

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

THIS APPLICATION IS TO BE USED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

610 Hauling LLC - Michael DA

2. **Trade Name** (if using a fictitious name registered with the Dept. of State)

College Hunks Hauling Junk

Fictitious name and Registration number (if applicable)

334903

3. **Physical Address** (do not use PO Box)

701 S Franklin St
Street Address

West Chester, PA 19382
City, State and Zip Code

717-903-6433 Chester
Telephone Number County

4. **Mailing Address** (if different from Physical Address)

Same
Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

N/A
Attorney's Name & Telephone Number for this Filing

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Attorney's Address _____

6. Does applicant currently hold or has ever held PA PUC authority?

No _____ Yes, at PUC No. A- _____

7. Does applicant hold interstate federal operating authority?

No _____ Yes, at No. _____

8. Are you one of the following? If yes, check below.

Individual

Partnership

9. Are you a business entity registered with the PA Department of State?

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership

Corporation Bureau Entity ID Number

Limited Liability Partnership

Corporation Bureau Entity ID Number

Limited Liability Company

45-3300383

Corporation Bureau Entity ID Number

Corporation – For Profit

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit)

- File for Articles of Incorporation

Foreign Corporations

- File for a Certificate of Authority

PA Limited Partnerships,
Limited Liability Partnerships
Limited Liability Companies

File for an Application of Registration

Fictitious Name Registration

- File **only** if Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

- Individual: Certified Check, money order, or check from attorney
 Copy of Current Safety Rating (if available)
- Partnership: Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Company: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Members and Title of each Member (even if only one member)
 Copy of Current Safety Rating (if available) *1/1*
- Corporation – For Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares
 Copy of Current Safety Rating (if available)
- Corporation – Non-Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers, Titles and those on Board of Directors
 Copy of Current Safety Rating (if available)

11. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

Operate mainly in Chester, Delaware, Montgomery,
and Philadelphia Counties

12. 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.

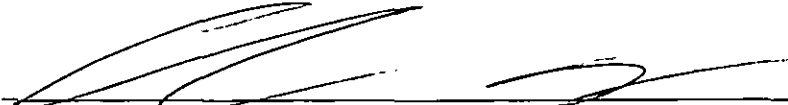
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Passengers; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

We hereby state that the statements made in this application 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.

Michael AD
(Print Name)


(Signature)

11/1/12
(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 any officer (if a corporation).

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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.

<hr/>			
PUC Application Docket No.			
<u>Michael Allen Ort</u>			
Legal Name of Applicant			
<hr/>			
<u>G10 Hauling LLC</u>			
Trade Name, if any			
<hr/>			
<u>701 S Franklin St</u>	<u>West Chester</u>	<u>PA</u>	<u>19382</u>
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

Michael Ort, Owner

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

N/A

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

Graduate of Penn State with a Bachelor's degree in business.
Over five years of experience in managing a staff of 40+ employees. Recently a owner of a full service junk removal company

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their 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. Finally, please state your intended business hours.

Small office and warehouse space in West Chester, PA. Has wireless internet, computers, printer/copy/scanner and paper shredder. On site parking for both employees and company vehicles. The company vehicles are kept behind a fence in lot. Customer requests come through a central call center in Tampa, FL and jobs get entered into an online scheduling system.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. (Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).

2-4 employees will be used. This amount could change based on work flow. This number would give us enough to ensure we have backup in case an employee calls out.

6. 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 geographical territory you will be serving. In addition, please explain:

- Your hiring standards for drivers;
- Your driver training program;
- Your system for ensuring that your drivers are properly licensed at all times;
- Your policies regarding alcohol and drug use by your drivers;
- Your plan to obtain and review criminal history records for all employees.

Plan to use 1-2 drivers in addition to myself. Prior driving experience is a plus. Training is done using classroom and on job training. We run background checks using ADP. Zero tolerance policy regarding alcohol / Drug use. A file is kept for each employee and is reviewed regularly.

7. 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 geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. *To start just one truck will be used until more business comes in*

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
<i>N/A</i>				

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
 - Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

The driver does a morning and end of the day checklist to ensure vehicle and tools are in compliance. This is reviewed by the manager. In addition a monthly inspection is done by the manager. A file is kept on each truck with maintenance history.

