

# 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-2014-2444468

RECEIVED

PUC Application Docket No.

JAN 29 2015

Martin Enterprises, LLC

Legal Name of Applicant

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

MartinCFS

Trade Name, if any

1038 New Holland Ave.

Street Address (principal place of business)

Lancaster

City or Municipality

PA

State

17601-5606

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.

David L. Martin, Co-Owner 1038 New Holland Ave, Lancaster PA 17601  
717-278-3881

Other owner, Joe Dux authorizes David Martin to answer on behalf of Martin Enterprises, LLC

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.

We have been a commercial, PUC authorized carrier for over 7 years, and have 6 employees with household goods experience

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

Please see attached extra page(s)

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.

Please see attached extra page(s)

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).** To start, we will use existing 5 employees for household goods to supplement commercial work. Employees will increase as needed.

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.

We currently have 3 drivers. We will initially use household goods to supplement our commercial work. We will hire more drivers as business increases.

- Drivers must go to our designated medical facility (currently Lancaster General Health Occupational Medicine) for a physical, drug screen, and Medical Examiner cert.
- We will pay for and receive results of criminal background check for all new-hires.
- One of the company owners, David Martin (CDL licensed) will train all new drivers.
- We keep file copies of driver's license for all drivers. Administrative assistant will note expiration dates on a calendar & track.
- We will ensure bi-annual driver criminal background checks with calendar tracking.
- Please see attached extra page(s)

## Verified Statement of Applicant

### 4.

Facility: 30,000 sq. ft. warehouse which includes enclosed dock area, 4,000 sq. ft. of racking (the remainder of the warehouse is floor space designated to storage), 3 offices, conference room, dining area, restrooms.

Offices: 1 Operations Office, divided by cubicles, 1 Administrative/Clerical office, 1 Conference Room, 1 Executive office.

Office Machines: 1 Desktop PC, Several notebook computers, 2 printer/Fax Machines, 1 copier, several Calculators, Land-line phone with 3 handsets, all staff have cell phones, and data backup/storage devices.

Vehicles: may be parked on 3 sides of the warehouse. The majority are parked at the dock end of the building. This area is large enough to accommodate the vehicles and clear access for tractor-trailers, including 53' trailers.

Record Keeping: PUC and other business records are stored in the Administrative/Clerical office, and the majority is also saved on computers.

Communication: Customer requests can be received via land-line phone, cell phone, fax, or email. We dispatch staff & vehicles via face-to-face or phone. We maintain continuous communication via cell phones, with email as back-up.

Business Hours: Monday – Friday 7am – 4pm, but David Martin is available 24/7 @ 717-278-3881

### 6. f.

Owner David Martin and employees Joe Stieber and Susan Miller have attended Reasonable Suspicion Testing Training for Supervisors In Accordance with 49 CFR 382.603 at the Lancaster General Health Campus.

Any customer or employee should report suspicion or observation of alcohol or drug use to owner(s) David Martin and/or Joe Dux. The driver will be immediately removed from duty. Upon determination of reasonable suspicion, the driver will be sent to our designated testing center. If tests are positive for alcohol or drugs, the driver will be suspended or dismissed, at the discretion of co-owners David Martin & Joe Dux. A suspended driver will be retested before return to duty and randomly thereafter.

Our only CDL driver, David Martin is entered in a random pool testing program administered by Lancaster General Health Occupational Medicine.

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. We plan to use 2 vehicles we currently own and rental (Penske, Ryder) as needed

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2006	Freightliner	M2	3	1FVACWDC76HV50426
2005	Dodge	Sprinter	4	WD0PD544855831177

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(c) (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).

a. Drivers do pre-trip checks of fluids, tires, brakes, lights, & liftgate. Fluids are changed at mfc. suggested intervals.

b. Driver pre-trip checks and periodic checks by David Martin

c. N/A

d. N/A

e. N/A

f. Admin. and Warehouse managers both track inspection records to ensure that the Freightliner is state-inspected semi-annually and the Dodge is state-inspected annually.

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.

