

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)

MedBridge Staffing Solutions 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)

MedBridge Non-Emergency Medical Transport

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 0014986261
(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).**

Sameerah Elder Member / Managing Member

6. **Mailing Address**

4625 Henry Street
Street Address

Easton PA 18045 Northampton
City, State and Zip Code County

484-627-1906 Selder@medbridgestaffingllc.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.)

4625 Henry Street
Street Address

Easton PA 18045 Northampton
City, State and Zip Code County

484-627-1906 Selder@medbridgestaffingllc.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. 9129412

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

To provide non-emergency paratransit transportation services, including wheelchair and stretcher transportation, between points throughout the Commonwealth of Pennsylvania on an advance reservation basis, and return.

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.

Sameerah T. Elder

(Print Name)

Sameerah Elder

(Signature)

6/10/26

(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.

Sameerah T. Elder

MedBridge Staffing Solutions LLC

Legal Name of Applicant

Trade Name, if any

4625 Henry Street

Street Address (principal place of business)

Easton

City or Municipality

PA

State

18045

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.

Sameerah Elder, Managing member of MedBridge Staffing Solutions LLC, and Non-Emergency Medical Transport, at 4625 Henry Street, Easton PA 18045. 484-627-1906. I am the owner and managing member of the applicant and am authorized to make this statement on behalf of the Company.

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

None, I have no affiliation with any other motor carrier or passenger transportation company

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.

MBS-NEMT was established to provide safe and reliable non-emergency paratransit transportation services, including wheelchair and stretcher. The company will serve individuals requiring transportation to medical appointments, nursing, rehab and other approved destinations. I have experience in health care services over 20 years and I've been a nurse for over 5 years. I understand the transportation needs of individuals with mobility limitations. My company is committed to complying with all PA. public utility commission, FMCSA, and safety requirements applicable to passenger transportation operations

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.

MBS-NEMT will operate from its principal place of business located at 4625 Henry Street, Easton PA 18045. The company will maintain office records, dispatch records, driver qualification files, vehicle maintenance and insurance records, and customer transportation records at this location. Transportation request will be received by telephone, email, and scheduled appointments. Vehicles will be dispatched directly by the company management. Business records will be maintained in both electronic and paper formats.

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.

- A - Drivers must possess a valid driver's license, acceptable driving record, pass all required background checks, meet company safety standards and federal requirements.
- B - All prospective will undergo criminal background checks/screening before employment and periodically thereafter as required.
- C - Drivers will receive training regarding passenger assistance, wheelchair securement procedures, defensive driving, vehicle safety inspections, customer service, emergency procedures, and applicable regulatory requirements.
- D - Driver licenses and motor vehicle records will be reviewed before and during employment.
- E - Zero-tolerance policy, Drivers must comply with federal/state drug and alcohol testing requirements.

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
2022	Ford	Transit 150	5	1FTYE1C85	18,000
				NKA 32476	

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

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).

MBS-NEMT, will maintain a preventative vehicle maintenance program for all company vehicles. Vehicles will undergo routine inspections, oil change, fire inspections, and brake inspections. Wheelchair lift inspections and repairs as needed. Drivers will conduct pre/post trip inspections and document any safety concerns. MBS-NEMT, will ensure compliance with all PA, vehicle safety and equipment requirements through regular maintenance.

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

I have consulted with commercial insurance providers regarding insurance requirements for paratransit transportation services. I understand the insurance requirements imposed by the PPUC and FMCSA and has made financial arrangements to obtain and maintain the required insurance coverage and premium payments necessary for operation.

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.

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.

Samuel Elder
(Signature)

6/10/2026
(Date)

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) 6/10/26
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$ 8,260.00	
Other Current Assets (specify)	<u>N/A</u>	
Total Current Assets		<u>8,260.00</u>
Tangible Assets		
Motor Vehicle Equipment	\$ 48,200.00	
Property (buildings, land, etc.)	<u>N/A</u>	<u>N/A</u>
Office Equipment		<u>\$ 380.00</u>
	TOTAL ASSETS	<u><u>\$ 59,640.00</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>N/A</u>	
Credit cards/revolving credit	<u>N/A</u>	
Other Liabilities (Attach schedule)	<u>N/A</u>	
Total Current Liabilities		<u>\$ 0</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>N/A</u>	
Long term commercial loan	<u>N/A</u>	
Other Liabilities (Attach Schedule)	<u>N/A</u>	
Total Long-Term Liabilities		<u>N/A</u>
	TOTAL LIABILITIES	<u><u>\$ 0</u></u>

MedBridge Staffing Solutions LLC

Startup Capital and Operations Statement

MedBridge Staffing Solutions LLC is a newly formed transportation company seeking authority to provide paratransit services in Pennsylvania. The company has sufficient startup capital to obtain required insurance, maintain vehicles, satisfy regulatory requirements, and conduct operations in a safe and reliable manner. The company will initially operate with a limited number of vehicles and drivers while building its client base and expanding operations responsibly.

S. Eldh
6/10/20



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

November 18, 2025

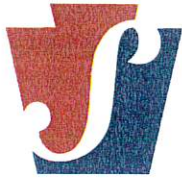
MedBridge Non Emergency Medical Transport (NEMT)
4625 HENRY ST
EASTON, PA 18045-4820

Entity Name: MedBridge Non Emergency Medical Transport (NEMT)
Entity File Date: November 17, 2025
Entity Number: 0014986261
Filing Type: Fictitious Name

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.



0014986261



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
REGISTRATION OF FICTITIOUS NAME
 Fee: \$70

Pennsylvania Department of State
-FILED-
 File #: 0014986261
 Date Filed: 11/17/2025

B0961-1212 11/17/2025 7:03 PM Received by Pennsylvania Department of State

DSCB: 54-311 (rev. 2/2017)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name

Fictitious name: MedBridge Non Emergency Medical Transport (NEMT)

Additional Information

A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Non-Emergency medical transportation

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address: 4625 HENRY ST
 EASTON, PA 18045-4820
 Northampton

Individuals interested in the business

Full Name	Address
Sameerah T Elder	4625 HENRY ST EASTON, PA 18045-4820

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
MedBridge Staffing Solutions LLC Domestic Limited Liability Company Registered Office Address 4625 HENRY ST, EASTON, PA 18045-4820 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

Sameerah T Elder

11/17/2025

Sameerah T Elder

Date

Sameerah T Elder

11/17/2025

MedBridge Staffing Solutions LLC

Date