## 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-2016-2534040			
PUC Application Docket No.			
James ? Debra Amer	_+		
DBA - We-Haul moving			
1866 Auburn Street Bethlehem	PA	180(5	
Street Address (principal place of business) City or Municipality	State	Zip	
	Code		

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.

James Ament. Owner

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

n/A

3. Describe the applicant's business experience, particularly any experience relating to the

30 years of moving experience. Knowledgate in moving. Packing hoisting, lestimates, rigging & driving, dispatching.

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.  Office, Warehouse ξ Truck Location  1866 Auburn St. Bethlehem PA 1805
Warehouse is 13,000 sq. Feet  Office is adjacent to the warehouse.  Office machines include computers, credit care  machine, printer, fax machine? Phones.  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.  We receive customer requests Via phone  Elemand.  To dispatch the vehicles we will use  our own drivers, helpers and trucks.  Continuous communication with drivers  Continuous communication with drivers  6. Please explain:
a. Your hiring standards for drivers; Drivers must have a valid drivers licene Drivers must have a valid drivers licene Drivers must have a valid drivers licene medical card, log book knowledge, and moving or delivery experience preferred.  b. Your system to ensure prospective drivers will be subject to a criminal background check:  Once application is submitted a background check is Completed.  c. Your driver training program: All drivers start as helpers. They shadow the drivers for a month. Miller acter their month training we test their drivings will be subject to a criminal background check every two years:  We request a drivers license abstract from Penn Dot every 90 Days.  e. Your system to ensure that all drivers will be subject to a criminal background check every two years:  We update our employee files every 3 months.  f. Your policies regarding alcohol and drug use by your drivers.  2000 Tolerance.

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 vears.

<u>YEAR</u>	<u>MAKE</u>	<b>MODEL</b>	SEATING CARACITY	<u>VEHICLE II</u>	<u>) #</u>
2013	Chemo	Cutaur:	CAPACITY  2  3	16B363 5PVNJ8J	CGIDII3650 8 V4H4563317
a. b.	Your periodic of the Control of the	or ensuring your vedards and the Complete Grand the	thicles will continumission's equipmed and we complete Authority, explaint years in age:	updated ten any	e & Safety  nsylvania's  on a
Ī	meet all USDO	T equipment stand	Authority, explain lards.	how it will be ensured and routing to the chirch the month	re es are

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have

-Beneficial-Trac, Pepe - 267-765-2525 -National Continental-Mike Pope -724-575-8888

CANDO 2434.56/1/2 Linbily 2800/1/2 Awt 8130.38/1/2 10. Criminal Record. Has the applicant\* been convicted of a misdemeanor or felony for which 

changes

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	<b>Position</b>	(Balance	Sheet)
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As of (date) 8/9/6

Current Assets

Cash

Other Current Assets (specify)

Other Assets

Motor Vehicle Equipment **Building and Structures** Office Equipment Investments and Funds (specify)

TOTAL ASSETS

72,000

## <u>LIABILITIES</u>

Current Liabilities (Due within one year of date) Long Term Liabilities (Due after one year of date)

TOTAL LIABILITIES

32,000

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

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.

## 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.

Sixnature)

(Date)

(Name and Title, printed or typed)

Owner

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SECRETARY'S BUREAU PO BOX 3265 Harrisburg. DA 17105-3265 -որկերկիրությունների բներիկների ինկիրիկիր կերկին հերկրդութի 17105-326565