BOARD REPORT  
CITY OF LOS ANGELES  
DEPARTMENT OF TRANSPORTATION

Date:       July 9, 2020

To:         Board of Transportation Commissioners

From:       Seleta J. Reynolds, General Manager

Subject:   RECOMMEND APPROVAL OF THE APPLICATION OF NU CARE TRANSPORT INC. DBA NU CARE FOR TWO UNRESTRICTED NON-AMBULATORY PASSENGER VEHICLE PERMITS

RECOMMENDATIONS

That your Board:

a. Find that Nu Care Transport Inc. dba Nu Care, based upon evidence of patients in need of transportation; public convenience and necessity, requires the operation of two unrestricted non-ambulatory passenger vehicles.

b. Grant two unrestricted non-ambulatory passenger vehicle permits to Nu Care Transport Inc. dba Nu Care contingent upon:

   1. The applicant filing with the Department in such form as the Department requires and thereafter, keeping in full force and effect a policy of automobile liability insurance acceptable to the City Attorney and the City Risk Manager;
   2. The drivers and attendants obtaining the required permits;
   3. The applicant obtaining commercial or exempt registration for the vehicles;
   4. The vehicles passing Department inspection;
   5. The applicant complying with all Board rules and regulations and City ordinances pertaining to the operation of non-ambulatory passenger vehicles;
   6. The applicant charging only those rates for non-ambulatory passenger vehicle service as set forth in Board Order No. 602 (Ordinance No. 182,502) and successor regulations; and
   7. The vehicles must be placed into service within 120 days after the Board of Transportation Commissioners’ (Board) approval, or such authority shall become invalid. Upon written request and for good cause, the Department in its discretion, may grant an extension of time beyond the initial 120-day period after Board approval. Any
request for an extension beyond the initial deadline date must be received prior to the 120-day deadline. Furthermore, if an extension is granted, only one extension may be allowed per application.

INITIATED BY

On March 31, 2020, the Department received an application from Ho Wah Edward Lee, CEO of Nu Care Transport Inc. dba Nu Care (Nu Care), 13950 Milton Avenue, Suite 404, Westminster, California 92683, requesting two unrestricted non-ambulatory passenger vehicle permits, one to be used for wheelchair van, and the second to be used for gurney van (Attachment 1). On June 19, 2020, Mr. Lee submitted additional documents needed to complete the application.

DISCUSSION

Nu Care is not currently authorized by the Board to operate any vehicles for hire in the City of Los Angeles.

The history of Nu Care Transport Inc.’s business is as follows: On December 28, 2016, the Articles of Incorporation were filed with the California Secretary of State establishing Nu Care Beverly Hills Inc. (Attachment 2). On August 10, 2017, a Certificate of Amendment of Articles of Incorporation was filed with the California Secretary of State amending the name of the corporation to Nu Care Transport Inc. (Attachment 3). On August 8, 2018, a Statement of Information (Domestic Stock and Agricultural Cooperative Corporations) was filed with the California Secretary of State naming H. Edward Lee as Chief Executive Officer, Chief Financial Officer, and Secretary of the company (Attachment 4). On September 25, 2018, Nu Care Transport Inc. filed a Fictitious Business Name Statement with the Los Angeles County Clerk to do business as Nu Care (Attachment 5). Ho Wah Edward Lee is the sole shareholder of the company.

Public Convenience and Necessity

The application of Nu Care was evaluated against Section 2 of the Guidelines for Establishing Public Convenience and Necessity as established by the Board on August 11, 2005, for applicants with no unrestricted non-ambulatory passenger vehicle permits (Attachment 6).

a. Experience – The resume of Huy P. Ton, Director Operations of Nu Care was submitted. The applicant states that he is the Director of Operations for the company since December 2017 to present. His resume also states that he recruits and trains the employees, handles billings, and manages dispatch operations.

b. Background Check – A background check was conducted on the owner and general manager of Nu Care and no disqualifying criminal history was found as listed in Board Order No. 600.

c. Financial Capability – The applicant submitted the Department of Motor Vehicle’s registration for two non-ambulatory passenger vehicles. The applicant also submitted financial documents showing that the company demonstrates sufficient liquid assets to support the request for two non-ambulatory passenger vehicle permits.
d. **Reason for Requesting Permits** – The applicant states that by obtaining the permits, they will be able to provide a more reliable services to their patients who requires outbound and inbound transportation services between the Orange County and the City of Los Angeles.

