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ATTORNEYS AT LAW

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November 19, 2014

VIA HAND DELIVERY

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
P. O. Box 3265
Harrisburg, PA 17105-3265

RE: Application of Appalachian Movers, LLC; Docket No. A-2014-2418497;
Submission of Verified Statement of Applicant and Verified Statements in Support of Application

Dear Secretary Chiavetta:

By Order dated October 24, 2014 in the above-captioned application proceeding, Administrative Law Judge Dennis J. Buckley directed that the application be referred to the Commission's Bureau of Technical Utility Services for disposition under the Commission's modified procedures. Therefore, enclosed for filing with the Commission are the originally-signed Verified Statement of the Applicant and Verified Statements in Support of the Application.

Thank you for your attention to this matter. Please contact me with any questions you may have.

Sincerely,



Steven K. Haas
Counsel to Appalachian Movers, LLC

SKH/jld
Enclosures
cc: Robert Bingaman
Thomas Dilella

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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.

A-2014-2418497

PUC Application Docket No.

Appalachian Movers LLC

Legal Name of Applicant

Trade Name, if any

221 Belle Ave.

Street Address (principal place of business)

Boalsburg

City or Municipality

PA

State

16827

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.

Thomas DiLella – Managing Member – Owner
221 Belle Ave., Boalsburg, PA 16827
814-650-7293

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 received a Bachelor of Science degree, as an Energy, Business and Finance major, from the Pennsylvania State University. I have assisted in loading/unloading of moving trucks for the past five years. I have learned the proper way to harness/protect the load during transit. I am U-Haul approved and hold a certificate for passing their required tests, which included loading/driving/customer service.

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.

I have a home office with the following equipment: desk, computer with accounting software/quote template, printer and separate file cabinets for PUC moves and normal business records. We communicate with our driver via cell phones. We have a direct business telephone line where I receive calls for requested moving services. Clients can also send us emails with their contact info so we can return their calls. We will schedule their move and on moving date our truck will leave with enough time to meet the requested time. Our business hours are M-Saturday, 9-5 and appointments. We currently lease space in a fully fenced, gated and locked storage facility where we are able to store our vehicles and household goods, as needed. This storage facility is located in Centre County, which is in our applied-for territory.

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).

We currently have two employees, not including our primary driver. Those members are:

Thomas DiLella – Managing Member who handles incoming calls, schedules moves and maintains any and all financial data. Will also handle loading/unloading.

Brittany Yencho – Managing Member who handles advertising, quote preparation, payroll and packing department.

This number of workers is ideal for moves within Centre County and points in Centre County to the rest of the state. We currently manage our interstate moves, with a larger geographical territory, efficiently and effectively. If additional employees are necessary, we will hire accordingly.

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.

We have one primary driver and two back up drivers who are able to fill in if and when necessary. The area we intend to serve is easily controlled with one primary driver and two back up drivers. All three drivers are fully licensed and qualified to drive our truck.

In addition, please explain:

- a. Your hiring standards for drivers:
All drivers must be at least 21 years of age and be licensed to drive the type of trucks we utilize. All drivers must have a clean driver's record and hold a valid medical card. They all will be required to take and pass a road test given by the Applicant in the type of trucks we utilize. All drivers will be given and must pass an initial drug and alcohol screening.
 - b. Your system to ensure prospective drivers will be subject to a criminal background check;
We already have in place through our interstate operating authority an annual criminal background check. We will continue with this procedure in the future for all of our drivers.
 - c. Your driver training program;
As noted, all drivers must have the appropriate driver's license. They will be required to pass an initial road test given by a current driver in the type of vehicle we utilize. Our drivers are tested on multiple levels including operating in adverse conditions.
 - d. Your system for ensuring that your drivers are properly licensed at all times;
Before we hire our drivers we run an initial drivers record. This record is updated annually. If a driver has a violation he is to tell us immediately.
 - e. Your system to ensure that all drivers will be subject to a criminal background check every two years;
We are currently running an annual background check on our drivers. We will continue this procedure in the future for all of our drivers.
 - f. Your policies regarding alcohol and drug use by your drivers.
Alcohol and drug use is not permitted from our drivers. They will be tested initially upon hiring, periodically on an ongoing basis, and upon suspicion or if they are involved in an accident. If drugs or alcohol are found in their system they will be discontinued as a driver.
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.

