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November 26, 2014

**VIA ELECTRONIC FILING**

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
Harrisburg, PA 17120

Re: Application of BR Moving LLC  
Docket Number: A-2014-2441477

Dear Secretary Chiavetta:

Enclosed for filing are the Verified Statement of BR Moving, the Verified Statements in Support of the Application and Certificate of Service reflecting service of the same upon Protestants.

Thank you for your cooperation.

Very truly yours,

Christine Soares

Enclosures

cc: William H.R. Casey, Esquire (w/encl., *via* email)  
Sam Field (w/encl., *via* first class mail)

A Pennsylvania Limited Liability Partnership

California Colorado Connecticut Delaware District of Columbia  
Florida Nevada New Jersey New York Pennsylvania

**BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY**

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-2014-2441477

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**PUC Application Docket No.**

BR Moving LLC

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**Legal Name of Applicant**

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**Trade Name, if any**

421 West School House Lane, Unit 25	Philadelphia	PA	17551
<b>Street Address (principal place of business)</b>	<b>City or Municipality</b>	<b>State</b>	<b>Zip Code</b>

This document is 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.

You are encouraged to provide as much information as possible 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 providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.**

Samuel B. Field, Owner of BR Moving LLC

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

No affiliation with any other carrier.

3. **Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.**

I began working in the moving industry during the spring of 1999 for Mambo Movers in Philadelphia County. I was employed with them until 2005. During this time, I learned how to perform moving jobs from start to finish. Some examples of the skills learned during this time are as follows: drive a moving truck up to 26' long, pack a moving truck, deal with customers, handle billing, and manage other workers.

After working for Mambo, I worked with Russ Kempf General Contracting in Montgomery County from 2005 until 2008. There I gained additional experience transporting goods, albeit for a different purpose than moving. I also worked directly with the company's customers in managing and making repairs on their homes. This experience will be valuable in providing a high level of customer service to clients in connection with the operation of BR Moving.

During 2008, I began to work with Old City Movers in the transportation of households goods in Philadelphia County. This experience allowed me to further refine my skills in the transportation industry.

After working for Old City, I worked as an office coordinator for Caslon, Inc. As the office coordinator, I was responsible for managing the company's books and records, including payroll and working with customers regarding sales, product orders and returns. At Caslon, I became knowledgeable in the use of QuickBooks, learned how to communicate with customers via email and phone, and processed customer orders.. I also worked closely with transportation companies such as ABF and DHL in shipping goods to customers.

I graduated from Temple University with a B.A. degree in Sociology.

4. **Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.**

I will use a home office to conduct business located at 421 West School House Lane, Unit 25, Philadelphia, PA 17551. My office machines will consist of a computer, printer, fax machine and cell phone. My vehicle will be stored at a private lot located in at 959 N. 8<sup>th</sup> street, Philadelphia, PA 19123 . I will pay a monthly rental fee of \$103.50 to keep my vehicle there.

5. **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 continuous communication with drivers.**

I plan to use a cell phone to receive customer requests. Once a job is booked, I will enter it into our schedule, which will be maintained on my office computer in Google Calenders. I plan to book all my workers in advance, so they will be ready to work should a job arise on any particular day. The truck will be dispatched every morning, to handle that day's job(s). All of my drivers will be equipped with a hands free headset, which will connect to their cell phone. In this way, I can be in constant contact with them while they are on the road, should a need arise.

6. **Please explain:**

a. **Your hiring standards for drivers:**

I only hire drivers who can prove to me the following:

That they are at least 18 years of age.

That they have a valid driver's license..

That they are not disqualified to driver a commercial motor vehicle.

That they are physically qualified to drive a commercial motor vehicle.

b. **Your system to ensure prospective drivers will be subject to a criminal background check;**

I plan to subscribe to an online service that will allow me to receive criminal background checks on all of my prospective employees every six months.

c. **Your driver training program:**

I plan to start all new drivers on the smallest truck available (16'). This will give them time to learn the basics of driving a moving truck, before being confronted with challenging situations. I will make sure that an experienced driver is with them at all times, in order to coach them in the beginning. Also, the experienced driver will be able to take over driving if needed.

**d. Your system for ensuring that your drivers are properly licensed at all times:**

There will be a semi-annual review of all drivers. At this review, all drivers' licenses will be checked for validity. Any upcoming expiration dates will be noted to be checked for renewal.

**e. Your system to ensure that all drivers will be subject to a criminal background check every two years:**

All drivers' criminal background will be checked semiannually.

**f. Your policies regarding alcohol and drug use by your drivers.**

All drivers will be subject to random drug test, at a minimum, every six months. Any driver charged with driving under the influence will be terminated immediately.

