

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)

Treasure's Closet L.L.C.

- 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)

Private Priority Transport Transfer Per TC ydd/sec 6/15/2026

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: JohnDoeistheapplicantandwantsto use the name "Johnboy Vans" ashistradename. PeoplecannotreadilydeterminethatJohn Doe is the actualoperator;therefore,thenameisfictitiousandmustberegisteredassuch. Trade names suchas "John Doe Vans" or "J. Doe Vans" arenotconsideredfictitiousandwould not have to be registered.*

3. **Do you currently hold PUC Authority?** **NO** **Previous Authority?** If **NO**

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)

Yes

If YES, provide your PA Corporation Bureau Entity ID Number 7178647

(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).

Treazure Stewart _____

6. **Mailing Address**

3425 Simpson Ferry Rd, Suite 100,
Street Address
Camp Hill, Pennsylvania, 17011 Cumberland
City, State and Zip Code County
(844)-527-7853 Mobile@privateprioritytransport.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.)

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?**

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).

To transport ambulatory and non-ambulatory passengers requiring non-emergency medical transportation from points in the Commonwealth of Pennsylvania to medical facilities, healthcare providers, rehabilitation centers, pharmacies, and other approved destinations within the Commonwealth of Pennsylvania, 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.

Treasure Stewart
(Print Name)

Treasure Stewart 06-13-26
(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.

Treasure's Closet L.L.C.

Legal Name of Applicant

Private Priority Transport

Trade Name, if any

3425 Simpson Ferry Rd, Suite 100, Camp Hill, Pennsylvania, 17011

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 Treasure Stewart and I am the Managing Member and Owner of Treasure's Closet I.L.C. (DBA) Private priority transport . My business address is 3425 Simpson Ferry Rd, Suite 100, Camp Hill, Pennsylvania, 17011 , and my telephone number is.(844)-527-7853 I am authorized to make this verified statement on behalf of the applicant entity.

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

The applicant has no ownership, management, control, or affiliation with any other motor carrier or 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.

The applicant's owner possesses extensive, direct experience in specialized passenger transportation through current employment in a Community Residential Rehabilitation (CRR) program serving individuals with mental health and dual-diagnosis needs. In this role, the owner regularly coordinates and provides non-emergency transportation for residents using passenger vans to medical appointments, behavioral health clinics, pharmacies, and essential community services. To ensure maximum passenger safety, the owner already holds active certifications in First Aid and CPR, and has thoroughly researched Pennsylvania's NEMT regulatory, insurance, and operational requirements. Prior to launching, the owner will also complete formal PASS (Passenger Assistance Safety and Sensitivity) training to ensure the highest standards of professional care

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.

4. The applicant will operate from a commercial office located at the principal place of business listed in this application. The virtual office provides a professional business address, mail handling services, meeting space, and office facilities when needed for business operations. Office equipment utilized by the applicant will include a computer, printer/scanner, cellular telephone, internet access, and business software necessary for scheduling, dispatching, billing, customer service, and record maintenance.

The applicant's vehicle will be stored at a secure location when not in service and will be regularly inspected and maintained in accordance with manufacturer recommendations and applicable Pennsylvania regulations.

The applicant will maintain all records required by the Pennsylvania Public Utility Commission, including trip records, customer records, driver records, vehicle maintenance records, insurance records, and financial records. Records will be maintained electronically using secure software systems and will be made available for inspection upon request.

Transportation requests will be received by telephone, email, website inquiries, and other electronic communication methods. The applicant intends to utilize a transportation dispatch and scheduling platform that complies with applicable industry standards and regulatory requirements for trip scheduling, dispatching, record retention, and operational management. The dispatch system will be used to schedule trips, assign vehicles, track service requests, and maintain operational records. Continuous communication with drivers will be maintained through cellular telephones, text messaging, and dispatch software to ensure safe, efficient, and reliable service.

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.

Hiring Standards: Although launching as a sole operator, the owner maintains a flawless personal driving record, strong professional medical transportation experience via a Community Residential Rehabilitation (CRR) program, and a commitment to absolute punctuality and passenger safety.

Criminal Background Checks: The business utilizes the Pennsylvania Access to Criminal History (PATCH) system via the PA State Police. A paid individual/employment criminal background check has already been successfully run on the driver, showing a clean history.

Driver Training Program: The driver is already fully certified in First Aid and CPR. Prior to transporting the first commercial passenger, the driver will also complete a certified Defensive Driving Course and formal PASS (Passenger Assistance Safety and Sensitivity) training to master safe passenger boarding protocols and emergency maneuvers.

D. Driver License Checks: The driver's Motor Vehicle Record (MVR) will be formally requested and checked directly through PennDOT annually to guarantee that a valid, clean PA driver's license is maintained without any major moving violations.

E. Drug & Alcohol Policy: The LLC enforces a strict zero-tolerance drug and alcohol policy. Operating a commercial vehicle under the influence of any substance is grounds for immediate termination of services. The driver will strictly adhere to a 100% drug-free workplace protocol and will participate in random drug testing if mandated by contracting Medicaid brokers.

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.

