall carry the Department-issued registration of their EMSVO certification on board while operating a paratransit vehicle under 28 Pa. Code §1023.21(h) (relating to general rights and responsibilities).

(3) The carrier shall verify that the paratransit driver is in good standing with the Department and maintain records for 4 years to prove each person's EMSVO certificate registration. The records must be available for inspection by Commission staff upon request.

(4) The carrier shall notify the Commission's Bureau of Technical Utility Services within 3 calendar days of the occurrence of the following events involving a paratransit driver who is under 21 years of age:

(i) an accident, regardless of the severity of the accident.

(ii) a driving-related violation such as a moving violation.

(iii) reckless driving.

(iv) driving under the influence of alcohol or drugs.

Prior to permitting a person to act as a call or demand or a limousine driver, a carrier shall obtain and review a driving history research report for the person from the Department of Transportation and other relevant sources. A person with more than three moving violations in the 3-year period prior to the check or a major violation in the 3-year period prior to the check may not be a call or demand or limousine driver.

(2) One year after engaging a driver and every second year thereafter, a carrier shall conduct the driving history check required under this subsection and verify that a driver continues to be eligible to be a driver.

(3) A copy of the driver history shall be maintained by the call or demand or limousine driver for at least 2 years.

B. Criminal background check. Prior to permitting a person to act as a call or demand or limousine driver, a carrier shall conduct or have a third party conduct a local and National criminal background check for each driver applicant. The background check must include a multistate or multijurisdictional criminal records locator or other similar commercial Nationwide database with primary source search validation and a review of the United States Department of Justice National sex offender public web site. The carrier shall disqualify an applicant convicted of certain crimes in accordance with the following:

(i) An applicant convicted of any of the following within the preceding 7 years:

(A) Driving under the influence of drugs or alcohol.

(B) A felony conviction involving theft.

(C) A felony conviction for fraud.

(D) A felony conviction for a violation of The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. § 780-101-780-144).

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- (ii) An applicant convicted of any of the following within the preceding 10 years:
 - (A) Use of a motor vehicle to commit a felony.
 - (B) Burglary or robbery.
- (iii) An applicant convicted of any of the following at any time:
 - (A) A sexual offense under 42 Pa.C.S. § 9799.14(c) or (d) (relating to sexual offenses and tier system) or similar offense under the laws of another jurisdiction or under a former law of the Commonwealth.
 - (B) A crime of violence as defined in 18 Pa.C.S. § 5702 (relating to definitions).
 - (C) An act of terror.
- (2) Frequency. One year after engaging a driver and every second year thereafter, the criminal background and driving history checks required under this subsection shall be conducted and that a driver continues to be eligible to be a driver shall be verified.
- (3) Record retention. A copy of the criminal history shall be maintained by the call or demand or limousine driver for at least 3 years.

C. Drivers will complete defensive driving certification, passenger safety training, and on-the-job training to ensure safe and professional service delivery.

D. The system for conducting driver's license checks will include confirming license validity, reviewing the Motor Vehicle Record (MVR), and ensuring each driver meets all age and training requirements.

E. All drivers will be required to complete a 10-panel drug and alcohol screening. Staff will adhere to the policies outlined in the employee handbook, and random drug testing will also be implemented to ensure ongoing compliance and safety.

6.

At this time, we do not have any vehicles assigned to the business, so the chart is not applicable. However, based on the service territory we plan to cover and the volume of clients we anticipate, we expect to operate 4–6 vehicles in the near future.

This projected range allows us to:

Provide consistent and efficient service across the full territory

Ensure adequate coverage during peak demand periods

Maintain operational flexibility, including backup vehicles for maintenance or unexpected downtime

As demand grows, we will expand our fleet accordingly to maintain high service standards and meet the needs of the communities we serve.

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).

We follow a comprehensive preventive maintenance schedule to ensure every vehicle remains safe, dependable and fully operational. The drivers will also use hands free devices so that safety is our main priority. Daily pre and post trip inspections will be completed by the driver and documented after an assessment of brakes, steering, tire and tire pressure. Headlights, brake lights, turn signals and hazard lights etc will be maintained while any issues will be reported immediately and the vehicle is removed from service if safety is compromised. Weekly safety and equipment checks will be conducted by the supervisor. Routine preventative maintenance will occur every 3,000–5,000 miles, performed by certified mechanics. In addition to these routine services, we will adhere to quarterly comprehensive inspections and annual Pennsylvania State safety inspections. All maintenance and inspection records will be logged, securely stored, and made available for regulatory review upon request. (Continued on next page)

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

We have reached out to a number of reputable commercial insurance carriers and received quotes in which given the particular company we decide to go with are able to obtain.

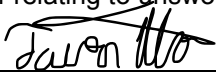
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ 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.

	05/02/2026
(Signature)	(Date)
Tavon Moore, Co Owner	
(Name and Title, printed or typed)	

7 Continued.

In addition to these routine services, we will adhere to quarterly comprehensive inspections and annual Pennsylvania State safety inspections. All maintenance and inspections will be logged, securely stored, and made available for regulatory review upon request.

B. Compliance System Our company has established a comprehensive compliance system to ensure that all NEMT vehicles continuously meet the requirements outlined in Chapter 175.

This system includes:

- A Chapter 175 compliance checklist
- Daily driver vehicle inspections
- An immediate removal-from-service policy for any unsafe vehicle
- Oversight by certified mechanics
- Ongoing driver training to reinforce safety and compliance standards

This structure ensures that our fleet remains safe, reliable, and fully compliant with state regulations at all times.

TNR Transportation LLC

Balance Sheet

Startup Expenses
Dedicated Desk
\$86.00/Monthly

Total Startup Expenses
\$86.00

Cash on Hand
\$5,000

Total Cash on Hand
\$5,000

Liabilities
Total Liabilities \$0