

## 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)

Vango Accessibility 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-** \_\_\_A-2025-3054348\_\_\_\_\_

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)

14189875 ydd/sec

**If YES, provide your PA Corporation Bureau Entity ID Number** \_\_\_\_\_

(See checklist and indicate type of  
business entity registered)

4/2/25

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

Khayla Dixon

**6. Mailing Address**

6497 Greenhill RD

Street Address

Philadelphia, PA [19151 ydd/sec 6/15/2026](#)

City, State and Zip Code County

(267)893-8141

[Khaylacdixon@gmail.com](mailto:Khaylacdixon@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.) **6947**

Greenhill RD

Street Address

Philadelphia, PA [19151 ydd/sec 6/15/2026](#)

City, State and Zip Code County

(267)893-8141

[Khaylacdixon@gmail.com](mailto:Khaylacdixon@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. \_\_\_\_\_

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

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

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**From points in the county of Philadelphia and Montgomery County to points In Pennsylvania and return.**

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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.

Khayla Dixon

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\_\_ (Print Name)

Khayla Dixon

06-12-2026

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(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.

Khayla Dixon

Legal Name of Applicant

Vango Accessibility LLC

Trade Name, if any

6947 Greenhill RD Philadelphia PA 19151 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.

The Verified statement is being completed by Khayla Dixon, Owner of Vango Accessibility LLC. The business will operate from the address 6947 Greenhill Rd Philadelphia, PA19151. The existing business telephone line is (267)893-8141.

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

I, Khayla Dixon, Owner of Vango Accessibility LLC have no ongoing affiliation with any mobile carrier company. As the applicant, I will be responsible for managing the companies daily operations including, overseeing fleet maintenance, driver staffing, company compliance and route management. Vango Accessibility will focus on operational efficiency and service quality within the paratransit sector.

- 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 career in healthcare began in February 2017 where I worked as a personal care aid for years. My experience as an aid has provided me with a deep understanding of patients' physical, emotional and medical needs. I have work with individuals that struggle with mobility challenges, chronic illnesses and cognitive impairments that have shaped my understanding in the importance of care and safety during transportation. In addition to my work in the aid field, I have also worked in Patient registration for three years. As a registrar it is our duty to verify medical and insurance information according to doctor prescribed treatment. This skillset has given me exposure to a variety of outpatients services and the level of transportation that will be required to better assist patients. In addition I will be completing my bachelors degree in business marketing in 2025.

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.

For the first year, Vango Accessibility will operate from my personal residence. This is a single family home with a private driveway that will be used to store a fleet of 1-2 vehicles in our first year of business. Inside the residence, there will be a designated space with multifunctional office machines that will be utilized for printing, scanning and faxing necessary documentation. All telephone communication will be done through a private business line along with a third party communication and scheduling company. This line will be used strictly for the coordination of trips among clients, healthcare providers and drivers. All records, financial, operational, compliance, client billing and Auditing will be stored up to 7 years following each transaction in accordance to the recommended industry standard. Any records that surpass our companies 7 years policy will remain online however, physical copies will be shredded to ensure patient confidentiality. All records will be stored in each patients personal file both manually in a secured file cabinet and online. It is our companies policy to store copies of all documentation i certifications and vehicle information at our primary location.

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.

Pennsylvania is a proud leader in public transportation support with more than \$1.6 billion dollars in capital and operating state funds. The estimated market value in 2023 was \$8.9 billion and is expected to continue **expanding** at a robust rate. By the end of 2026 we plan to operate 5-10 Non-emergency **transportation** vehicles with two assisting drivers per vehicle to ensure the **safety** of patients, fleets and drivers. Per our policy, all drivers are required to be 21+ and must possess a valid, unrestricted Pennsylvania Driver's License. We **encourage** applicants to have no major violations such as DUI or any form of reckless driving history. All applicants must adhere to a **criminal** background check along with Drug and alcohol testing prior to any consideration for employment. Vango accessibility has a zero tolerance policy for drug and alcohol use while on duty. Shall any employee violate this policy, they will be subject to termination immediately and/or termination of application for hire. Vango Accessibility holds the authority to request random drug screening **tests** of any employee at any given moment while employed in accordance **with government** standards. Applicants must also complete a medical examination requirements to determine driving suitability and **specialized** NEMT training courses. Driver license and criminal **background** checks will be **conducted** by a third party service in addition to common and readily available means.

