

Secretary PA Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834 [www.puc.pa.gov](http://www.puc.pa.gov)

## 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)

Keron Transport 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)

N/A

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?**  Yes  NO **Previous Authority?**  YES  NO

If YES, at PUC No. A- 6413389

4. **Are you a business entity registered with the PA Dept. of State? (Yes) NO**  
If NO, you must register (see checklist on how to register)

**If YES, provide your PA Corporation Bureau Entity ID Number: 0015004478**  
(See checklist and indicate type of business entity registered)

Domestic Limited Liability Company

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Omara Riechi \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

100 Colonial Road Suite 300

Street Address

Harrisburg PA 17109

Dauphin

City, State and Zip Code

County

717 319 0347

Telephone Number

E-mail Address oriechi@keontransport.com

*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.)

407 S 28<sup>th</sup> St

\_\_\_\_\_  
Street Address

**Harrisburg PA 17103**

**Dauphin**

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
County

Telephone Number

E-mail Address

717 319 0347

ORIECHI@KEONTRANSPORT.COM

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)

N/A

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Attorney's Name & Telephone Number for this Filing

N/A

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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.     N/A    

10. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

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Keron Transport LLC is seeking to be authorized as a common carrier by motor vehicle to provide paratransit services for ambulatory, wheelchair, and stretcher passengers from points in Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Montgomery, Perry, and York counties to all points in Pennsylvania, and return.

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.

Omara Riechi

(Print Name)

*Omara Riechi*

*5/14/26*

(Signature)

(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.

Keron transport LLC  
Legal Name of Applicant

N/A  
Trade Name, if any

407 S 28 <sup>th</sup> St	Harrisburg	PA	17103
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.

Omara Riechi

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

Owner Keron transport LLC

- 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.**

Omara Riechi, owner of Keron Transport LLC, has more than 15 years of experience in the para-transit industry, operating throughout Dauphin, Cumberland, York, Lebanon, and Perry counties. He holds an associate degree from Harrisburg Area Community College, a bachelor's degree from Shippensburg University of Pennsylvania, and a master's degree from Pennsylvania State University. In addition to Keron Transport LLC, Mr. Riechi is the owner of KEON Enterprises LLC, which holds PUC license number 6413389.

- 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.**

Keron Transport LLC operates from leased office space at 407 S 28<sup>th</sup> St Harrisburg PA 17103, which serves as its administrative and dispatch location. The office is equipped with computers, printers/scanners, internet access, and telephone systems necessary for daily operations.

The facility includes access to over 15 on-site parking spaces used to house company fleet vehicles when not in service.

All records required by the Pennsylvania Public Utility Commission and normal business records are maintained at the principal office in both electronic and paper formats, with regular electronic backups. Records include driver and vehicle files, dispatch and trip records, customer and billing records, and safety and compliance documentation. Records are retained in accordance with applicable PUC, state, and federal requirements.

Customer transportation requests are received by telephone, email, and scheduled client arrangements. Vehicles are dispatched from the Harrisburg office, and continuous communication with drivers is maintained through company-issued mobile phones and electronic communication applications to ensure safe and efficient operations.

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.**

### **Drivers and Driver Management Policies**

Keron Transport LLC intends to employ approximately five drivers, which is appropriate to safely and reliably serve ambulatory, wheelchair and stretcher medical transportation needs throughout the authorized territory. This staffing level allows for scheduled and on-demand service, relief coverage, and compliance with safety and hours-of-service requirements.

#### **a. Hiring Standards**

Drivers will be required to possess a valid Pennsylvania driver's license appropriate for the vehicle operated, maintain an acceptable motor vehicle record, meet minimum age and experience requirements, pass pre-employment screening, and be physically capable of assisting ambulatory passengers and safely loading, securing, and transporting wheelchair and stretcher passengers when applicable.

#### **b. Criminal Background Checks**

All prospective drivers will be subject to state and federal criminal background checks conducted through approved third-party screening providers prior to hire, in compliance with PUC regulations and passenger and medical transportation standards.

#### **c. Driver Training Program**

Drivers will receive initial and ongoing training specific to ambulatory, wheelchair, and stretcher transportation, including defensive driving, passenger assistance techniques, wheelchair and stretcher loading and securement, proper use of lifts and ramps, patient dignity and sensitivity, HIPAA awareness, emergency procedures, and accident and incident reporting.

**d. Driver License Checks**

Driver license status and motor vehicle records are verified prior to hire and reviewed periodically thereafter to ensure continued qualification and safe vehicle operation.

**e. Alcohol and Drug Policies**

Keron Transport LLC will enforce a zero-tolerance policy for alcohol and illegal drug use. Drivers are prohibited from operating company vehicles while under the influence of alcohol or controlled substances and are subject to pre-employment and, when applicable, reasonable suspicion and post-incident testing in accordance with company policy and applicable passenger and medical transportation regulations.

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	5	VIN: 2C4RDGCG9KR694855	130000
2012	DODGE	CARAVAN	5	VIN: 2C4RDGCG6C121963	160000

\*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:**
- 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).**

Keron Transport LLC will maintain a comprehensive vehicle safety program designed to ensure the safe operation of all vehicles used in passenger and medical transportation services.

**a. Periodic Vehicle Maintenance Plan**

All company vehicles will be maintained in accordance with manufacturer recommendations and applicable state and federal safety standards. Vehicles will undergo scheduled preventive maintenance, including routine inspections of brakes, tires, steering, suspension, lights, wheelchair lifts and securement systems (if applicable), and other critical safety components. Maintenance and repairs are performed by qualified service providers, and records of all inspections, maintenance, and repairs are documented and retained.

**b. Compliance with Pennsylvania Vehicle Equipment Standards**

Keron Transport LLC will ensure continuous compliance with Pennsylvania vehicle equipment standards as set forth in 67 Pa. Code, Chapter 175. Vehicles receive required annual and periodic safety inspections by licensed inspection stations. Drivers conduct pre-trip and post-trip inspections to identify safety or equipment defects, and any vehicle found to be out of compliance is removed from service until corrected. Inspection, repair, and compliance records are maintained and made available for review upon request.

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

Keron Transport LLC has verified its ability to obtain and maintain all required commercial vehicle insurance for passenger and medical transportation, including liability, physical damage, and workers' compensation coverage. We have consulted licensed insurance providers to confirm availability and premium costs and have determined that the company has sufficient financial resources to pay all required premiums. Insurance policies will be maintained continuously for all vehicles and drivers to ensure compliance with PUC regulations and coverage requirements.

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.

NO

1. 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.

*Omara Riecht*

*5/14/26*

(Signature)

(Date)

*OMARA RIECHT, CEO*

(Name and Title, printed or typed)

### Statement of Financial Position As of December 31, 2025

#### Assets

##### Current Assets

Cash 86,065.54

##### Fixed Assets

Autos 664,208.70

Capitalized Repairs 38,771.65

Total Assets 789,045.89

#### Liabilities

##### Current Liabilities

Credit Card 31,081.02

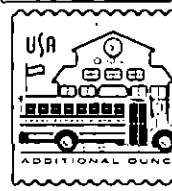
Payroll 8,593.71

Line of Credit 47,380.50

Total Liabilities 87,055.23

IRON TRANSPORT

100 COLONIAL RD SUITE 300  
HARRISBURG PA 17109.



To

SECRETARY PA POC  
400 NORTH ST  
2ND FLOOR  
HARRISBURG, PA 17120