

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.

A-2013-2360794

PUC Application Docket No.

Nuvo Movers, Inc

Legal Name of Applicant

same

Trade Name, if any

2 Ingham Way

Street Address (principal place of business)

New Hope

City or Municipality

PA

State

18938

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.

Bryan Tompkins (Pres.) (Nuvo Movers, Inc)
P.O. Box 886
Doylestown, PA 18901
(215) 340-9400

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

None

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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.

I have worked in the moving industry for approx. 15 years. My duties in that time included but not limited to: Laborer, Driver, Packer, Dispatcher, Manager, Estimator, Marketing.

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.

See attached

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).

See attached

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 system to ensure prospective drivers will be subject to a criminal background check;
 - Your driver training program;
 - Your system for ensuring that your drivers are properly licensed at all times;
 - Your system to ensure that all drivers will be subject to a criminal background check every two years;
 - Your policies regarding alcohol and drug use by your drivers.

See attached

Item #4 Our facilities will include an office located at the street address listed on this statement. To include, but not limited to, a computer with internet access, Fax machine, phone w/voice mail, locking file cabinet(s) for record keeping.

No plans for storage facility at this time.

All business records to be maintained and secured in accordance with professional business practice. This will include all records required by the PUC.

Most customer communication will be conducted via phone & email. Upon being contracted for transportation services, a bill of lading will be provided to the driver/crew with all pertinent information, than to be performed in a timely, professional manner.

Communication will always be open between drivers & dispatch &/or management via phone and other methods.

Intended business hours will be 9am - 5pm, Monday → Friday.

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Item #5. We intend to use between 2-4 employees in the near future. Focusing mainly on local intrastate moves, and taking into account equipment currently owned, this number of employees will work well to provide excellent service. Their duties will include packing and labor to move freight or household goods.

I.

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Item #6 We intend to use 1-2 drivers, again based on providing mostly local moves and using 1-2 moving vans, this number of drivers will be appropriate for us.

a. Drivers will be required to have experience and or training to operate moving vans that we operate. A current medical card. A valid license for the vehicle to be operated. Complete a employment application, including a release to perform criminal and license background checks

b. All new driver applicants will agree to and sign a release for Nuro Movers to perform a criminal background check. These criminal background check will be performed by a reliable, reputable source such as goodhite.com. or sentrylink.com. and/or other sources.

c. Drivers Training Program will consist of proper inspection and use of vehicle(s) to be operated including but not limited to them being familiar with the FMCSA's guidelines for safe operation and maintenance of a motor carrier.

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Item 6(cont.)

d. all drivers license records will be checked upon hire and on a regular basis thereafter. Our current vehicle insurance company will do this for us as they require it for coverage as well

e. On or about the 2 year anniversary of all drivers hire date, a new criminal background will be performed as described above in section "b."

f. Our policy regarding alcohol and drug use by drivers is that it is strictly prohibited during and or immediately before work hours. Drivers suspected of such use may be subject to random testing, disciplinary action or termination.

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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. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

See attached

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2000	Int.	26' Straight	3	1HTSCABM14H293042
2006	Isuzu	16' Straight	3	JALC4816667000731
2004	Ford	Pickup	5	1FTPW14514FA29597

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 maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
 - Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines);
 - Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
 - 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).

See attached

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.

See attached

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.

See attached

Item 7. We intend to use 2 moving vans with a 4 door pickup truck for support uses. (i.e. estimates, errands, picking up supplies etc.) This number of vehicles in conjunction with the intended 2-4 employees will service our customers well as serving mostly local moves is our intention.

Item 8 All our vehicles will be operated and maintained to perform properly and safely. Maintenance and repairs to be outsourced to only registered truck service providers qualified & equipped to perform required service & repairs to the vehicles we operate.

a) All vehicles will be maintained in accordance with the manufacturer's guidelines for that particular vehicle and as otherwise needed.

b. & F.) Nuvo Movers intends to comply with all vehicle safety codes adopted by the PUC pertaining to the vehicles we operate. This includes, but not limited to all FMCSA's guidelines for motor carrier maintenance and safe operation.