e. **Impact on Existing Transportation Providers** – The applicant states that placing two vans into service will not have any significant negative impact on the existing transportation providers as the aging population is growing. They will create a positive impact on the existing transportation providers as their drivers and attendants are trained caregivers and registered home Care Aides; therefore, their level of care will influence other transportation providers to improve their level of services.

f. **Description of Public Benefit** – The applicant states that they will offer unique quality of services to all patients as their drivers and attendants are registered caregivers as well. They also provide continuous trainings for all their staff members. In addition, they use state-of-the-art in-car video surveillance and GPS route management infrastructure to provide reliable transportation to doctors’ offices, dialysis centers, and medical facilities for the disabled patients.

g. **Business Plan** – The applicant submitted a business plan that includes the company's days and hours of operation, dispatching procedures, employee training plans, affirmative action policy, method of monitoring the quality of service, and emergency procedures. The standard office hours are Monday through Friday, from 7 a.m. to 6 p.m., and Saturday through Sunday with advance notice. The hours of operations are 24 hours a day, seven days a week with prior reservations.

There is no documented evidence of illegal operation by Nu Care Transport Inc. in the City of Los Angeles in the past 12 months.
Board of Transportation Commissioners  
Department of Transportation  
100 S. Main St., 1st Floor MS 725  
Los Angeles, CA 90012

Dear Department of Transportation Commissioners,

Nu Care Transport Inc. dba Nu Care would like to apply for two unrestricted non-ambulatory passenger vehicle permits to operate in the City of Los Angeles. Below, please find information required for our application:

Name of the company: Nu Care Transport Inc  
Doing Business As: Nu Care  
Owner: Ho Wah Edward Lee  
Type of legal organization: C Corporation  
Business address: 13950 Milton Ave, Ste 404, Westminster, CA 92683  
Telephone: (714) 495-2844 (Main)  
(800) 505-6890 (Toll-free)  
(714) 495-2844 (FAX)  
Company email: nemt@nu.care  
Contact person: Ho Wah Edward Lee (CEO), email: edward@nu.care  
Huy P. Ton (Operation Director), email: wayne@nu.care  
Vehicle permits requested: Two Unrestricted Non-Ambulatory Passenger Vehicle permits, one for a wheelchair accessible van, and the second one for a gurney van. Currently we have 8 vehicles but the application for LADOT is mainly to provide transportation services to the Long Beach area and initially only 2 vehicles will be needed to handle the trips.

I have also enclosed the following documents:

A. Cover Letter: This letter  
B. Application Form and DMV Registration for each vehicle  
C. Application Fee  
D. Financial Statement:  
   1. Balance Sheet;  
   2. Bank Statement; and  
E. Business Name  
   1. Articles of Incorporation;
2. Statement of Information; and
3. Fictitious Business Name Statement.

F. Business Tax Registration Certificate (BTRC)

G. Resume
   1. Organization Chart; and
   2. Resumes.

H. Business Plan and Proposed Operation:
   1. Business Plan;
   2. Proposed Operation;
   3. Personnel Policies; and

I. Evidence of Public Convenience and Necessity

Please feel free to call me at my cell (908) 838-5188 or email me at edward@nu.care if you require any further information.

Best regards,

Ho Wan Edward Lee
CEO
Nu Care Transport Inc
ARTICLES OF INCORPORATION

OF

Nu Care Beverly Hills Inc.

I. Name

The name of the Corporation is:

Nu Care Beverly Hills Inc.

II. Purpose

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California, other than the banking business, the trust company business, or the practice of a profession permitted to be incorporated by the California Corporations Code.

III. Directors

The number of directors of the Corporation is one. The name and street address of the person appointed as initial director is:

H Edward Lee
13950 Milton Ave. Suite 404
Westminster, CA 92683

The liability of the director of the corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

IV. Agent for Service of Process

The name and street address, in the State of California, of this Corporation's initial agent for service of process is:

H Edward Lee
13950 Milton Ave. Suite 404
Westminster, CA 92683

V. Authorized Shares

The Corporation is authorized to issue only one class of shares of stock; and the total number of shares which this corporation is authorized to issue is 1,000,000.
VI. Address

The corporation's street and mailing address is:

13950 Milton Ave, Suite 404
Westminster, CA 92683


H Edward Lee, Initial Director

The undersigned, being all of the persons named above as the initial director, declare that they are the person who executed the foregoing Articles of Incorporation, which execution is their act and deed.