Maintain coverage for past 7 yrs-to-date, with no gaps. Pay insurance premium as due. Insurance is budgeted in annual budget projection.

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.

a. Provide each household customer with printout of PUC guide to hiring a HHG provider.

b. Customers will have our contact info. Any complaints will begin dialogue immediately, with intent to resolve quickly and to the customers satisfaction.

11. 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?

\_\_\_\_ 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.

David L. Martin  
 (Signature)  
David L. Martin President  
 (Name and Title, printed or typed)

1/28/15  
 (Date)

**RECEIVED**

JAN 29 2015

PA PUBLIC UTILITY COMMISSION  
 SECRETARY'S BUREAU

**Statement of Financial Position (Balance Sheet)****As of (date) 12/31/14****Assets****RECEIVED**

JAN 29 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU**Current Assets**

Cash	\$45,000.00
Accounts Receivable	\$87,000.00
Notes Receivable	\$0
Other Current Assets (specify)	\$0

**Tangible Assets**

Motor Vehicle Equipment	\$43,000.00	
Less: Accumulated Depreciation	\$43,000.00 =	\$0
Building and Structures		\$0
Less: Accumulated Depreciation	\$0 =	\$0
Office Equipment	\$10,000.00	
Less Accumulated Depreciation	\$10,000.00 =	\$0
Land	\$0 =	\$0

Investments and Funds (specify) \$0

Intangible Assets \$0

Other Assets (Advances and Idle Equipment) \$0

**TOTAL ASSETS**

\$118,550.00

**LIABILITIES****Current Liabilities (Due within one year of date)**

Accounts Payable	\$0	
Note Payable (Line of Credit & Credit Card))	\$39,500.00	
Equipment Obligations	\$0	
Other Liabilities (Attach Schedule)	\$0	
Total Current Liabilities		\$39,500.00

**Long Term Liabilities (Due after one year of date)**

Accounts Payable	\$0	
Notes Payable	\$0	
Equipment Obligations	\$0	
Other Liabilities (Attach Schedule)		
Total Long Term Liabilities		\$0
<b>TOTAL LIABILITIES</b>		<b>\$39,500.00</b>

**NET WORTH (Partnerships and Individuals, only)****OWNER'S EQUITY (Corporations only)**

Capital Stock	\$0
Additional Paid-in Capital	\$0
Retained Earnings	\$0
Less: Treasury Stock	\$0
Total Owner's Equity	\$0

**TOTAL LIABILITIES & OWNER'S EQUITY**

\$39,500.00

**STATEMENT OF FINANCIAL POSITION**  
**One Year Projected Income Statement**

**REVENUE and GAINS**

Operating Revenue	\$855,660.00
Net Revenue from non-carrier operations	\$855,660.00
Dividend and interest revenues	\$0
Other non-operating revenue	\$0
Gains	\$0
Total Revenue and Gains	\$855,660.00

**EXPENSES**

Equipment Maintenance and Garage Expense	\$10,500.00
Insurance Expense	\$24,500.00
Employee Salaries	\$225,000.00
Supervisory Salaries	\$80,000.00
Officer Salaries	\$98,000.00
Fuel Expense	\$24,500.00
Purchased Transportation Lease	\$15,500.00
Materials and Supplies Expense	\$26,500.00
General Office Expense	\$14,000.00
Advertising Expense	\$3,500.00
Telephone Expense	\$7,100.00
Accounting Expense	\$2,400.00
Legal Expense	\$1,000.00
Uncollectible Revenue	\$0
Depreciation Expense	\$0
Amortization	\$0
Operating Taxes and Licenses	\$900.00
Rent Expense	\$38,000.00
Loss	\$0

**Total Operating Expenses and Losses** **\$571,400.00**

***Net Income Before Taxes*** **\$284,260.00**

**Provision for Income Taxes** **\$(68,500.00)**

***Net Income (Loss)*** **\$215,760.00**

## 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.

Joe Donato E/O EDUCATIONAL FINANCING SOLUTIONS, LLC  
Name of Supporter

536 N. Tampa Rd. Norristown Montgomery PA 19403  
Street Address City or Municipality County State Zip Code

MARTIN ENTERPRISES, LLC  
Name of Applicant

- Describe the type of transportation service needed.  
House Hold moving. RELOCATION.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. WITHIN LANCASTER COUNTY, PA.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
AS NEEDED.

