

## 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)

New York Help Transportation, 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)

Not 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- \_\_\_\_\_

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

If YES, provide your PA Corporation Bureau Entity ID Number 135895925  
(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).**

Abdul Sami Danish 124 Colden Court, Buffalo, NY 14225  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

124 Colden Court  
**Street Address**  
Buffalo, NY 14225 Erie County, New York  
**City, State and Zip Code** **County**  
716-708-2903 \_\_\_\_\_  
**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.)**

124 Colden Court  
**Street Address**  
Buffalo, NY 14225 Erie County, NY  
**City, State and Zip Code** **County**  
716-708-2903 \_\_\_\_\_  
**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)**

Stephen H. Hutzelman, Esq.  
**Attorney's Name & Telephone Number for this Filing**  
333 State Street, Suite 203, Erie, PA 16507 stephen@hh-legal.com  
**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?**

X 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).

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Applicant proposes to transport persons in need to non-emergency medical appointments. The clientele would include, by but not be limited to, people in wheelchairs or stretchers, or who have other mobility issues. Transportation would be from points in Western Pennsylvania to medical appointments located in Western Pennsylvania. The primary service area would consist of Erie County, Crawford County, Warren County, Mercer County, Venango County, Butler County and Clarion County, Pennsylvania.

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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.

Abdul Sami Danish  
\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)  5/26/26  
(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

# VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

New York Help Transportation, LLC

Legal Name of Applicant

Trade Name, if any

124 Colden Court

Street Address (principal place of business)

Buffalo

City or Municipality

NY

State

14225

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.

Abdul Sami Danish  
124 Colden Court  
Buffalo, NY 14225

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

No other affiliations.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2013	Toyota	CAM Van	4-6	4T1BF1FK9DU254449	140,000
2010	Toyota	YAR Van	4-6	JTDKT4K34A5322031	125,000
2006	Toyota	COA Van	4-6	1NXBR32E76Z681604	75,000
2008	Toyota	SNA Van	4-6	5TDZK23C78S178595	142,000
2007	Toyota	PRI Van	4-6	JTDKB20UX73245964	105,000
2011	Nissan	Suburban	5	JN8AS5MT4BW15308	105,000
2018	Dodge	Ch1	5	2C3CD2GG1GH334005	135,000

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

\*\* SEE ALSO THE ATTACHED



**Verified Statement No. 3:**

Abdul Sami Danish has had several years of experience operating a retail business. During that time, he also worked as an Uber/Lift driver. He formed New York Help Transportation LLC in 2022. Since that time, New York Help Transportation has been using 20 or more vehicles for transport of non-emergency patients to medical appointments on a regular basis. New York Help has a established system of recruitment and training of drivers, providing prompt and reliable service for clients and proper maintenance of vehicles. It is also familiar with meeting all applicable regulatory requirements and insurance requirements.

**Verified Statement No. 4:**

Our physical location consists of sufficient office space to manage our business together with appropriate computer, Internet, telephone, fax, and printing support to staff and the necessary administrative employees. The physical location also has space to house transportation vehicles as needed. Operating crews will be maintained by telephone, particularly cell phone service, directed by dispatching software which provides client information and safety requirements for each service.

The client and operational data are maintained in accordance with strict privacy policies. The applicant uses both paper and electronic records which are stored in locked cabinets or on secured servers. The records are accessible only to authorized users. There will be regular backup of all records to protect the business and clientele in the event of any sort of outage or interference with the internet system. Such records will be disposed of securely when no longer needed, but would be maintained in accordance with all applicable federal and state laws and regulations.

Bookings will be able to be made by telephone or an online request form. We would be accepting referrals from medical or care facilities. The clients will be encouraged to schedule services 48 hours in advance.

