

## 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)

Lovable Helping Hands Foundation For All Nation

- 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)

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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- 000-05418431

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 86-1726753  
(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).

Marian Yarteh  
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\_\_\_\_\_  
\_\_\_\_\_

6. Mailing Address

2812 W. Livingston Street  
Street Address

Allentown PA 18104 Lehigh Valley  
City, State and Zip Code County

484-649-1605 Lovablefoundation@gmail.com  
Telephone Number E-mail Address

OR Lovablehelping@gmail.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.)

905 Line Street Suite B  
Street Address

Easton PA 18042 Northampton  
City, State and Zip Code County

484-649-1605 Lovablefoundation@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)

N/A  
Attorney's Name & Telephone Number for this Filing

N/A  
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. 4386778

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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The service area will be in the City of Easton, PA, from one point to another point within the surrounding areas all area of PA as required from PUC.

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*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.

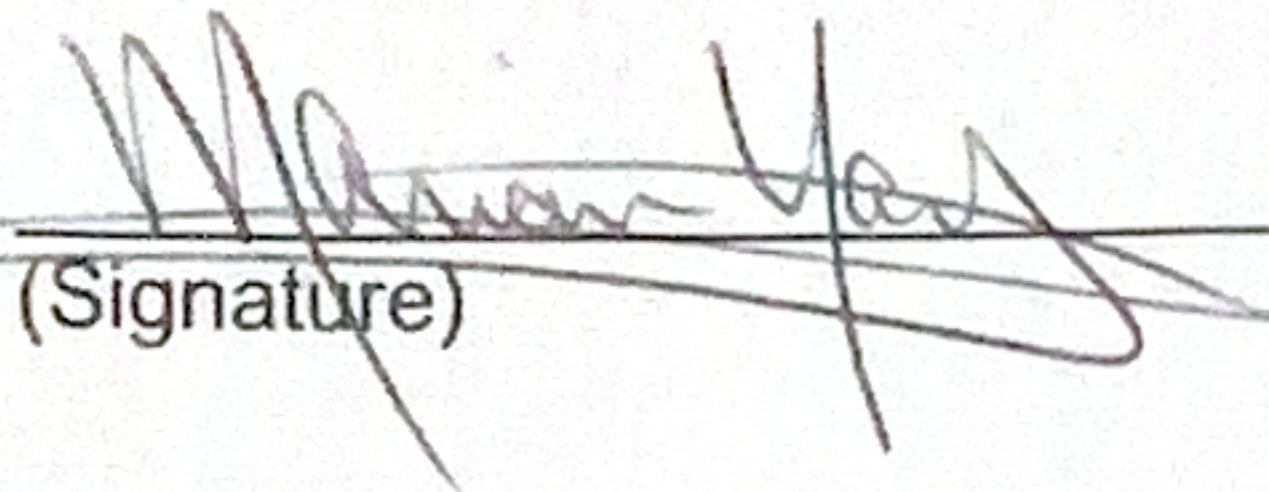
## Verification of Application

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.

Marian Yarteh  
(Print Name)

CEO

  
(Signature)

05/15/2024  
(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.

Marian Yarteh  
 Legal Name of Applicant

Trade Name, if any  
905 Line Street Suite B Easton PA 18042  
 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.

My name is Marian Yarteh and I am the CEO for Lovable Helping Hands Foundation located here at Easton PA 18042. The telephone number at 484-649-1605. The telephone at 905 Line Street Suite B Easton PA 18042.

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

I Marian Yarteh, CEO for Lovable Helping Hands Foundation For All Nation is affiliated with Limousine Service

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.

See Attachment

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.

See Attachment

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:
- Your hiring standards for drivers;
  - Your system for conducting criminal background checks;
  - Your driver training program;
  - Your system for conducting driver license checks;
  - Your policies regarding alcohol and drug use by your drivers.

See Attachment

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>
2023	Chevrolet	Malibu	4	1G1ZD5ST9PF171202	29,806

\*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).

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

*I called around to see if I can get better rate than what I currently have but I'm satisfied of what I have now.*

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.

*Marian Yarteh*  
(Signature)  
Marian Yarteh  
(Name and Title, printed or typed)

05/15/2026  
(Date)

**Statement of Financial Position (Balance Sheet)**  
 As of (date) 05/1/2026  
 (Must be less than 6 months old)

ASSETS

Current Assets			
Cash		<u>500.00</u>	
Other Current Assets (specify)			
Total Current Assets			<u>                    </u>
Tangible Assets			
Motor Vehicle Equipment		<u>25,000</u>	
Property (buildings, land, etc.)		<u>ND</u>	
Office Equipment		<u>35,000</u>	
	TOTAL ASSETS		<u>60,500</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		<u>0</u>	
Credit cards/revolving credit		<u>0</u>	
Other Liabilities (Attach schedule)		<u>0</u>	
Total Current Liabilities			<u>0</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		<u>0</u>	
Long term commercial loan		<u>8,672.75</u>	
Other Liabilities (Attach Schedule)			
Total Long-Term Liabilities			<u>8,672.75</u>
	TOTAL LIABILITIES		<u>8,672.75</u>

