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-2015	-2480529		
PUC Applic	ation Docket No.		
Enea K	·urti		
Legal Nan	ne of Applicant		
522 E Beaver St	Name, if any Bellefonta	PA-	16823
Street Address (principal place of business)	City or Municipality	State	Zip

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.

See attached document for answers

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

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A-2015-2480529

- 1. Enea Kurti owner
- 2. Enea Kurti owner I do business with U-Haul, Budget and Penske primarily
- 3. Enea Kurti worked for 5 years in a moving company in Italy. Driving rental trucks for 5 years.
- 4. Office area 522 E Beaver St Bellefonte, PA 16823. I own a van which is primarily parked in the office area. I use rental trucks from U-Haul and Budget for the services provided. U-Haul provides the moving boxes (U-Box) and they are stored within U-Haul grounds.
- 5. Customer requests are received from movinghelpers.com (U-Haul service), Craigslist (online), Thumbtack(online)
- **6.** a) Drivers are tested for drugs before they are hired. They are interviewed properly. They are engaged in conversation from a certified RAMP person before, during, and after each move face to face and via radio during the move.
 - b) We do background check for drivers.
 - c) A new driver goes for 3 drives along with a seasoned driver before driving on his/her own.
 - d) Check license before a move and make sure the license is valid and not expired
 - e) Keep spreadsheet and last criminal background check on file for every driver and set reminder every two years.
 - f) Zero tolerance policy on alcohol and drugs. The drivers are not allowed to have been drinking at all. The contract specifies this and is grounds to termination.
- 7. Use rental trucks from Budget, U-Haul and Penske. Use 1-2 rental vehicles a day. Also own van which is licensed and insured for the business. It has cargo and business liability insurance. The number of vehicles is appropriate for the State College area which we serve.

2001 Chevy 3500 Seats 2

VIN: 1GNHG39R521160896

- **8.** a) Perform oil change, break, fluid every 3 months, or 5000 miles. Lights are checked every time the vehicle is on the road. Perform emissions and inspections yearly.
 - b) Do yearly inspection as required by state of Pennsylvania. Abide by the Department of Transportation Vehicle Equipment and Inspection (amends 67 Pa. Code Chapter 175)
 - c) N/A
 - d) Always ensure that the towing capacity is 2000 lbs under the limit capacity. Capacity for cargo is always 2000 lb under the limit. Always ensure that the cargo does not shift and it is secured properly. Drivers/movers always make sure that there is one tie down for any cargo that is less than 5 ft and 1100 pounds in weight. Also there are two tied owns if the cargo

is 5ft or less and more than 1100 pounds or more than 5ft but less than 1100 lbs.

- 9. Matt Hill, Logan Branch Insurance Inc, Erie Insurance 814.355.5900
- **10**. No

A-2015-2480529 Page 1

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.
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.
6.	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>	MAKE	<u>MODEL</u>	SEATING CAPACITY	VEHICLE ID#	
8.			e safety program. F c vehicle maintenai		wing in your explanation:	
	b.			vehicles will continuous mmission's equipment	sly comply with Pennsylvania's standards;	
	c.		or Taxi or Limousin ter than eight mode	• •	ow vehicles will be replaced once	
	d.		or Household Good: OT equipment stan		w it will be ensured that vehicles	
9.		number of insu			ce is affordable, list the name and prices of premiums they have	
10				been convicted of a n	nisdemeanor or felony for which nal institution?	

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.

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) 7-6-2015

ASSETS

Current Assets

Cash

Other Current Assets (specify)

40,000 HOME - 200,000

Other Assets

Motor Vehicle Equipment Building and Structures Office Equipment Investments and Funds (specify) personal vehicle + comp VAN
30,0009

TOTAL ASSETS

275,000

LIABILITIES

Current Liabilities (Due within one year of date). Long Term Liabilities (Due after one year of date) Corgo insurance
Logoco |
Bonded to tooo

TOTAL LIABILITIES

NET WORTH /OWNER'S EQUITY (Subtract total liabilities from total assets)

1,050,000

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.

SUPPORTING STATEMENT FOR THE APPLICATION

At Docket Number A- 2015-2480529

52 Pa. Code Section 41.14(a), states that an applicant seeking motor common carrier authority has the burden of demonstrating that approval of the application will serve a useful public purpose, responding to a public demand or need. This form documents a statement of support on behalf of the applicant to demonstrate need by the public for the service the applicant wishes to offer. This form may be duplicated s needed for use by each supporting witness.

The Commission requires: 1) supporting witnesses must give evidence proving they need the applicant's service; 2) the supporting witnesses must identify origin and destination points in Pennsylvania which they require transportation AND those points must fall within the operating territory specified in the application; and, 3) there must be a sufficient number of supporters for the proposed operating territory.

Failure to demonstrate a public need for the application will result in the application's dismissal. Failure to obtain supporting statements from witnesses in all parts of the proposed operating territory could result in the Commission granting only limited authority consistent with the need demonstrated by the applicant.

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)

RE	A-2015-2480529 print or type.
Please p	orint or type.

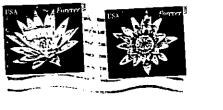
Ann Borzo		<u>-</u>	
Nam	ie of Supporter		
405 Arbor Wan	State Glege	PA	16807
Street Address	City or Municipality	State Cod	Zip
Enea Kurti - Ku Nam	rtious moving		
• Describe the type of transportation serv	loading juntoading	g, drivi	ng
 What will be the usual origin and desting cities, boroughs, or townships. 	nation? Please give specific loca	tions, such as n	ames of
State College - Pitts	burgh		
 How frequently is this service needed? As helded 	Example: Is it on a daily, week	ly, or monthly b	asis?
 Are there others in your area who provi them? 		•	
Appalachian movers,	they are more	e upens,	ve
@wdl		1' .0	
 Have you supported similar application 	s in the past? If so, who was the	applicant?	
VERIFICAT	ION OF STATEMENT		
The undersigned deposes and s the above-captioned applicant/application and t and that the facts set forth therein are true and belief.		oes make this ve	erification
The undersigned understands penalties of 18 Pa. C. S. Section 4904 relating to	that false statements herein a o unsworn falsification to author		ect to the
	DA PUS BUREAU SECRETARY'S BUREAU	7/8/2 (Date)	015
(Signature of Supporter)		(Date)	
Ann Borzaik	SOIS JUL 13 AMII: 02		

(Supporter's Name, printed or typed)

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522 E Beaver St Bellefante, PA: 16823





Commonwealth of Pennsylvania

Pennsylvania Public Utility Commission

P.O. Box 3265

Harris burg, PA 17105-3265