Item 9, Nuvo Movers has already obtained, and provided PUC proof electronically, ~~vehicle~~ business insurance. Including general liability, cargo, and vehicle coverage to all owned vehicles. Insurance premiums have been and will be in the future budgeted throughout the year to allow for easier payments and as to not be a large financial burden all at once.

-tem 0. Nuvo Movers intends to uphold the highest possible standards of customer service. This is how I have conducted myself throughout my 15 years in the industry and am committed to provide honest, reasonably priced, quality moving services to our community.

a.) We will make known to our customers that our authority is granted by the PUC and that ~~the~~ complaints may be directed to same. Customers will be provided with "Info for Shippers" forms as well

b.) Our intention is to make every reasonable attempt possible to resolve all complaints in a fair and timely manner.

Statement of Financial Position (Balance Sheet)

As of (date) 10/31/13

ASSETS

Current Assets

Cash	<u>12,000</u>	
Accounts Receivable	_____	
Notes Receivable	_____	
Other Current Assets (specify)	_____	
Total Current Assets		<u>12,000</u>

Tangible Assets

Motor Vehicle Equipment	<u>44,000</u>	
Less: Accumulated Depreciation	_____	= <u>44,000</u>
-	_____	
Building and Structures	_____	
Less: Accumulated Depreciation	_____	= _____
-	_____	
Office Equipment	_____	
Less: Accumulated Depreciation	_____	= _____
-	_____	
Land	_____	

Investments and Funds (specify) _____

Intangible Assets _____

Other Assets (advances and idle equipment - specify) <i>(Tools & Equipmt.)</i>	<u>8,000</u>	
TOTAL ASSETS		<u>64,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)

Accounts Payable <i>Rent, Ins. phone</i>	<u>15,600</u>	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		<u>15,600</u>

Long Term Liabilities (Due after one year of date)

Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	<u>N/A.</u>	
Other Liabilities (Attach Schedule)	_____	
Total Long Term Liabilities		<u>-</u>

TOTAL LIABILITIES

NET WORTH (Partnerships and individuals, only) _____

OWNER'S EQUITY (Corporations only)

Capital Stock		<u>15,000</u>
Additional Paid-in Capital		<u>34,000</u>
Retained Earnings	<u>N/A</u>	
Less: Treasury Stock	<u>N/A</u>	= _____
Total Owner's Equity		<u>49,000</u>

TOTAL LIABILITIES & OWNER'S EQUITY

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STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	156,000
Net Revenue from non-carrier operations	-
Dividend and interest revenues	-
Other non-operating revenue	-
Gains	-
Total Revenue and Gains	156,000

EXPENSES

Equipment Maintenance and Garage Expense	2,500
Insurance Expense	9,800
Employee Salaries	37,440
Supervisory Salaries	-
Officer Salaries	40,000
Fuel Expense	7,800
Purchased Transportation (Lease Expense)	10,000
Materials and Supplies Expense	7,000
General Office Expense	2,000
Advertising Expense	2,400
Telephone Expense	1,200
Accounting Expense	1,200
Legal Expense	1,200
Uncollectible Revenue	1,000
Depreciation Expense	1,200
Amortization	1,200
Operating Taxes and Licenses	6,000
Rent Expense	6,000
Loss	1,200
Total Operating Expenses and Losses	135,140
<u>Net Income Before Taxes</u>	<u>20,860</u>
Provision for Income Taxes	7,300
<u>Net Income (Loss)</u>	<u>13,560</u>

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Date Accepted <i>11/05/13</i>	Scheduled Date of Delivery Month Day	Return Receipt Fee \$
Mo. Day Year	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee
Time Accepted <i>11:15</i>	Military	Insurance Fee \$
<input type="checkbox"/> AM <input type="checkbox"/> PM		Total Postage & Fees \$ <i>19.95</i>
Flat Rate <input type="checkbox"/> or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials <i>[Initials]</i>
lbs. <i>5</i> ozs.	Int'l Alpha Country Code	

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*Wuvco Movers, Inc.
PO Box 886
Doylestown, PA 18901*

TO: (PLEASE PRINT) PHONE (*717, 542-4166*)

*Commonwealth of PA
A Public Utility Commission
PO Box 3265
Harrisburg PA*

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