H Edward Lee, Initial Director
<table>
<thead>
<tr>
<th>IMPORTANT — Read instructions before completing this form.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filing Fee — $30.00</td>
</tr>
<tr>
<td>Copy Fees – First Page $1.00 &amp; $.50 for each attachment page;</td>
</tr>
<tr>
<td>Certification Fee – $5.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Corporation Name (Enter the exact name of the corporation as it currently is recorded with the California Secretary of State.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nu Care Beverly Hills Inc.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. 7-Digit Secretary of State File Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3975961</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3a. Article _______ of the Articles of Incorporation is amended to read as shown in Item 3b below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3b. The name of the corporation is Nu Care Transport Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Approval Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a. The Board of Directors has approved the amendment of the Articles of Incorporation.</td>
</tr>
<tr>
<td>4b. Shareholder approval was (check one):</td>
</tr>
<tr>
<td>☐ By the required vote of shareholders in accordance with California Corporations Code section 502. The total number of outstanding shares of the corporation is _________. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%.</td>
</tr>
<tr>
<td>☑ Not required because the corporation has no outstanding shares.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Read, sign and date below (See instructions for signature requirements. Note: Both lines must be signed.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge and we are authorized by California law to sign.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7/25/17</th>
<th>7/25/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Signature</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Edward Lee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type or Print Name of President</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Edward Lee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type or Print Name of Secretary</td>
</tr>
</tbody>
</table>
I hereby certify that the foregoing transcript of __________ signatures is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

AUG 18 2017

Date: __________________________

ALEX PADILLA, Secretary of State
**State of California**  
**Secretary of State**  

**Statement of Information**  
(Domestic Stock and Agricultural Cooperative Corporations)  
FEES (Filing and Disclosure): $25.00.  
If this is an amendment, see instructions.  

**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. **CORPORATE NAME**  
   NU CARE TRANSPORT INC.

2. **CALIFORNIA CORPORATE NUMBER**  
   C3975961

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**No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.  
   - ☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to item 17.

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

<table>
<thead>
<tr>
<th>4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>13950 MILTON AVENUE, SUITE 404, WESTMINSTER, CA 92683</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>13950 MILTON AVENUE, SUITE 404, WESTMINSTER, CA 92683</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

<table>
<thead>
<tr>
<th>7. CHIEF EXECUTIVE OFFICER/ ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. EDWARD LEE 13950 MILTON AVENUE, SUITE 404, WESTMINSTER, CA 92683</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>8. SECRETARY ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. EDWARD LEE 13950 MILTON AVENUE, SUITE 404, WESTMINSTER, CA 92683</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>9. CHIEF FINANCIAL OFFICER/ ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. EDWARD LEE 13950 MILTON AVENUE, SUITE 404, WESTMINSTER, CA 92683</td>
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</tr>
</tbody>
</table>

**Names and Complete Addresses of All Directors, Including Directors Who Are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

<table>
<thead>
<tr>
<th>10. NAME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. EDWARD LEE 13950 MILTON AVENUE, SUITE 404, WESTMINSTER, CA 92683</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. NAME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. EDWARD LEE 13950 MILTON AVENUE, SUITE 404, WESTMINSTER, CA 92683</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. NAME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. EDWARD LEE 13950 MILTON AVENUE, SUITE 404, WESTMINSTER, CA 92683</td>
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</table>

**NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:**

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1506 and item 15 must be left blank.

<table>
<thead>
<tr>
<th>14. NAME OF AGENT FOR SERVICE OF PROCESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. EDWARD LEE 13950 MILTON AVENUE, SUITE 404, WESTMINSTER, CA 92683</td>
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<td></td>
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</tbody>
</table>

**Type of Business**  
16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION  
TRANSPORTATION SERVICE

**By Submitting This Statement of Information to the California Secretary of State, the Corporation Certifies the Information Contained Herein, Including Any Attachments, Is True and Correct.**

<table>
<thead>
<tr>
<th>17. DATE</th>
<th>TYPEPRINT NAME OF PERSON COMPLETING FORM</th>
<th>TITLE</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/08/2018</td>
<td>H. EDWARD LEE</td>
<td>CEO</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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**APPROVED BY SECRETARY OF STATE**

**ATTACHMENT**
**FICTITIOUS BUSINESS NAME STATEMENT**

**TYPE OF FILING AND FILING FEE** (Check one)

- Original - $125.00 (for original filing with one business name on statement)
- Amended Filing - $25.00 (changes in facts from original filing - requires publication)
- Refile - $25.00 (no changes in the facts from original filing)

**FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION - $5.00 FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER**

The following person(s) is (are) doing business as:

1. NU CARE
   13950 MILTON AVE, SUITE 404
   Westminster
   CA 92683

2. NU CARE TRANSPORT INC
   13950 MILTON AVE, SUITE 404
   WESTMINSTER
   CA 92683

3. [Full Name/Corporation LLC (P.O. Box not accepted)]
   Residence Address
   City, State/Country, Zip
   If Corporation or LLC - Print State of Incorporation/Organization

