

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)

Simmons Transport Group 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)

None

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?** YES NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number

15328667

(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).**

Richard Marcus Simmons	Sole Member
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

6802 Old York Road
Street Address

Philadelphia PA 19126	Philadelphia
City, State and Zip Code	County

215-578-1616	info@dahgrp.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.)

Same As Mailing Address

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?**

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).
-

To transport persons in wheelchair-accessible and ambulatory vehicles between points in Philadelphia County, Bucks County, Montgomery County, Delaware County, Chester County, and throughout the Commonwealth of Pennsylvania on an advance reservation basis.

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.

Type text here

Richard Marcus Simmons
(Print Name)

richard simmons
(Signature)

June16th2026
(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.

Simmons Transport Group LLC

Legal Name of Applicant			
None			
Trade Name, if any			
6802 Old York Road	Philadelphia	PA	19126
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.

Richard Marcus Simmons, Sole Member and Owner, Simmons Transport Group LLC, 6802 Old York Road , Philadelphia, Pennsylvania 19126. Phone: 215-578-1616

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

Applicant is the sole member of Simmons Transport Group LLC.
 Applicant also operates a package delivery service under the trade name DuraFetch.
 DuraFetch is a delivery and courier operation only and does not involve passenger transportation.
 No other motor carrier affiliations exist.

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.

Richard Marcus Simmons has over ten years of experience in business operations including retail management, food service operations, and commercial vehicle operations through DuraFetch, a package delivery service. Applicant has completed extensive preparation regarding Pennsylvania paratransit regulations, passenger assistance techniques, wheelchair securement procedures, vehicle safety requirements, driver qualification standards, and non-emergency medical transportation operations.

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.

Business operations will be conducted from 6802 Old York Road, Philadelphia, Pennsylvania 19126. This location serves as the principal business office and vehicle staging area. Office equipment includes a computer, printer, and mobile phone. Dispatch and trip scheduling will be managed using dedicated transportation management software. The primary vehicle will be housed at or near the principal business address. All trip records, driver logs, vehicle inspection reports, maintenance records, and billing records will be maintained electronically with secure backup and will be available for Commission inspection upon request. Records will be retained for a minimum of three years. Customer trip requests will be received by telephone and through scheduling software. Trips will be dispatched to the driver via mobile phone. Continuous two-way communication with drivers will be maintained via mobile phone throughout all active shifts.

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.

Applicant intends to initially employ one to three drivers including the owner-operator, which is appropriate for a single-vehicle startup serving Philadelphia County on an advance-reservation basis.

- a. Hiring standards require a valid Pennsylvania driver's license, clean driving record, no DUI history, and no major violations in the prior three years.
- b. All drivers will complete FBI fingerprint clearance through IdentoGO, Pennsylvania State Police ePATCH clearance, and Pennsylvania Child Abuse History Certification prior to employment.
- c. Driver training includes CPR and First Aid certification, Passenger Assistance Training, wheelchair securement certification, and HIPAA awareness training.
- d. Driver license status will be verified at hire and reviewed annually.
- e. Applicant maintains a strict zero-tolerance policy for alcohol and drug use.

All drivers will complete a pre-employment drug screen.

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>
TBD	TBD	TBD	8	TBD	TBD

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

Applicant plans to initially operate one wheelchair-accessible van serving Philadelphia County and surrounding counties on an advance-reservation basis. Applicant is currently evaluating commercially manufactured wheelchair-accessible vehicles including Ford Transit, Ram ProMaster, and Dodge Grand Caravan mobility conversions. Vehicle acquisition will occur immediately upon issuance of authority. One vehicle is appropriate for the startup phase of operations based upon projected trip volume and service territory.

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. All vehicles will undergo preventive maintenance per manufacturer schedule including oil changes, tire rotation, brake inspection, and monthly lift and securement equipment inspection.
 A maintenance log will be kept for each vehicle documenting all services and repairs with dates and mileage.

b. All vehicles will comply with 67 Pa. Code Chapter 175. Drivers will complete a daily pre-trip inspection checklist before every shift. Any deficiency will be corrected before the vehicle enters service.
 Annual Pennsylvania state safety inspections will be completed as required.

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

Applicant currently holds an active commercial auto insurance policy through Progressive Commercial Insurance covering vehicle operations.
 Applicant has contacted Progressive Commercial regarding the addition of a passenger transportation endorsement for non-emergency medical transportation wheelchair van service.
 Progressive has confirmed the ability to provide coverage meeting PUC minimum requirements for paratransit carriers operating vehicles with fifteen passengers or less.
 Applicant has the financial capacity to pay the required insurance premiums based on active business revenue from current operations. Upon PUC approval, applicant will direct Progressive to file the required Form E evidence of insurance electronically through the NIC Insurance Filing system.

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 x 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.

See attached Statement of Financial Position.

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.

richard simmons

(Signature)

Richard Marcus Simmons, Sole Member

(Name and Title, printed or typed)

June 16th 2026

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) June 18th 2026
(Must be less than 6 months old)

<u>ASSETS</u>			
Current Assets			
Cash	10560		
Other Current Assets (specify)	\$1100		
Total Current Assets			11660
Tangible Assets			
Motor Vehicle Equipment	6500		
Property (buildings, land, etc.)	0		0
Office Equipment			2000
TOTAL ASSETS			20160
<u>LIABILITIES</u>			
Current Liabilities (Due within one year of date)			
Loans	4800		
Credit cards/revolving credit	0		
Other Liabilities (Attach schedule)	0		
Total Current Liabilities			0 4800
Long Term Liabilities (Due after one year of date)			
Mortgage	0		
Long term commercial loan	0		
Other Liabilities (Attach Schedule)	0		
Total Long-Term Liabilities			0
TOTAL LIABILITIES			4800

Applicant currently operates established business ventures generating ongoing revenue, including DuraFetch delivery services and Dah's Kitchen food service operations. Revenue from these operations, together with available business capital and commercial credit resources, will support startup expenses, insurance premiums, vehicle acquisition, maintenance, and operating costs associated with paratransit operations. Applicant possesses sufficient financial resources to maintain safe, reliable transportation service and comply with all Pennsylvania Public Utility Commission requirements.