## 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.

Joe Donato  
(Signature)  
Joe Donato  
(Name, printed or typed)

1-29-2015  
(Date)

**RECEIVED**

JAN 29 2015

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



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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.

Caren Creek

Name of Supporter

433 S. Kinzer Ave New Holland PA 17557- Lancaster County

Street Address

City or Municipality

County

State

Zip Code

Martin CFS

Name of Applicant

- Describe the type of transportation service needed.

Moving household goods into  
a retirement community.

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

Origin → Within State of PA.

Destination → Retirement Community in  
New Holland PA

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

2 or more per month.

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Caren Creek

(Signature)

Caren Creek

(Name, printed or typed)

1-15-15

(Date)

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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.

Roger Miles  
Name of Supporter  
6321 Sandra Dr E. Petersburg Lancaster PA 17520  
Street Address City or Municipality County State Zip Code  
Martin CFS  
Name of Applicant

- Describe the type of transportation service needed.

Household Moving & Rebration Services

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

Within Lancaster County

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

Weekly to Monthly

## **VERIFICATION OF STATEMENT**

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Roger Miles  
(Signature)  
Roger Miles  
(Name, printed or typed)

1/24/15  
(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.

<u>Liz Martin</u>				
Name of Supporter				
<u>10 Colonial Ave</u>	<u>Millersville</u>	<u>Lancaster</u>	<u>PA</u>	<u>17551</u>
Street Address	City or Municipality	County	State	Zip Code
<u>Martin CFS</u>				
Name of Applicant				

- Describe the type of transportation service needed.

Household moving, relocation

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

Lancaster County.

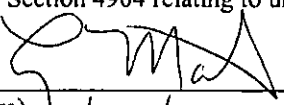
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

As needed

## **VERIFICATION OF STATEMENT**

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<u></u>	<u>1/29/15</u>
(Signature)	(Date)
<u>Liz Martin</u>	
(Name, printed or typed)	

## 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.

Kathi Graham

Name of Supporter

1921 Quarry Lane Lancaster Lancaster PA 17603

Street Address

City or Municipality

County

State

Zip Code

Martin CFS

Name of Applicant

- Describe the type of transportation service needed.

household moving, relocation.

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

Within Lancaster County

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

as needed.

## VERIFICATION OF STATEMENT

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KAG

(Signature)

Kathi T. Graham

(Name, printed or typed)

Jan 19 2015

(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.

CNH Industrial Inc.

Name of Supporter				
500 Diller Ave.	New Holland	Lancaster	PA	17557
Street Address	City or Municipality	County	State	Zip Code
Martin CFS				
Name of Applicant				

- Describe the type of transportation service needed  
Office furniture move and relocate
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.  
New Holland, PA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
4 times a year

## VERIFICATION OF STATEMENT

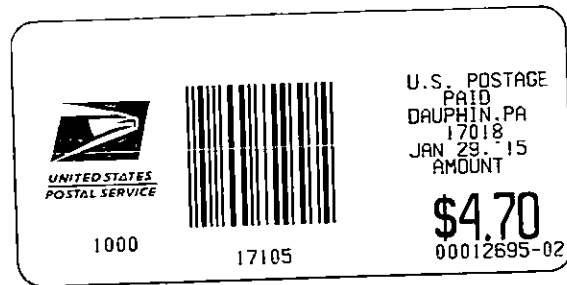
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The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Ronald S. Simmons  
(Signature)  
Ronald S. Simmons  
(Name, printed or typed)

1-13-15  
(Date)

Martin Enterprises, LLC  
TA Martin CFS  
1038 New Holland Ave.  
Lancaster PA 17601-5606



Commonwealth of Pennsylvania  
PA Public Utility Commission  
P O Box 3265  
Harrisburg PA 17105-3265