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business. *I've spoken to my insurance provider and have been given a quote on what to expect to pay*

10. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
 - Your intended customer complaint resolution procedure.

Customer service is our top priority. All customers receive a post job review sheet they can submit. This is reviewed by myself and the franchisee. If a complaint comes in it's followed up on by the owner. We can inform the customers about filing a complaint to PUC either verbally or via email.

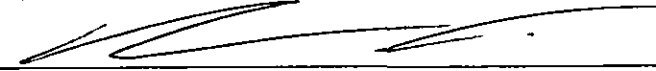
11. Criminal Record. Have you, any members (if LLC, LP or LLP), shareholders, or officers (corporations) been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES
 NO

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if the proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains 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)

Michael J. Duse

(Name and Title, printed or typed)

11/1/12

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 9/30/11

ASSETS

Current Assets			
Cash		<u>42122</u>	
Accounts Receivable		_____	
Notes Receivable		_____	
Other Current Assets (specify)		_____	
Total Current Assets			<u>42122</u>
Tangible Assets			
Motor Vehicle Equipment		<u>33318</u>	
Less: Accumulated Depreciation		<u>4998</u>	= <u>28320</u>
-		_____	
Building and Structures		_____	
Less: Accumulated Depreciation		_____	= _____
Office Equipment		<u>1968</u>	
Less: Accumulated Depreciation		<u>295</u>	= <u>1673</u>
Land		_____	
Investments and Funds (specify) <i>Franchise fee</i>		_____	<u>36004</u>
Intangible Assets		_____	
Other Assets (advances and idle equipment - specify)		_____	
	TOTAL ASSETS		<u>108119</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable		_____	
Notes Payable		_____	
Equipment Obligations		_____	
Other Liabilities (Attach schedule)		_____	
Total Current Liabilities			_____
Long Term Liabilities (Due after one year of date)			
Accounts Payable		_____	
Notes Payable		<u>27667</u>	
Equipment Obligations		<u>29040</u>	
Other Liabilities (Attach Schedule)		_____	
Total Long Term Liabilities			<u>56707</u>
	TOTAL LIABILITIES		<u>56707</u>
			<u>51410</u>

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock		_____	
Additional Paid-in Capital		_____	
Retained Earnings		_____	
Less: Treasury Stock		_____	= _____
Total Owner's Equity			_____

TOTAL LIABILITIES & OWNER'S EQUITY

108119

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	96000
Net Revenue from non-carrier operations	0
Dividend and interest revenues	0
Other non-operating revenue	0
Gains	0
Total Revenue and Gains	96000

EXPENSES


Equipment Maintenance and Garage Expense	1200
Insurance Expense	4800
Employee Salaries	18,000
Supervisory Salaries	—
Officer Salaries	—
Fuel Expense	4800
Purchased Transportation (Lease Expense)	5500
Materials and Supplies Expense	1200
General Office Expense	500
Advertising Expense	6000
Telephone Expense	200
Accounting Expense	250
Legal Expense	200
Uncollectible Revenue	—
Depreciation Expense	3600
Amortization	500
Operating Taxes and Licenses	1200
Rent Expense	—
Loss	—
Total Operating Expenses and Losses	47950

Net Income Before Taxes

Provision for Income Taxes

Net Income (Loss)

	48050
Provision for Income Taxes	3600
Net Income (Loss)	44450

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 09-17-2011

Employer Identification Number:
45-3300383

Form: SS-4

Number of this notice: CP 575 A

610 HAULING LLC
COLLEGE HUNKS HAULING JUNK
& MICHAEL ORT SOLE MBR
335 HIDDEN FARM DR
EXTON, PA 19341

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-3300383. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

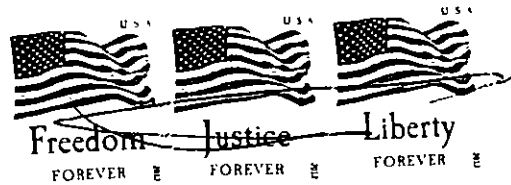
Form 941	04/30/2012
Form 940	01/31/2013

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

701 S Franklin St
West Chester, PA 19382



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