#### 29.503 – Driver Age Requirement Regulation Summary:

Drivers must be at least 21+ years old. Compliance Plan:

- All applicants must submit a valid, government-issued photo ID with date of birth at the time of application.
- Drivers age verification procedure preemployment o
  - o Collect a copy of applicant's government issued ID
  - o Verify Date of birth confirms applicant is at least 21+ years of age
    - Record verification in applicant's personal file
    - Maintain a signed Driver Age Verification Form (All records will be kept for commission

reference upon request in individual employee record folders)

- o Driver Name
- o Date of Birth
- o ID Type
- o ID Number
- o Date Verified

- All records will be kept for the duration of 2+years post-employment
- Vango Accessibility will require that all drivers consent to annual driver's license checks to mitigate risks for suspended/expired licenses

#### 29.504 – Driver History (Schedule and Record Retention)

##### Regulation Summary:

A driving schedule must be maintained. Records must be retained for at least 2 years and be available for inspection.

##### Compliance Plan:

A copy of the driver history shall be maintained by the common or contract carrier for at least 2 years

- Prior to employment Vango Accessibility will assess all driver's history from every state where the person had a license in the past 3 years before allowing them to operate a vehicle.
- Pre-employment checks will be conducted to include the following

o Once every 12 months from the date of the initial check, Vango Accessibility will

perform/ require all drivers to consent to driver history re-checks.

o Employed Drivers will also undergo Driver history rechecks every 12 month from their initial checked date

- Drivers are required to log all trip schedules including: o Date/time of trip

o Pickup and drop-off location

o Duration and mileage

- Digital schedule logs will be maintained through a dispatch software company
- Manual schedule logs will also be printed and stored for reference in individual drivers file for record

o All records will be kept for the duration of employment plus 2 years post-employment.



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

Upon approval of this application, Vango Accessibility will operate a fleet of 1-2 vehicles for motor carrier paratransit services. As a new company we would like to focus our efforts on the quality of passenger care. The demand for NEMT businesses continues to increase along with the aging populations' need for accessible healthcare. Our company will be able to establish our name in the paratransit community, increasing the scale of business as our clientele grows.

I recently purchased a used 2019 Dodge Grand Caravan that will operate as the first company vehicle. The projected cost for inspection will be between \$200-\$500. My vehicle is currently ADA compliant and contains the features listed below. Branding and decals for the van will run me between \$500-\$1000 dollars. With a \$40,000 cash budget the purchase plan is to allocate \$25,000-\$30,000 to purchase, equip, brand and insure the vehicle.

At Vango Accessibility we always put passenger safety and comfort at the fore front of our business. In accordance with the ADA regulations our vehicle will be equipped with

- Lifts
  - o Dual handrails on each side
  - o Design load to hold minimum 600 pounds
  - o Emergency deployment in case of power failure
  - o Slip resistant platform with no bumps or projections over 1/4 inches high
  - o 1 1/2 barriers on each side of the lift platform
  - o Minimum clear width of 30 inches (measures from 2in above the platform to 30in above the platform)
  - o Minimum clear length of 48 inches (measured from 2in above the surface of the platform to 30 inches above)
- Ramps
  - o Slope will max 30inch length supporting max 600lb of weight
  - o Average slope of 1:4
    - Securements
      - o Attachment to secure wheelchair
      - o Passenger seatbelts and shoulder harnesses
      - o Clear floor area of 30x48 inches
      - o Overhang of the seat must be at least 9in above the floor
    - Slip-resistant surfaces
      - o All surfaces will have anti-slip surfaces
    - Contrast
      - o All steps, thresholds and boarding edges will be outlined with visual taping for the entire width to avoid trip/fall risk
    - Door height
  - o Vehicles more than 22ft long should have a minimum of 68inches of height
  - o Vehicles less than 22ft long should have a minimum of 56 inches of height • Interior handrails
  - o Doorways/ entrances must have vehicle handrails
    - o Interior handrails will allow turning or movement for wheelchair/ mobility aids to reach securement areas
  - Lighting