**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.**

At first, I plan to use one vehicle for my business. I will add further vehicles to our fleet as needed, when the business expands.

<u>YEAR</u>	<u>MAKE MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2006	Isuzu FVR	Seats 3	4GTJ7F1356F700662

**8. Describe your vehicle safety program. Please include the following in your explanation:**

**a. Your periodic vehicle maintenance plan:**

Our periodic maintenance plan will consist of weekly vehicle checks. Each week, we will check the tire pressure, oil, and transmission fluid. We will perform a visual inspection of the truck body, and make sure that all lights are in working order. We will check the lift gate, and all doors. Anything found to be broken or inoperable would be fixed. Every other month, we will wash the exterior and interior of the truck. Prior to each day's work, the truck's driver will check the brakes, hand brake, steering wheel, lights and reflectors, tires, horn and windshield wipers.

- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards:**

I plan to enter our inspection sticker expiration date into the company calendar. Two weeks prior to our inspection expiration, I will make an appointment with our mechanic in order to have the vehicle inspected. In this way, the vehicle will always have a valid PA inspection, and will comply with all safety standards set forth by the state.

- c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;**

N/A

- d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.**

We have applied for and received a USDOT number. We have also applied for a MC number. As a result of these applications, we will be working closely with the federal government to ensure that our vehicles meet all required safety standards

- 9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.**

Frank Froio 856-304-2210, 856-553-6990

General Liability Insurance: \$1023.75

Cargo Insurance: \$2700.00

Vehicle Insurance: \$8192.00

- 10. Criminal Record. Has the applicant\* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution?**

YES \_\_\_

NO x

11. **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. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. 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.

See statement of financial position.

**Note:** Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

**Statement of Financial Position (Balance Sheet)**

As of (date) 11/26/14

ASSETS

Current Assets

Cash	<u>\$16,661.33</u>
Other Current Assets (specify)	<u>\$6547.09 (Auto, liability and Cargo insurance paid)</u>

Other Assets

Motor Vehicle Equipment	<u>\$31,914.40</u>
Building and Structures	<u>N/A</u>
Office Equipment	<u>\$1524.95</u>
Investments and Funds (specify)	<u>N/A</u>

<b><u>TOTAL ASSETS</u></b>	<b><u>\$56,647.77</u></b>
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LIABILITIES

Current Liabilities (Due within one year of date)	<u>\$3,122.51</u>
Long Term Liabilities (Due after one year of date)	<u>\$0.00</u>

<b><u>TOTAL LIABILITIES</u></b>	<b><u>\$3,122.51</u></b>
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NET WORTH/OWNER'S EQUITY (Subtract total liabilities from total assets) \$53,525.26

**Disclaimer:** Applications are public records and can be accessed on the PUC's website. **DO NOT** provide social security numbers, credit card numbers, bank account

**numbers, tax information, or any other confidential information on your application, business plan, or verified statement forms.**

**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.

Samuel Field  
(Signature)

11/26/14  
(Date)

SAMUEL B. FIELD  
(Name and Title, printed or typed)

Please print or type.

PETER + PAMED LE RESCHE

Name of Supporter

629 GOLF CLUB RD, NEWTOWN SQ, PA 19073

Street Address

City or Municipality

State

Zip Code

BR MOVING LLC

Name of Applicant

- Describe the type of transportation service needed. HOUSEHOLD MOVING SERVICE
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. NEWTOWN SQ, PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? 2 - 3 TIMES PER YEAR, WHILE WE RENOVATE. THEN AS NEEDED WITH CHANGING CIRCUMSTANCES, OR IF WE NEED HELP MOVING ITEMS AROUND.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? YES, BUT WE PREFER DOING BUSINESS WITH THE APPLICANT BECAUSE WE WOULD HAVE HAD BAD EXPERIENCES WITH OTHERS.
- Have you supported similar applications in the past? If so, who was the applicant? NO, WE HAVE NOT.

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

[Handwritten Signature]

(Signature of Supporter)

11/20/2014

(Date)

PETER - PAMED LE RESCHE

(Supporter's Name, printed or typed)

Please print or type.

Jon Maher  
Name of Supporter

1037 Shackamaxon Philadelphia PA 19125  
Street Address City or Municipality State Zip Code

BR Moving  
Name of Applicant

- Describe the type of transportation service needed. *Household moving*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *Origin: Philadelphia*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *Destination: Drexel Hill*  
*One time, in about 3 months, potentially Annually*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? *Yes, Cost and Quality of Service*
- Have you supported similar applications in the past? If so, who was the applicant?  
*No*

**VERIFICATION OF STATEMENT**

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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.