4. [Full Name/Corporation LLC (P.O. Box not accepted)]
   Residence Address
   City, State/Country, Zip
   If Corporation or LLC - Print State of Incorporation/Organization

**REGISTERED OWNER(S):**

1. Full Name/Corporation LLC (P.O. Box not accepted)
   Residence Address
   City, State/Country, Zip
   If Corporation or LLC - Print State of Incorporation/Organization

2. Full Name/Corporation LLC (P.O. Box not accepted)
   Residence Address
   City, State/Country, Zip
   If Corporation or LLC - Print State of Incorporation/Organization

**THIS BUSINESS IS CONDUCTED BY:** (Check one)

- [ ] An Individual
- [ ] A General Partnership
- [ ] A Limited Partnership
- [ ] A Limited Liability Company
- [ ] An Unincorporated Association other than a Partnership
- [ ] A Corporation
- [ ] A Trust
- [ ] Co-owners
- [ ] A Married Couple
- [ ] A Joint Venture
- [ ] State or Local Registered Domestic Partnership
- [ ] A Limited Liability Partnership

**N/A**

(I insert N/A above if you haven’t started to transact business)

I declare that all information in this statement is true and correct.

(If you are a registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars ($1,000).)

**REGISTRANT(S)/CORPORATION NAME (PRINT):**

NU CARE TRANSPORT INC

**REGISTRANT SIGNATURE:**

[Signature]

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

**NOTICE:** In accordance with Subdivision (a) of Section 17920, a fictitious business name statement generally expires at the end of five years from the date on which it was filed in the office of the County Clerk, except, as provided in Subdivision (b) of Section 17920, where it expires 40 days after any change in the facts set forth in the statement pursuant to Section 17913 other than a change in the residence address of a registered owner. A new fictitious business name statement must be filed before the expiration effective January 1, 2014. The fictitious business name statement must be accompanied by the affidavit of identity form.

The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (see Section 14411 et seq., Business and Professions Code).

I hereby certify that this copy is a correct copy of the original statement on file in my office.

DEAN G. LOGAN
P. O. BOX 1206
NORWALK, CA 90651-1206
(562) 462-0615
Web Address: www.losangelesclerk.org

**ATTACHMENT 5**
This is a true and certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder/County Clerk.

SEP 25 2018

Denzel C. Logan, Registrar-Recorder/County Clerk
Los Angeles County, California
GUIDELINES FOR ESTABLISHING PUBLIC CONVENIENCE AND NECESSITY FOR NON-AMBULATORY PASSENGER VEHICLE PERMITS APPROVED BY THE BOARD AUGUST 11, 2005.

The applicant for Non-Ambulatory Passenger Vehicle Permits shall have the burden of proof to establish by clear and convincing evidence that public convenience and necessity requires the operation of additional non-ambulatory passenger vehicles. In addition to the information required by Section 71.13 of the Los Angeles Municipal Code, such evidence should include, but not be limited to the following:

1. Applicants Who Presently Hold Unrestricted Non-Ambulatory Passenger Vehicle Permits

   a. Background Check - The applicant must submit to a Department of Justice Criminal Background Check for all majority owners, management officials and supervistors at the time of application. Any majority owners, management officials and supervisors with criminal history listed in Board Order No. 600 shall be disqualified.

   For all permitted companies, should any change in owners, management officials, or supervisors occur, they must be fingerprinted by the Department within 30 days of the change or the Department shall revoke the company's permits. If a company does not replace a majority owner, management official or supervisor when the Department of Justice reports any criminal history in violation of the above Board Orders, the Department shall revoke the company's permits.

   Revised BOTC October 6, 2005

   b. Financial Capability- The applicant must provide proof of financial ability to acquire, equip and place the requested vehicles into service within 120 days:

      The applicant must submit proof of ownership of the vehicle(s) (DMV registration) to be permitted, or submit evidence of an additional $5,000 in liquid assets (bank statement) for each vehicle, with a tentative lease agreement, purchase agreement or vehicle conversion order which shows the delivery date for each vehicle.

   c. A statement explaining the reason for requesting additional permits.

   d. A description of how the public will benefit from the additional vehicles.

   e. A description of the impact of the proposed service on existing transportation providers.
2. Applicants with No Unrestricted Non-Ambulatory Passenger Vehicle Permits (NOTE: NO MORE THAN THREE PERMITS WILL BE GRANTED TO EACH APPLICANT)

a. Experience - The applicant must be able to submit proof that they or their full-time managerial staff have:

(1) At least one (1) year operating a non-ambulatory passenger transportation service in California, OR

(2) At least two (2) years experience in managing transportation fleet operations, OR

(3) At least two (2) years experience in medical transportation administration in California or in a region with equivalent standards.

b. Background Check - The applicant must submit to a Department of Justice Criminal Background Check for all majority owners, management officials and supervisors at the time of application. Any majority owners, management officials and supervisors with criminal history listed in Board Order No. 600 shall be disqualified.

