

RECEIVED

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
(717) 772-7777
www.puc.pa.gov

Revised 7/9/15
MAR - 2 2016

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

JOEL SICHERMAN

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration, if applicable)

BEST DARN MOVERS

Please note our name is intended as one word- BestDarnMovers, B, D, and M are capitalized.

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Trucking" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PA PUC Authority?** **NO** Previous Authority? **NO**

If yes, at PUC No. A- _____

4. **Are you a business entity registered with the PA Department of State?** **NO**
If No, you must first register (see checklist) **INDIVIDUAL**

If Yes, provide your PA Corporation Bureau Entity ID Number _____
(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use post office box)

210 DIVISION ST
Street Address

KINGSTON PA 18704
City, State and Zip Code

570-852-9243
Telephone Number

LUZERNE
County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

6. **Mailing Address** (if different from Physical Address)

same
Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

NO
Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

8. **Do you hold interstate operating authority?**

No _____ Yes, at No. _____

WILL BE APPLYING

9. **What type of commodities do you intend to transport?**

PICK UP AND DELIVERY OF FURNITURE FOR RETAIL STORES
COMMERCIAL MOVING

10. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge 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.

JOEL SICHORMAN
(Print Name)

Joel M. Sichorman (Signature) 3-2-2016 (Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Application for Registration of Fictitious Name
54 Pa.C.S. § 311

Name		
Joel Martin Sicherman		
Address		
210 Division Street,		
City	State	Zip Code
Kingston	PA	18704

Document will be returned to the name and address you enter to the left.

Fee: \$70.00

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:
BestDarnMovers

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
Preparation (Packing) for Household and Commercial Goods. Transport of Household and Commercial Goods. Pick-up and/or Delivery of Furniture.

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

210 Division Street,	Kingston	PA	18704	Luzerne
Number and street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip
Joel M Sicherman	1230 Murray St ,	Forty Fort ,	Luzerne , PA ,	United States , 18704

5. Each entity, other than an individual, interested in such business is (are):

Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration of Fictitious Name to be executed this
23rd day of February ; 2016 .

Joel M Sicherman
Individual Signature



EG989485293US



Addressee Copy
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

here:

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery	Postage
	<input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	\$
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee
Mo. Day Year	Month Day	\$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery	COD Fee
	<input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$
Flat Rate <input type="checkbox"/> or Weight	Military	Insurance Fee
lbs. ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	\$
	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signatu
Mo. Day			

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic)
Additional merchandise insurance is customer requests waiver of signature.
I wish delivery to be made without obtaining sig. of addressee or addressee's agent (if delivery is judged that article can be left in secure location) & authorize that delivery employee's signature const. valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature



To: Agency Floor: Ext:

FROM: (PLEASE PRINT) PHONE 576-557-9243

JILL S. GILLMAN
BESTMANMUNTERS
210 DIVISION ST
Kingsport PA 18764

TO: (PLEASE PRINT) PHONE

SECRETARY
PA DUC
400 NORTH STREET 2ND FLOOR
HARRISBURG PA 17120

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

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FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

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FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811