**Verified Statement No. 5:**

All of our applicants for driving and patient care services will be subject to a detailed hiring process. This process will include completion of a detailed employment application, background and criminal history checks, verification of required licenses and /or certifications, driving record checks, in person or virtual interviews, and pre employment drug screening as required by law. Any employment offer will be contingent upon successful completion of all of the above requirements. Thereafter, new hires must complete an orientation process before beginning active duties. The orientation will include an introduction to company policies and procedures, a review of an employee handbook, vehicle operation and safety training, client care and communication techniques, and emergency response protocols. This orientation is intended to insure that employees fully understand their rolls in the business and the

expectations of the application in carrying them out.

As a transportation company, regulated by the Pennsylvania Public Utilities Commission, New York etc, requires background searches, and appropriate driver clearances so that all parties are fully in compliance of all local, state and federal regulations and statutes. All drivers must maintain an active drivers license, clean MVR, and any certification required for transporting passengers with mobility impairments.

To ensure that there will be a safe and appropriate work environment, the applicant prohibits the use, possession, or influence of drugs and alcohol during work hours or while operating company vehicles. Where appropriate, the employee may be subject to drug testing. Any violation of this policy may result in immediate termination of the employee and all appropriate legal consequences.

Verified Statement No. 6:

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SEATING CAPACITY</b>	<b>VEHICLE ID #</b>	<b>MILEAGE</b>
2011	BMW	WBA	4	FR1C51BC673438	165,000
2012	HONDA	CRV	5	5J6RM4H35CL031758	140,000
2018	DODGE		4	2C3CD2GG1JH334905	95,000
2011	NISSAN	SUBURBAN	4	JN8AS5MT4BW153081	110,000

Verified Statement Nos. 6 and 7:

The vehicle listed in No. 6 are either owned by the applicant or the applicant has made appropriate arrangements for them to be available for use. To ensure safety and reliability of the vehicles used to transport patients, each of the applicants vehicles will follow a structured preventative maintenance schedule. This schedule would include:

- a. Oil change every 3000 miles or per manufacturer guidelines.
- b. Fluid checks. All fluids shall be checked on a monthly basis.
- c. Break and Tire inspection. Each vehicle shall be inspected monthly or every 5000 miles whichever occurs first. The breaks should be inspected monthly unless the breaks are making unanticipated noises in which they shall be inspected immediately.
- d. Lift /Ramp maintenance. All functions shall be checked on a monthly basis and lubricated at that time.
- e. Annual safety inspection. All vehicles must maintain all inspections required by applicable state, local and federal laws.

All maintenance activities must be logged in detail and fully documented in the company's maintenance file maintained for each separate vehicle.

Before each shift, the driver is also required to complete a vehicle pretrip inspection which includes checking the following:

- a. tire pressure and condition
- b. lights, signals and horn
- c. breaks and steering
- d. lift and ramps functionality
- e. securement systems
- f. fluid and fuel levels
- g. emergency equipment availability

**Statement of Financial Position (Balance Sheet) As of (date) 12-31-2025**

**ASSETS**

<b>Current Assets</b>		
Cash	<u>\$20,000</u>	
Other Current Assets (specify)	<u>None</u>	
Total Current Assets		<u>\$20,000</u>
<b>Tangible Assets</b>		
Motor Vehicle Equipment	<u>220,000</u>	
Property (buildings, land, etc.)	<u>None</u>	<u>230,000</u>
Office Equipment	<u>\$10,000</u>	<u>250,000</u>
	<b>TOTAL ASSETS</b>	<b><u>250,000</u></b>

**LIABILITIES**

<b>Current Liabilities (Due within one year of date)</b>		
Loans	<u>None</u>	
Credit cards/revolving credit	<u>None</u>	
Other Liabilities (Attach schedule)	<u>None</u>	
Total Current Liabilities		<u>                    </u>
<b>Long Term Liabilities (Due after one year of date)</b>		
Mortgage	<u>None</u>	
Long term commercial loan	<u>None</u>	
Other Liabilities (Attach Schedule)	<u>None</u>	
Total Long-Term Liabilities		<u>None</u>
	<b>TOTAL LIABILITIES</b>	<b><u>None</u></b>