For all permitted companies, should any change in owners, management officials, or supervisors occur, they must be fingerprinted by the Department within 30 days of the change or the Department shall revoke the company's permits. If a company does not replace a majority owner, management official or supervisor when the Department of Justice reports any criminal history in violation of the above Board Orders, the Department shall revoke the company's permits.

Revised BOTC October 6, 2005

c. Financial Capability - The applicant must provide proof of financial ability to acquire, equip and place the requested vehicles into service within 120 days:

The applicant must have a current balance sheet (bank statement) showing evidence of at least $20,000 in liquid assets; and,

The applicant must submit proof of ownership of the vehicle(s) (DMV registration) to be permitted, or submit evidence of an additional $5,000 in liquid assets (bank statement) for each vehicle, with a tentative lease agreement, purchase agreement or vehicle conversion order which shows the delivery date for each vehicle.
<table>
<thead>
<tr>
<th>Number of Permits</th>
<th>Base Liquid Assets Required</th>
<th>Additional Liquid Assets Required for Non-Owned Vehicle</th>
<th>Total Liquid Assets Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$20,000</td>
<td>$5,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>2</td>
<td>$20,000</td>
<td>$10,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>3</td>
<td>$20,000</td>
<td>$15,000</td>
<td>$35,000</td>
</tr>
</tbody>
</table>

Revised BOTC November 18, 2004

d. A statement explaining the reason for requesting permits.

e. A description of the impact of the proposed service on existing transportation providers.

f. A description of how the public will benefit from the proposed service.

g. A business plan identifying potential customers, customer volumes, expenses, projected revenues, sources of revenue (include Medi-Cal provider number), staffing of operations, and driver training and operational standards (personnel policies).

3. **Applicants For Restricted Non-Ambulatory Passenger Vehicle Permits to Serve Private Contracts**

a. Description of the length and type of experience the applicant or their managerial staff have in:

   i. Operating a non-ambulatory passenger transportation service.
   
   ii. Managing transportation fleet operations.
   
   iii. Medical transportation administration.

b. A copy of the contract(s) for the facility(ies) the applicant is to serve.

c. **Background Check** - The applicant must submit to a Department of Justice Criminal Background Check for all majority owners, management officials and supervisors at the time of application. Any majority owners, management officials and supervisors with criminal history listed in Board Order No. 600 shall be disqualified.

For all permitted companies, should any change in owners, management officials, or supervisors occur, they must be fingerprinted by the Department within 30 days of the change or the Department shall revoke the company's permits. If a company does not replace a majority owner, management official or supervisor when the Department of Justice reports any criminal history in violation of the above Board Orders, the Department shall revoke the company's permits.

Revised BOTC October 8, 2005
d. Financial Capability - The applicant must provide proof of financial ability to acquire, equip and place the requested vehicles into service within 120 days:

The applicant must have a current balance sheet (bank statement) showing evidence of at least $20,000 in liquid assets; and,

The applicant must submit proof of ownership of the vehicle(s) (DMV registration) to be permitted, or submit evidence of an additional $5,000 in liquid assets (bank statement) for each vehicle, with a tentative lease agreement, purchase agreement or vehicle conversion order which shows the delivery date for each vehicle.

Revised BOTC November 18, 2004

e. Description of how the public will benefit from the proposed service.

f. A description of the impact of the proposed service on existing transportation providers.

However, vehicles authorized for such service shall be granted only restricted permits, can serve only the clients of the agency under the terms of the contract, and shall be permitted only for the duration of the contract.

4. **EXCEPTION - Restricted Non-Ambulatory Passenger Vehicle Permits to Serve Government Contracts**

Applicants that submit a signed contract with a public agency or an agency authorized to make such contracts for the expenditure of public funds for non-ambulatory passenger transportation need not submit the above data. However, vehicles authorized for such service shall be granted only restricted permits, can serve only the clients of the agency under the terms of the contract, and shall be permitted only for the duration of the contract. No charges shall be paid to the grantee for this service other than that paid by the public agency.