8. We currently have one 26-foot box truck. If additional space is required, we will either purchase or lease appropriately sized trucks as necessary.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID#</u>
2008	Hino	268A	3	5PVNE8JVX82S50975

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

- a. Your periodic vehicle maintenance plan:

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Our driver does a pre-trip startup upon every departure. Items check daily include lights, tire condition and pressure, oil and fluid levels, cab and trailer locks and brakes. We maintain our oil/filter change every 5-7k miles dependent on severity of use. We have our vehicles inspected twice each year to assure safety and to make all necessary repairs that may be needed.

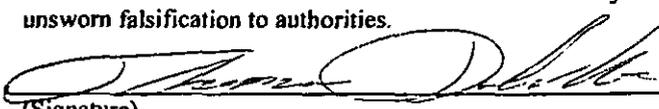
- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business; **We intend to work closely with our consultants and attorneys to assure that we are in full compliance with all applicable laws and regulations before commencing the applied-for service.**
 - c. 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);
N/A
 - d. 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);
N/A
 - e. Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
N/A
 - f. 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).
We intend to work closely with our consultants and attorneys to assure that we are in full compliance with all applicable laws and regulations before commencing the applied-for service.
10. 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.
We currently pay insurance for 750k in auto liability. This insurance exceeds PUC required 300k. We currently have 5k in cargo liability. We will submit a Form E proof of insurance form to the PUC before commencing service if the application is approved.
11. Please describe your customer service standards. Within your description, please explain:
- a. Your plan to inform customers of the procedures for filing complaints with the PUC;
Our customers receive an initial pre-move packet including information on filing complaints with the PUC.
 - b. Your intended customer complaint resolution procedure.
We will mediate all customer complaints promptly. If we can come to an agreement before we leave then no further action is needed. If we have left the moving site, client can send pictures of the damage and will be reimbursed at .60/lb. if no additional coverage is purchased. If no damage is present but the client still has concerns, they can call our main line for a mediation process if they still cannot be helped. If all other attempts at resolution are unsuccessful, the customer will be provided the number of the PUC so they can register a complaint there if they so desire.
12. Criminal Record. Have you, any members (if LLC 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?

No.

13. **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)
Thomas DiLella - Partner

(Name and Title, printed or typed)

11/14/14

(Date)

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Appalachian Movers LLC

BALANCE SHEET

As of November 2, 2014

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Advanced Business Checking (XXXXXX 6454)	94,718.98
Advanced Business Checking (XXXXXX 6454) (deleted)	0.00
Total Bank Accounts	\$94,718.98
Other current assets	
Undeposited Funds	390.00
Total Other current assets	\$390.00
Total Current Assets	\$95,108.98
Fixed Assets	
Vehicles	85,025.49
Total Fixed Assets	\$85,025.49
TOTAL ASSETS	\$180,134.47
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	
Federal Taxes (941/944)	2,980.82
Federal Unemployment (940)	42.00
PA Income Tax	348.69
PA Unemployment Tax	961.15
Total Payroll Liabilities	4,332.66
Student Loans	-5,445.61
Total Other Current Liabilities	\$ -1,112.95
Total Current Liabilities	\$ -1,112.95
Total Liabilities	\$ -1,112.95
Equity	
Opening Balance Equity	53,134.94
Retained Earnings	60,418.13
Net Income	67,694.35
Total Equity	\$181,247.42
TOTAL LIABILITIES AND EQUITY	\$180,134.47

Sunday, Nov 02, 2014 10:55:22 PM PST GMT-5 - Cash Basis

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

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

\$100,000

\$100,000

EXPENSES

Equipment Maintenance and Garage Charge Expense
 Insurance Expense
 Employee Salaries
 Supervisory Salaries
 Officer Salaries
 Fuel Expense
 Purchased Transportation (Lease Expense)
 Materials and Supplies Expense
 General Office Expense
 Advertising Expense
 Telephone Expense
 Accounting Expense
 Legal Expense
 Uncollectible Revenue
 Depreciation Expense
 Amortization
 Operating Taxes and Licenses
 Rent Expense
 Loss

\$1,200
 \$8,000
 \$30,000
 \$0
 \$0
 \$10,000
 \$0
 \$2,000
 \$500
 \$1,200
 2,400
 \$1,000
 \$2,000
 \$500
 \$0
 \$0
 \$2,000
 \$1,200
 \$0
\$62,000

Total Operating Expenses and Losses

Net Income Before Taxes

Provision for Income Taxes

Net Income (Loss)

\$38,000

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VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Nik Stover

Name of Supporter

221 West Main St Boalsburg PA 16827 PA (Centre)

Street Address

City or Municipality

County

State

Zip Code

Appalachian Movers

Name of Applicant

- Describe the type of transportation service needed.

