

- 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).

See attached Maintenance Policy

AFOMMI WHEELCHAIR TRANSPORTATION will have vehicles serviced monthly and track the vehicle maintenance in a transportation software (Simplitransport) or by using a vehicle maintenance form attached

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

We have contacted an insurance carrier and recieved a quote...

- 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.

Lansana Sillah

(Signature)
Lansana Sillah, Owner

(Name and Title, printed or typed)

06/14/2026

(Date)