**Question 3 on Page 5:**

**Describe the application 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.**

**Answer:**

I, Marian Yarteh, have extensive business and community service experience through leadership and operational management with Lovable Helping Hands Foundation for All Nation. As the Director, I have overseen daily operations, coordinated community programs, managed staff and volunteers and organized transportation assistance for families and elderly individuals to ensure they receive reliable services within the community. This experience has strengthened my skills in customer service, scheduling, communication, safety awareness and organizational management.

In addition, I have experience coordinating transportation needs for community members, including seniors, children and individuals requiring dependable transportation assistance for appointments, programs and community activities. Through these responsibilities, I have developed a strong understanding of the

importance of accessibility, compassion and professionalism when serving passengers with diverse needs.

I am currently in the process of expanding business operations into the transportation and paratransit service industry, with a strong commitment to providing safe, dependable and customer-focused transportation services. Although my direct paratransit operational experience is still developing, my hands-on leadership, community engagement, and experience working closely with individuals and vulnerable populations in need of transportation services provide a solid foundation for operating transportation services responsibly and effectively.

Additionally, I have gained practical knowledge through business administration, community outreach, event coordination and transportation-related planning, all of which are directly transferable to transportation and paratransit operations. I am also committed to continuing education, compliance with transportation regulations and ongoing training to ensure high-quality service and safety standards for all passengers.

**Question 4 On Page 6: Describe your facilities, record maintenance plan and your communication network, please include a description of physical location, including office machines that will be utilized, and the facility to house vehicles.**

**As a carrier of household goods in use, applicants 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. About 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.**

**Answer:**

The facilities for Lovable Helping Hands Foundation Paratransit Service will operate from the organization's headquarters located at 905 Line Street, Suite B, Easton, PA. This facility includes dedicated office space equipped with essential office equipment such as computers, printers, telephones, and fax machines needed to manage business operations efficiently. Additionally, secure filing cabinets are

available, and cloud-based storage systems will be utilized as the operation grows to maintain both physical and digital records.

The facility also has adequate space to house and maintain the vehicle fleet as additional vehicles are purchased. Routine vehicle inspections, cleaning and minor maintenance will be performed on-site or through qualified service providers, while major repairs will be handled by professional garages to ensure that all vehicles are maintained according to safety standards.

### **Record Maintenance Plan**

The transportation service will comply with all Pennsylvania Public Utility Commission (PUC) requirements for recordkeeping. Business records, including customer reservations, driver logs, vehicle maintenance reports and financial statements, will be maintained using a cloud-based management system. This platform will provide secure data storage, backup protection and easy access to important documents. Physical copies of essential records will also be retained at the office in accordance with state regulations.

Driver qualification records, insurance documents and compliance reports will be securely stored and regularly monitored to ensure timely renewals and continued compliance with PUC guidelines.

## **Communication Network**

The Lovable Helping Hands Foundation Paratransit Service will implement an efficient communication system to manage transportation requests and driver dispatching. Customers will be able to request transportation through multiple channels, including phone calls, email and an online booking platform.

Once a request is received, dispatchers will utilize fleet management software to assign drivers based on location, availability and customer requirements. Real-time GPS tracking and mobile communication applications will ensure continuous communication with drivers, allowing for quick updates regarding arrival times, route adjustments and any unforeseen changes.

In the event of emergencies or unexpected situations, drivers and customers will have access to 24/7 support through the dispatch team. Additionally, automated notifications will be sent to customers to provide updates regarding ride status and estimated arrival times.

This comprehensive approach to facilities management, recordkeeping and communication will help ensure smooth operations, regulatory compliance and high-quality customer experience.

**Question 5 On Page 6: 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:**

**Answer:**

Lovable Helping Hands Foundation Limousine Service will start with two drivers as of now until I am able to hire more drivers when income starts coming into the business. Once that happens, I will hire at least 3 to 5 drivers in the future when income starts coming in. This number is appropriate for our initial service area, which will primarily cover **Easton, PA**, and surrounding areas within the State and different counties. Additionally, we will provide occasional transportation to regional event venues and special destinations within PA upon request.

Having two drivers now allows us to maintain a flexible schedule. Later, when income starts to come then will hire additional drivers that will ensure availability for business demand periods, including community events, special occasions and corporate services. It also ensures reliable service for our once-a-month free community ride initiative, which provides transportation experiences to underserved residents.

This driver will be manageable for our business size, ensuring we can deliver personalized and high-quality service while optimizing operational costs. As the demand for our services grows, we will evaluate the need to expand our driver.