Residential and supply pickup and storage

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

State College PA and surrounding areas
(Clockhaven, Altoona, Williamsport)

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

at least semi-annually, probably more

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

Yes, poor customer service, lack of time, inflated price
(communication)

- Have you supported similar applications in the past? If so, please supply name and docket number.

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.



(Signature)

Nik Stover

(Name, printed or typed)

11.5.14

(Date)

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PA STATE BUREAU

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Jeffrey Lowell Gregg

Name of Supporter				
112 Red Alder Road	Port Matilda	Centre	PA	18670
Street Address	City or Municipality	County	State	Zip Code

Appalachian Movers, LLC

Name of Applicant

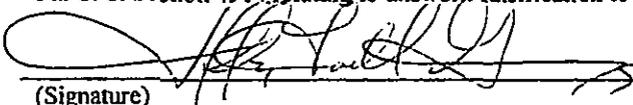
- Describe the type of transportation service needed.
Moving of household goods to and from my residence. Moving of household goods from my residence to my son's apartment, and other items to my daughter's apartment in Blair County.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Origin will be from Port Matilda, PA Centre County to Altoona, PA Blair County. / Also, from Port Matilda, PA Centre County to Hollidaysburg, PA Blair County
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Frequency will be 3 or 4 moves over the next 4-6 months.
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
Yes. I called several over the past year, and they could not help me or provided basic information and would never follow up or call me back.
- Have you supported similar applications in the past? If so, please supply name and docket number.
No.

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VERIFICATION OF STATEMENT

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(Signature)
Jeffrey Lowell Gregg

(Name, printed or typed)

11/7/14
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Cynthia Brewer
 Name of Supporter

121 Cherry Ridge Rd. State College PA (Centre county)
 Street Address City or Municipality County State Zip Code

Appalachian Movers - Tom DiLella
 Name of Applicant

16803

- Describe the type of transportation service needed.

Moving Residential and Office furniture and houseware

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

within State College, PA (Centre county; Ferguson, Patton and College Townships) and University Park campus

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

Weekly in summer for office moves. | annually among rental units and family residences

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

Appalachian movers is responsive to requests to move small amounts and to fit multiple jobs into a day.

- Have you supported similar applications in the past? If so, please supply name and docket number.

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.

Cynthia Brewer
 (Signature)

Cynthia Brewer
 (Name, printed or typed)

Nov 19 '14
 (Date)

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VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

ROBERTA ALLATT

Name of Supporter

325 SOUTH BUCKHOUT STREET STATE COLLEGE PA 16801

Street Address

City or Municipality

County

State

Zip Code

Appalachian - TOM DiLELLA
MOVERS

Name of Applicant

- Describe the type of transportation service needed.

I need furniture moved on a regular basis within center county

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

- within my own home in Centre County to Providence R.I.
- to various locations in town to BOAKSBURG, PA

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

I find myself in need of moving assistance on a monthly/seasonal basis.

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

- I have called but no other provider has been willing to help with some of my smaller requests.

Have you supported similar applications in the past? If so, please supply name and docket number.

- Tom has been willing to do large and small moves for me.

VERIFICATION OF STATEMENT

NO

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.

Roberta Allatt

(Signature)

ROBERTA ALLATT

(Name, printed or typed)

Nov. 5, 2014
(Date)

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VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Brent Smith

Name of Supporter

104 S Harrison RD Pleasant Gap Centre PA 16823

Street Address

City or Municipality

County

State

Zip Code

Appalachian Movers

Name of Applicant

- Describe the type of transportation service needed.

Two bedroom home relocation
Household furniture moving.

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

State College, Pleasant Gap and Centre County

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

Semi annually and annually

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

Yes During the summer I was unable to find a moving company so I rented a truck and called Appalachian Movers for load/unload

- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for 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.

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(Signature)

Brent Smith
(Name, printed or typed)

(Date)

2014-11-06

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