

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

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of Armstrong Relocation Company, LLC
(Applicant/Transferee-Buyer)

for the approval of the transfer and to exercise the right

as a common carrier, described at Docket No. A-2012-2304508,

Utility I.D. # A-00122171 issued

to Holman Moving Systems LLC
(Transferor – Seller)

for transportation of household goods in use
(persons – household goods)

SEE INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. Armstrong Relocation Company LLC
(Full and Correct Name of Applicant/Transferee)

2. _____
(Trade Name, If Any)

The trade name _____ been registered with the Secretary of the Commonwealth
(has or has not)

on _____ (attach copy of stamped registration form.)
(Date)

3. 3927 Winchester Road
(Business Street Address) (P. O. Box, If Any)

Memphis _____ TN _____ 38118 _____
(City) (County) (State) (Zip) (Telephone)

4. Applicant's attorney (for this application) is:

Craig A. Doll, Esquire P.O. Box 3265, Hummelstown, PA 17036 (717) 566-9000
(Name) (Address) (Telephone)

5. Any documents should be mailed to:

Transferee: Armstrong Relocation Company, c/o Mr. Bob Ratton, 3927 Winchester Rd., Memphis, TN 38118

(Name)

(Address)

Transferor: Holman Moving Systems 20 E. Commons Blvd. New Castel, DE 19720

(Name)

(Address)

6. Applicant does not hold Pa. P. U. C. authority under Docket Number
(does or does not)

A- _____ and operates as a _____ carrier.
(common or contract)

7. Applicant does not 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).

(Name)

(Address)

Corporation. Organized under the laws of the state of Delaware

and qualified to do business in Pennsylvania by registering with the Secretary of the

Commonwealth on 1/18/17 (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 Transferor desires to exit the business

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. See Business Plan

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:

[Signature]
(Each Partner Must Sign)

(Date)

(Corporate Seal)

N/A

Transferor sign here:

[Signature]

Jan 19, 2017

(Corporate Seal)

APPLICATION VERIFICATION

I/We hereby state that the statements made in the application are true and correct to the best of my/our knowledge, information and belief.

The undersigned understand(s) that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to Unsworn Falsification To Authorities.

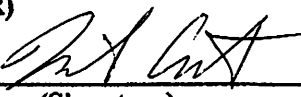
TRANSFEROR (SELLER)

Katherine E. Holman		Jan 19, 2017
(Print Name)	(Signature)	(Date)

(Print Name) **(Signature)** **(Date)**

(Print Name) **(Signature)** **(Date)**

TRANSFeree (BUYER)

Michael Caricato		
(Print Name)	(Signature)	(Date)

(Print Name) **(Signature)** **(Date)**

(Print Name) **(Signature)** **(Date)**

If the Applicant is a sole-proprietor, he/she must complete and sign the Application Verification form. If the application is for a partnership, all partners to the partnership agreement must sign this form. If the Applicant is incorporated, the President or Secretary must sign this form.

ITEM 8
Foreign Registration Certificate and List of Officers

Officers:

M. Todd Watson – Chief Executive Officer

Mark E. Brandenburger – Chief Manager / President

S. Robert Parks – Treasurer

Robert W. Ratton, Jr. – Secretary

Michael Caricato – Manager

Members:

M. Todd Watson

Evelyn I. Springer Generational Trust

Entity# : 6498440
Date Filed : 01/18/2017
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: 1033053250Pg 1 Name City State Zip Code <input checked="" type="checkbox"/> Return document by email to: City State Zip Code	Foreign Registration Statement DSCB:15-412 TCO170118MC0607
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

Read all instructions prior to completing. This form may be s

Fee: \$250

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- | | | |
|---------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | |

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

Armstrong Relocation Company LLC

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

A resolution of the governors adopting the name in 2A for use in registering to do business in this Commonwealth must be attached.