**(A) Your Hiring Standards for Drivers.**

The Hiring Standards for Drivers will be Valid Driver License, Experience and Driving Record and Screen Questions About Their Driving History with Verbal Questions About Their Driving Skills

**(B) Your System for Conducting Criminal Background Checks:**

**Background and Screening:** Comprehensive **background check** to ensure to know what type of criminal history that they have. Candidates are required to provide **written consent** for a background check during the application process. They are informed about the scope of the background screening, ensuring transparency. A **nationwide criminal database search** will be conducted, including state records (epatch.pa.gov) is done to check if there is a criminal record that I should be aware of before hiring them. A special focus to be placed on

identifying any **violent crimes, theft, fraud, drug-related offenses, or DUIs** within the past years. Also, the **Motor Vehicle Records (MVR) Check, which** is conducted to review the applicant's driving history, verifying that they meet our safety standards. **Then will do the Evaluation and Decision-Making Process:** Base on the background check results is carefully reviewed by me the Director until future process will get to review the background check **and compliance team.** Decisions will be based on the severity, nature and timing of any offenses, while providing applicants with an opportunity to explain any findings. This robust system ensures that only qualified, responsible, and trustworthy individuals are entrusted with our passengers' safety.

- (C) **Your Driver training program**-Here at **Lovable Helping Hands Foundation Transportation Service, the Driver Training Program will be** committed to providing safe, dependable and exceptional transportation experiences. Our comprehensive **Driver Training Program** will be designed to ensure that all drivers meet the highest standards of safety, professionalism, and customer service. The program includes the following components:

**Orientation:** Introduction to company policies, safety procedures and customer service expectations.

**Passenger Safety and Comfort:** The Proper use of **seatbelts, child safety seats and wheelchair accessibility features**, if applicable.

The **Emergency response training** includes first aid, CPR certification (preferred), and evacuation procedures.

Instructions on ensuring passenger comfort and assisting individuals with special needs.

**Defensive Driving:** Certified training in accident prevention, road safety, and emergency response.

**Passenger Safety:** Ensuring comfort, assisting individuals with special needs, and adhering to safety regulations.

**Customer Service:** Professional communication, conflict resolution and delivering exceptional service.

**Compliance:** The Understanding and adhering to **state and federal transportation laws**. Training in **logbook management** and maintaining accurate driving records and knowledge of **vehicle inspection protocols** and reporting procedures.

**Ongoing Evaluation:** Regular performance assessments and refresher courses.

- (D) **Your system for conducting driver license checks:** Here at **Lovable Helping Hands Foundation Transportation Service**, will be conducting thorough driver license checks to ensure all drivers meet legal and safety standards with the regulation of the PUC, State and Transportation Rules and Regulations.

**Our process will include Initial Verification that will** validate the applicant's **driver's license** for authenticity and ensure it is **valid and current**. Confirm the appropriate **license class and endorsements** for operating a classification of their driving.

1. **Motor Vehicle Records (MVR) Check:** To conduct a comprehensive **MVR check** through the Department of Motor Vehicles (DMV) and review the driver's **driving history** for violations, accidents, DUIs, or suspensions with **ongoing monitoring perform annual or periodic MVR checks** to ensure continued compliance and safe driving records.
2. **Compliance and Documentation:** Maintain accurate records of all license checks and ensure compliance with **state and federal regulations**. This system will help us prioritize safety and reliability in our transportation services and safety.

- (E) **Your policies regarding alcohol and drug use by your drivers:** Here at Lovable Helping Hands Foundation, there, we have a **zero-tolerance policy** for alcohol and drug use. Drivers undergo **pre-employment drug testing, random screenings, and post-incident testing**. Any violation results in this will be **immediate termination**.

**Describe your vehicle safety program. Please include the following in your explanation:**

**A. Your periodic vehicle maintenance plan**

**Answer: Periodic Maintenance Plan:** The vehicles will undergo **routine maintenance every 5,000 miles or every 3 months**, whichever comes first.

The maintenance will include full inspection, including the **oil change, brake inspection\, tire checks and fluid level monitoring.**

**B. Your system for ensuring your vehicles will continuously comply with**

**applicable Pennsylvania vehicle equipment standards (67 PA. Code, Chapter 175).**

**Compliance with Pennsylvania Standards:** Certified technicians will annually inspect the vehicle to meet **67 PA Code, Chapter 175** standards, which will have to have the **pre-trip and post-trip inspections** are performed daily to identify any safety concerns.

**Vehicle Replacement System:** The Vehicle exceeding mileage limits or showing significant wear are **removed from service** and will be replace as prioritized based on **age, mileage and maintenance history** to ensure a reliable fleet.

The program will ensure the safety, reliability and compliance of our fleet always especially when it's on the road been used.