- o Stepwells/doorways with ramp or lift will have two-foot candles 21.5 lumens of illumination
- - o Additional equipment
  - o First Aid Kit
  - o Fire extinguisher securely mounted within the vehicle
    - o Spill kit (gloves, masks, disposable bags, disinfectant materials)
    - o Warning devices (will be placed outside the vehicle when assisting patients in and out of vehicles for additional safety measures)
  - o Flashlights
  - o Seatbelt/cutter and Window breaker

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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).

Each vehicle has a specialized maintenance plan that must be completed on a daily, weekly, monthly and annual basis. Daily vehicle inspections must be completed each day before drivers operate the vehicle. This includes a signed form that all necessary functions for day to day operations are in optimal performance condition to ensure driver and passenger safety. These daily tasks include light and signal testing, windshield and mirror checks, emergency equipment checklist, safety belt function and more. Monthly and annual maintenance requirements include detailed oriented checks and compliance requirements mandated by the state. For example, Annually, all vehicles must undergo the PA state safety inspection, ADA compliance checks, a comprehensive mechanical check and alignment of tires and suspension checks. Per our company policy, we require all vehicles to adhere to the monthly maintenance check every 100-200 miles driven. Maintenance and quality tasks must be done as described above or at the manufacturer's suggested interval.

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

In the state of Pennsylvania, NEMT businesses are required to have commercial auto insurance with a minimum liability limit of \$15,000 per person, \$30,000 per accident for bodily insurance and \$5000 for property damage. I have currently researched and received different quotes from numerous companies. Upon acceptance of the application, I will be using savings to fund the insurance policy for our first company vehicle. For the first year of operation, I will be the driver of the company vehicle. As we expand our operations the company will include Workers compensation insurance upon the addition of my first employee.

9. State whether the applicant has been convicted of a misdemeanor or felony. If the applicant is a 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.

For one vehicle our best projected annual cost for commercial paratransit coverage was from the company Berkshire

Hathaway Insurance Group for \$1130.00 a month. Totaling \$13,560.00 for the year. The insurance group has confirmed that it supports Form E filing with the commission.

As a new business Vango Accessibility LLC holds no current liabilities or other outstanding businesses with liabilities connected to my LLC. To start the business, I currently have a \$40,000 cash savings budget. For my first vehicle I will purchase the vehicle out right with cash foregoing any monthly financing/lease costs. The average vehicle asset value after purchase is \$22,000 dollars.

## 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.

06/12/2026

(Signature) (Date)

Khayla Dixon (Owner/Applicant)

(Name and Title, printed or typed)

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### Statement of Financial Position (Balance Sheet)

06/12/2026

As of (date) \_\_\_\_\_  
(Must be less than 6 months old)

#### ASSETS

<b><u>Assets:</u></b>	
<i>Current Assets</i>	<i>\$40,000</i>
<i>Cash (after startup costs)</i>	<i>\$12,000</i>
<i>Pre-Paid insurance/licensing fees</i>	<i>\$1,500</i>
<i>Office supplies/tech equipment</i>	<i>\$500</i>
<i>Total Current Assets</i>	<i>\$1,440</i>
<b><u>Fixed Assets:</u></b>	
<i>Vehicle (Used ADA 2019 Dodge Grand Caravan)</i>	<i>\$22,000</i>

Emergency and Safety equipment	\$300
Branding/Decals	\$500
Total Fixed Assets	\$22,800
Total Assets	\$37,200
<b>Liabilities:</b>	
Credit cards/ Vendor payables	\$0
Loans (start up)	\$0