3. The jurisdiction of formation is: Delaware

4. The street and mailing address of the association's principal office.

3927 Winchester Rd.	Memphis	TN	38118
Number and street	City	State	Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

Number and street	City	State	Zip
-------------------	------	-------	-----

2017 JAN 18 AM 9: 37

DEPT OF STATE

5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) - not both:

(a) _____
Number and street City OR State Zip County

(b) c/o: C T Corporation System Dauphin
Name of Commercial Registered Office Provider County

6. Check one of the following:

- The association may not have series.
 The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- The Foreign Registration Statement shall be effective upon filing in the Department of State.
 The Foreign Registration Statement shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

The association is a limited liability company which is not organized to render any of the below professional service(s).

The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

- ___ Chiropractic ___ Dentistry ___ Law ___ Medicine and surgery
___ Optometry ___ Osteopathic medicine and surgery ___ Podiatric medicine ___ Public accounting
___ Psychology ___ Veterinary medicine

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 13th day of January, 2016.

Armstrong Relocation Company, LLC
Name of Association
[Signature]
Signature
[Title]
Title

ITEM 10.

Rights to be Transferred to Applicant

Original Rights

To transport, as a common carrier, household goods in use, between points in the counties of Philadelphia, Delaware, Montgomery and Bucks, included within a line which connects the boundaries of Chester, West Chester, Paoli, Norristown, Doylestown and Morrisville, but not including said places.

To transport, as a common carrier, household goods in use:

1. From points in the county of Berks, to points in Pennsylvania, and vice versa, provided that the transportation is at the request of the householder and as an incident of a move by the householder from one domicile to another; and
2. Between points in the city of Lancaster, Lancaster County, and within eighteen (18) miles by the usually traveled highways of the limits of the city, and from points in said city and territory to other points in Pennsylvania, and vice versa.

Additional Rights

On May 23, 2015, the Commission published a Final Rulemaking Order in the Pennsylvania Bulletin (Docket No. L-2013-2376902) which changed the way household goods in use carriers do business in Pennsylvania. One of the provisions of that Final Rulemaking provided that existing household goods in use common carriers would be deemed to have statewide authority unless they would advise the Commission otherwise.

Transferor Holman Moving Systems did not advise the Commission otherwise. Therefore, the rights transferred herein consist of statewide authority.

No rights are being retained by Transferor.

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.

PUC Application Docket No.

Armstrong Relocation Company, LLC

Legal Name of Applicant

Trade Name, if any

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.

Mike Cancato, Chief operating Officer / Manager
3927 Winchester Road
Memphis TN 38118

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

The applicant is an agent for United Van Lines and Mayflower Transit; servicing interstate household goods and general commodities shipments.

The applicant is also a common owned member of Armstrong Relocation & Companies headquartered in Memphis, TN. While the applicant will operate independently, it can draw upon the Armstrong family of Companies for technical and financial assistance.

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.

Armstrong Relocation & Companies was founded in 1958 and operates 24 household goods moving and storage companies across the United States.

Mr. Cancato, has been actively operating moving and storage companies over the past 30 years.

Additionally, the applicant will be hiring the current employees of the company whose assets are being acquired. These employees average over 10 years of experience in the household goods moving and storage industry.

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.

The facility will be located at 10E & 20E Commons Blvd., New Castle, DE 19720 and 435 Main Street, Hackensack, NJ 07601. The physical location is the same as used by Holman Moving systems, LLC for ongoing moving and storage operations.

Facilities consist of a square foot metal building that is fully insulated with fire and burglary protection. The facility meets all Government and Department of Defense household goods storage requirements. All storage is securely containerized. The building is exclusively used for the storage of customer household goods or business furniture, fixtures or equipment. There are no vehicles or hazardous materials stored within the building.

There is not an on-site vehicle repair facility. We utilize outside vendors in close proximity for these services.

The office more than adequate to house the personnel necessary to maintain the necessary level of operation and receive clients as required.

The parking is black top asphalt with strategically placed concrete to prevent heavy truck damage to the surface. It is adequate to park 50+ personal vehicles and a fleet of 30 commercial vehicles.

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.

Clients may engage our services through telephone, email or internet portal. They may be individual consumers, corporate accounts or other moving and storage entities hiring our services.

All crews are will be dispatched in person from the facility. All drivers are equipped with smart phones which can handle telephone, text and email communications. Drivers must give routine status reports 4 to 6 times daily to their respective dispatcher.

