

APPLICATION FOR APPROVAL OF TRANSFER  
AND EXERCISE OF COMMON CARRIER OR CONTRACT RIGHTS

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of HERBERT B. SMITH SR  
(Applicant/Transferee-Buyer)

for the approval of the transfer and to exercise the right

as a COMMON carrier, described at Docket  
(common - contract)

No. A00111095, Folder No. 1, issued to  
HERBERT B. SMITH SR  
(Transferor - Seller)

for transportation of NEW + USED FURNITURE  
(persons - household goods)

RECEIVED  
2015 JUN - 1 AM 11:20  
PA. P.U. COM. BUREAU  
SECRETARY'S BUREAU

SEE INSTRUCTIONS BEFORE COMPLETING APPLICATION

- HERBERT B. SMITH JR.  
(Full and Correct Name of Applicant/Transferee)
- HERBERT B. SMITH + Patricia AGEE. CO PARTNERS  
SAMUEL W. SMITH JR MOVING CO + STORAGE  
(Trade Name, If Any)

The trade name SW SMITH MOVING CO. been registered with the Secretary of the Commonwealth  
(has or has not)

on 5/5/94 (attach copy of stamped registration form.)  
(Date)

- 1728 MEADOW ST PHILADELPHIA PA.  
(Business Street Address) (P. O. Box, If Any)

PHILA., PHILA., PA., 19124 2157435562  
(City) (County) (State) (Zip) (Telephone)

- Applicant's attorney (for this application) is:

\_\_\_\_\_  
(Name) (Address) (Telephone)

5. Any documents should be mailed to:

Transferee: HERBERT B. SMITH JR, 1728 MEADOW ST  
(Name) (Address)

Transferor: HERBERT B. SMITH SR, 1700 MEADOW ST  
(Name) (Address)

6. Applicant NO hold Pa. P. U. C. authority under Docket Number  
(does or does not)

A- \_\_\_\_\_ and operates as a COMMON carrier.  
(common or contract)

7. Applicant NO hold Interstate Commerce Commission authority at Docket  
(does or does not)

No. A- \_\_\_\_\_.

8. Applicant is (check one):

Individual.

Partnership. Must attach a copy of the partnership agreement (unless a copy is presently on file with PUC), and list names and addresses of partners below (use additional sheet if necessary).

<u>HERBERT B. SMITH SR</u> (Name)	<u>1700 MEADOW ST</u> (Address)	<u>PHILA, PA 19124</u>
<u>HERBERT B. SMITH JR</u>	<u>1728 MEADOW ST</u>	<u>PHILA, PA, 19124</u>

Corporation. Organized under the laws of the state of PENNSYLVANIA and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on 12/15 (Attach copy of Certificate of Incorporation or Authority and statement of charter purpose). Include as an attachment a list of corporate officers and their titles and the names, addresses and number of shares held by each stockholder.

9. If applicant, its stockholder or partnership members are in control of or affiliated with any other carrier, state name of carrier(s), Docket Number(s) and nature of control or affiliation.

10. Applicant proposes to acquire ALL of the operating rights now held by transferor.  
(all or part)

Attach a sheet describing rights to be transferred to applicant and rights to be retained by transferor, if any. If any rights are to be omitted give reasons.

11. The reason for the transfer is KEEP- BUSINESS IN FAMILY / PARTNER

12a. The following must be attached:

- Sales Agreement
- List of equipment to be used to render service. (Summarized by type)
- Operating authority to be transferred/retained.
- Statement of Financial Position
- Statement of unpaid business debts of transferor and how they will be satisfied.
- Statement of Safety Program.
- Statement of transferee's experience.

b. Attach the following, as appropriate (check those attached):

- Partnership Agreement
- Trade Name registration certificate.
- Certificate of Incorporation. (Pa. Corporations only)
- Certificate of Authority. (Foreign (out-of-state) Corporations only).
- Statement of Corporate charter purpose. (Corporations only)
- List of Corporate officers and stockholders. (Corporations only)

Copy of short form certificate showing date of death of transferor and name of executor/administrator/administratrix.

- 13. Transferor attests that all General Assessments and fines are paid, and agrees to continue to render the service which is to be transferred until this application is approved, whereupon transferor will surrender said certificate or permit for cancellation.
- 14. Transferee agrees to assume and pay any General Assessments that may be made against transferor as a common carrier for any and all operating periods up to the actual date of the transfer.