Number of Vehicles: The Applicant will use one (1) vehicle at launch. This single-vehicle setup is perfectly appropriate to provide reasonable, highly efficient, and punctual ambulatory service to Dauphin County while the business builds up its initial base of broker contracts and private-pay clients.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2013	Dodge	grand caravan	7	2C4RDGCG5DR627298	170,000

*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).

a. Periodic Vehicle Maintenance Plan: The 2013 Dodge Caravan will be placed on a strict, preventative maintenance schedule contracted with a certified, third-party automotive repair facility: Kindermans Auto Repair located at 2530 Walnut St, Harrisburg, PA 17103. The vehicle will undergo a professional inspection, engine oil change, fluid flush, and tire rotation every 3,000 to 5,000 miles. Brake systems, steering components, and suspension tracking will be professionally certified quarterly. Full digital maintenance records will be permanently archived by the LLC for a minimum of three (3) years to comply with PA PUC Chapter 37 safety regulations.

b. Compliance with Pennsylvania Vehicle Equipment Standards (67 Pa. Code, Chapter 175): To continuously comply with 67 Pa. Code, Chapter 175, the driver will perform rigorous daily pre-trip and post-trip walk-around inspections before and after each operational shift. This checklist includes testing all exterior/interior lighting, verifying tire tread depth, checking fluid levels, and testing the braking system. Furthermore, the vehicle will pass mandatory semi-annual or annual Pennsylvania state safety inspections conducted exclusively by a PennDOT-certified inspection mechanic to guarantee absolute compliance with all state vehicle safety and equipment standards.

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

The applicant has researched the insurance requirements applicable to non-emergency medical transportation providers in Pennsylvania and has obtained commercial transportation insurance quotations from licensed insurance providers. Based upon these quotations, the applicant has determined that the required insurance coverage is available and has evaluated the anticipated premium costs. The applicant has developed a financial plan to ensure that insurance premiums and other operating expenses can be paid as required to maintain continuous compliance with Pennsylvania Public Utility Commission regulations.

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.

(Signature)

Treasure Stewart CEO

(Name and Title, printed or typed)

06-13-26
(Date)

Statement of Financial Position (Balance Sheet)
 As of (date) 06/13/2026
 (Must be less than 6 months old)

ASSETS

Current Assets			
Cash			
Other Current Assets (specify)		\$3,000	
Total Current Assets		<u> </u>	
Tangible Assets			
Motor Vehicle Equipment		\$14,500	
Property (buildings, land, etc.)		<u> </u>	
Office Equipment		<u> </u>	
		TOTAL ASSETS	<u>\$17,500</u>

LIABILITIES

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

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

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

TREAZURE STEWART
423 GEARY AVE
NEW CUMBERLAND PA 17070

TELEPHONE (717) 975-7155

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: Stewart, Treazure
Date of Birth: 04/11/2000
Social Security #: [REDACTED]
Sex: F
Race: Black
Date of Request: 06/12/2026
05:45 PM
Purpose of Request: Employment

Maiden Name and/or

Alias (1)

(2)

(3)

(4)

(5)

***** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL #R35255421 *****

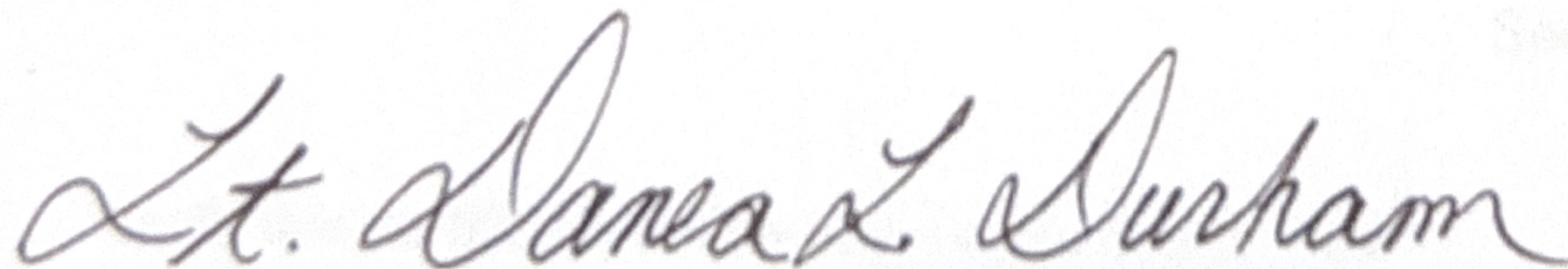
THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTOR AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES.

THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.pa.gov/RcStatusSearch>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:

DISSEMINATED ON: 06/12/2026 05:45 PM



Lt. Dana L Durham

Director, Criminal Records and Identification Division
Pennsylvania State Police

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

Regarding: Treazure's Closet L.L.C.
Request Type: Subsistence Certificate **Issuance Date:** May 10, 2025
Request No.: 056366224 **File No.:** 0007178647
Receipt No.: 001671892
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: December 14, 2020
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Treazure's Closet L.L.C.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:

Standard - CPR / AED

(Adult / Child / Infant)

Automated External Defibrillator (AED)

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

Treazure Stewart

The student has successfully met the requirements for certification by completing the cognitive training and skills evaluation in the specified course in terms of NCPRF® and in accordance with the corresponding ILCOR, OSHA, and AHA®/ECC guidelines (2020).

Date: Jul 24, 2025

Renew: Jul 24, 2027

ID#: 4254C47

Instructor: Paul J. Scruton



Course Provided By:

NationalCPRFoundation™

Signature:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

Mitch Wilde
5900 Balcones Dr Suite 5000 C/O ZenBusiness
Austin PA 78731

Treasure's Closet L.L.C.

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.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for Business Taxes with the PA Department of Revenue & Labor and Industry or visit www.Business.pa.gov to find answers to most common registration questions.

If you have any questions pertaining to the Bureau, please visit our website at www.dos.pa.gov/BusinessCharities Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC filings can be found on our searchable database at www.corporations.pa.gov/Search/CorpSearch .

Entity number : 7178647