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTORIST SERVICES  
Neil Kirkman Building - Tallahassee, FL 32399-0500

**MOTOR VEHICLE TITLE REASSIGNMENT SUPPLEMENT**  
(Instructions on Reverse Side)

This reassignment is supplement to:  Title No. UZA29436 State of Issue: MO  
 Manufacturer's Statement or Certificate of Origin

Is the title electronic?  Yes  No

**VEHICLE DESCRIPTION**

Vehicle Identification Number <u>2CYRDGBG3KR547688</u>	Year <u>2019</u>	Make <u>DODGE</u>	Model <u>GR CARAMU</u>	Body <u>MiniVan</u>
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**REASSIGNMENT INFORMATION**

Name of Seller(s)/Agent (Print) <b>PRO TR LLC</b>	DE/ID#, DMS ACCT#, FEID#	DEALER/AUCTION LICENSE (if applicable)
Street Address <b>14360 S TAMIAHI TRL, STE B FORT MYERS FL 33912</b>	State	Zip
Selling Price (If Applicable)	Sales Tax Collected (If Applicable)	Sales Tax Reg. No. (If Applicable)

Purchaser and Co-Purchaser's Printed Name(s) \_\_\_\_\_ Date of Sale 04-13-2025

Purchaser's Address <u>VANGO ACCESSIBILITY LLC</u>	City <u>PHILADELPHIA</u>	State <u>PA</u>	Zip <u>19151</u>
Co-Purchaser's Address (If applicable)	City	State	Zip

Auction Name (If applicable) \_\_\_\_\_ Auction License Number \_\_\_\_\_ State of License \_\_\_\_\_ Date of Auction \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ODOMETER DISCLOSURE STATEMENT**

WARNING: FEDERAL AND STATE LAW REQUIRE THAT YOU STATE THE ODOMETER MILEAGE IN CONNECTION WITH TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

I/WE STATE THAT THIS  5 OR  6 DIGIT ODOMETER NOW READS, 156,447 XX (NO TENTHS) MILES.  
DATE READ \_\_\_/\_\_\_/\_\_\_, AND I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING.

CAUTION:  
READ CAREFULLY BEFORE YOU CHECK A BOX

1. REFLECTS ACTUAL MILEAGE  
 2. IS IN EXCESS OF ITS MECHANICAL LIMITS  
 3. IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

Printed Name of seller(s)/Agent <u>ARNAS VOLK</u>	Seller(s)/Agent Signature <u>A. Volk</u>
Printed Name of Co-seller (If applicable)	Co-Seller Signature (If applicable)
Purchaser(s) Signature <u>Khayla Dixon</u>	Co-Purchaser(s) Signature
Purchaser(s) Printed Name First, Full Middle or Maiden, Last <u>Khayla Dixon</u>	Co-Purchaser(s) Printed Name First, Full Middle or Maiden, Last

NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS ASSIGNMENT AND ALL ASSIGNMENTS THAT FOLLOW.  
ORIGINAL: SUBMIT WITH APPLICATION FOR TITLE COPY: SELLER/DEALER RETAIN IN FILE  
HSMV 82994 (REV. 04/14) S



04/17/2025

Regarding:  
Khayla Christina Lee Dixon  
Vango Accessibility LLC  
6947 Greenhill Road  
Philadelphia, pa 19151-2320

To Whom It May Concern,

This letter is being provided upon the customer's request and serves as confirmation on the below Santander account(s).

Account type	Checking
Date account opened	04/16/2025
Routing number	[REDACTED]
Account number	[REDACTED]
Balance	\$12,050.00

Signer 1 Khayla Christina Lee Dixon

Please direct all questions to the account holder named above for any additional information regarding this account.

Thank you for your cooperation.

Respectfully yours,  
*Melanie Sime*  
Melanie Sime  
Relationship Banker  
Flourtown  
Santander Bank, N.A.

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Service