WHEREFORE, Transferee and Transferor request that the Commission grant the Transfer.

Transferee sign here: Heber B Smith Sr Feb 26 2015  
 (Each Partner Must Sign) (Date)

(Corporate Seal) \_\_\_\_\_

Transferor sign here: Heber B Smith Sr

(Corporate Seal) \_\_\_\_\_



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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.

JR HERBERT B. SMITH JR.  
Legal Name of Applicant

SAMUEL W SMITH MOVING + STORAGE  
Trade Name, if any

1728 MEADOW ST PHILA., PA 19124  
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.
2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.
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.
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.

ALL INFORMATION AND RECORDS ARE RECORDED  
CELL PHONES + GPS  
TIMES OF WORKING HOURS 830 AM 430 PM

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 to 3 men per truck.

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:

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

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2 AT LEAST 2 VEHICLES				
2003	INTERNATIONAL		3	1HTMMAA63H572048
1999	INTERNATIONAL	4700	3	1HTSDBM5XN067468

8. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan; ✓
  - ✓ 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; ✓
  - 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); ✓
  - 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(c) (applicable to limousines); ✓
  - e. Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
  - 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). ✓

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. ✓

OUR INSURANCE IS PAID BY THE 19<sup>TH</sup> OF EACH MONTH  
 TRANSCURE INSURANCE Co.

10. 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;
- b. Your intended customer complaint resolution procedure.

SAME AS ALWAYS.

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?

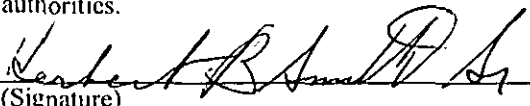
\_\_\_ YES    ✓ \_\_\_ NO



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.

X   
 (Signature)  
HERBERT B. SMITH SR  
 (Name and Title, printed or typed)

✓ FEB. 26 2015  
 (Date)  
 " " "

Statement of Financial Position (Balance Sheet)  
As of (date) \_\_\_\_\_

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ASSETS

Current Assets

Cash	18,000.00	
Accounts Receivable	0	
Notes Receivable		
Other Current Assets (specify)		
Total Current Assets		18,000.00

Tangible Assets

Motor Vehicle Equipment	2 TRUCKS	
Less: Accumulated Depreciation		= 1,000.00
Building and Structures		
Less: Accumulated Depreciation		= 94,000.00
Office Equipment		
Less: Accumulated Depreciation		

Investments and Funds (specify)

Intangible Assets

Other Assets (advances and idle equipment - specify)

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

Accounts Payable	0	
Notes Payable	0	
Equipment Obligations	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		0.00

Long Term Liabilities (Due after one year of date)

Accounts Payable	0	
Notes Payable	0	
Equipment Obligations	0	
Other Liabilities (Attach Schedule)	0	
Total Long Term Liabilities		0.00

TOTAL LIABILITIES

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		212,000.00

TOTAL LIABILITIES & OWNER'S EQUITY

212,000.00

STATEMENT OF FINANCIAL POSITION  
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	18,000
Net Revenue from non-carrier operations	0
Dividend and interest revenues	0
Other non-operating revenue	0
Gains	0
<b>Total Revenue and Gains</b>	<b>18,000</b>

EXPENSES

Equipment Maintenance and Garage Expense	12,915.00
Insurance Expense	6,760.00
Employee Salaries	5,850.00
Supervisory Salaries	16,900.00
Officer Salaries	30,000.00
Fuel Expense	24,000.00
Purchased Transportation (Lease Expense)	2,400.00
Materials and Supplies Expense	1,500.00
General Office Expense	6,000.00
Advertising Expense	3,930.00
Telephone Expense	1,800.00
Accounting Expense 150	1,000.00
Legal Expense	0
Uncollectible Revenue	0
Depreciation Expense	0
Amortization	0
Operating Taxes and Licenses	000.00
Rent Expense	0
Loss	0
<b>Total Operating Expenses and Losses</b>	<b>0</b>

Net Income Before Taxes

Provision for Income Taxes	157,172.81
<u>Net Income (Loss)</u>	<u>209,236.48</u>
	52,063.67

Work is off  
very slow

Deposits  
withdrawals

S. W. SMITH  
1728 MEADOW ST  
PHILA., PA, 19124



PUC.

Secretary of the Pennsylvania ~~Public~~ Utility  
Commission

P.O. Box 3265 Harrisburg Pa, 17105

attention  
Sup. Melissa Dawson