*Jon Maher*  
(Signature of Supporter)

11/25/2014  
(Date)

Jon Maher  
(Supporter's Name, printed or typed)

Please print or type.

Allyson Stengel

Name of Supporter

10 Parkview Drive Elizabethtown PA 17022

Street Address

City or Municipality

State

Zip Code

Name of Applicant

- Describe the type of transportation service needed. *Moving to Philadelphia*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *Elizabethtown, PA to Philadelphia, PA, probably the Monacaonic area.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *One time only*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? *Yes, I'm sure, however I heard about this service and their quality work.*
- Have you supported similar applications in the past? If so, who was the applicant? *No.*

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

*Allyson Stengel*  
(Signature of Supporter)

*11/24/14*  
(Date)

Allyson Stengel  
(Supporter's Name, printed or typed)

Please print or type.

Karly Watson

Name of Supporter

209 Rock St., Apt 410 Philadelphia, PA 19128

Street Address

City or Municipality

State

Zip Code

Name of Applicant

- Describe the type of transportation service needed. Household moving
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. From Philadelphia to Montgomery County
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? 1-3 years
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? Yes. I prefer not to use them because the service quality wasn't as good.
- Have you supported similar applications in the past? If so, who was the applicant? No

VERIFICATION OF STATEMENT

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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.

Karly Watson (Signature of Supporter)

11/24/2014 (Date)

Karly Watson (Supporter's Name, printed or typed)

Please print or type.

DAVID PAP

Name of Supporter

1518 RIDGE AVE

PHILADELPHIA

PA

19130

Street Address

City or Municipality

State

Zip Code

BR MOVING LLC

Name of Applicant

- Describe the type of transportation service needed. HOUSEHOLD MOVING
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. PHILADELPHIA TO PHILADELPHIA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? EVERY FEW YEARS
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? Yes, I TRUST THE APPLICANT, AND HAVE HAD PAST EXPERIENCES WITH OTHER MOVERS
- Have you supported similar applications in the past? If so, who was the applicant? No

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

David Pap

(Signature of Supporter)

11/23/14

(Date)

DAVID PAP

(Supporter's Name, printed or typed)

Please print or type.

*Gregory Prestigord*

Name of Supporter

*909 Clinton Street Philadelphia PA 19147*

Street Address

City or Municipality

State

Zip Code

Name of Applicant

- Describe the type of transportation service needed. *moving.*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *PHILADELPHIA. Bucks county*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? *yearly.*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? *not as good and efficient.*
- Have you supported similar applications in the past? If so, who was the applicant? *no.*

**VERIFICATION OF STATEMENT**

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

*[Handwritten Signature]*

(Signature of Supporter)

*11/24/14*

(Date)

*Gregory Prestigord*

(Supporter's Name, printed or typed)

Name of Supporter:

Grant T Schaefer DBA Stuff and Nonsense  
5136 Wayne Av.  
Philadelphia, PA 19144

Name of Applicant:

BR Moving LLC

•Describe the type of transportation service needed:

Moving and freight handling services

•What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships?

Philadelphia to and from surrounding counties (Bucks, Montgomery, Chester, Lancaster)

•How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

I provide cleaning services for area homeowners who might also need recommendations for the specific services offered by BR Moving. The frequency of my use of their services depends on the needs of my clients which also include Real Estate professionals. Perhaps 4 or 5 times a year I might have an opportunity to recommend them.

•Are there others in your area who provide this service, and if so, why do you prefer not to use them?

There are others in my area who provide these services but I believe BR Moving has the ability to handle the needs of my clients in a sensitive and professional way that will reflect well on my reputation. Those needs include but are not limited to: Household furniture moving. Packing and transporting fine art. Antique moving and delivery.

•Have you supported similar applications in the past? If so, who was the applicant?

I have never provided support for similar applications.

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and 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 the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

(Signature of Supporter)



(Date)Monday, November 24, 2014

(Supporter's Name, printed or typed) Grant T Schaefer

**COMMONWEALTH OF PENNSYLVANIA  
BEFORE THE  
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**IN RE: APPLICATION OF  
BR MOVING LLC**

**: DOCKET A-2014-2441477  
:**

**CERTIFICATE OF SERVICE**

I hereby certify that I have on this 26<sup>th</sup> day of November, 2014, served true and correct copies of the Verified Statement of BR Moving and the Verified Statements in Support of the Application upon the participants listed below in the matter stated pursuant to 52 Pa. Code

§ 1.54:

**VIA E-FILING**

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street  
Harrisburg, PA 17120

**VIA E-SERVICE**

William H.R. Casey, Esquire  
99 East Court Street  
Doylestown, PA 18901  
*caseyesq@verizon.net*

  
CHRISTINE SOARES, ESQUIRE