All customers will be assigned a move coordinator to serve as the "hub" of customer communication and assure that quality standards are met. Management carries smartphones at all times and performs routine job site visits and quality checks.

6. Please explain:

Attached to this business plan and application are the following documents:

1. The Armstrong Relocation & Companies President's Guide to driver hiring, qualification, orientation & training and safety management and reporting.
2. The United Van Lines Van Operator and Agency Safety Policies document.
3. A Van Operator (driver) Qualification, Application and Alcohol & Drug Abuse Training Guide.

All Armstrong Relocation Van Operators are held to the standards as listed in the attached documents. The standards, as a whole, are equal to or more stringent than the Federal Motor Carrier Regulation requirements. Armstrong holds all drivers; regardless of interstate, intrastate or local dispatch, to these standards. Management and Agency Safety representatives are trained for proper implementation and monitoring of compliance. Agency Safety Representatives are responsible for monitoring safety performance, regulatory compliance, the reporting of any safety concerns and are fully authorized to make "safety first" decisions.

- a. Your hiring standards for drivers;

All drivers must possess a commercial driver's license (CDL). Driving records are obtained and reviewed as part of a DOT Driver Investigation File created for each driver. A prospective hire must pass a road test and be medically certified to operate. After being hired a driver must pass an annual driver performance evaluation review.

Listed below is our entire driver qualification process and standards. Our on-site Agency Safety Representative is charged with ensuring compliance.

1.1. VAN OPERATOR QUALIFICATIONS

1.2. A van operator must meet the following qualifications:

- 1.2.1. Must be a minimum of 21 years old.
- 1.2.2. Must be able to read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make written entries on reports and records.
- 1.2.3. Must be able, through experience, training, or both, to safely operate the type of motor vehicle driven.
- 1.2.4. Must be able, through experience, training, or both, to determine whether the cargo being transported has been properly located, distributed, and secured in or on the motor vehicle driven.
- 1.2.5. Must be familiar with methods and procedures for securing cargo in or on the motor vehicle driven.
- 1.2.6. Must be physically qualified to drive a motor vehicle in accordance with Subpart E – Physical Qualifications and Examinations of Federal Motor Carrier Safety Regulations (FMCSR) 391.41.

1.3. If a van operator or applicant fails to meet the stated physical requirements and uses the provisions of FMCSR Section 391.49 regarding physical waivers, the following Van Lines' procedure shall apply:

- 1.3.1. All qualification information, physical, waiver documentation, and medical records shall be submitted to the Van Lines' Safety department for review.
- 1.3.2. If all qualification requirements other than the physical portion are met, the medical information will be forwarded to the Van Lines' Safety manager for review.
- 1.3.3. If physical documentation (including drug testing requirements), waiver documentation, and medical records are found to be complete, the documents will be forwarded to Van Lines' medical consultant.
- 1.3.4. It shall be the responsibility of the medical consultant, after reviewing all pertinent information, to order further tests and medical examinations in St. Louis, Mo., as necessary for evaluation of the van operator applicant's physical ability to operate a commercial motor vehicle.
- 1.3.5. All expenses regarding transportation to St. Louis, Mo., and costs for further testing and examination shall be borne by the agency sponsoring the van operator for qualification.
- 1.3.6. The medical consultant shall submit to Van Lines, in writing, the findings of his/her evaluation and recommendation for qualification.
- 1.3.7. The Van Lines' Safety manager will coordinate all activities regarding the waiver evaluation and will make the final qualification decision, using the medical consultant's evaluation and recommendation and discussion with division management as the basis.

1.4. Must complete and furnish Van Lines with an application for employment in accordance with FMCSR Part 391.21.

1.5. Any material falsification or misrepresentation of the qualification information during the qualification process or after the van operator is qualified will subject the individual to immediate disqualification from Van Lines' service.

1.6. Must have a current, valid commercial motor vehicle driver's license (CDL) or a valid license for the vehicle being operated issued from the state of residence.

1.7. Must successfully complete a driver's road test in accordance with FMCSR Part 391.31, or has presented an operator's license or a certificate of road test, which Van Lines has accepted as equivalent to a road test in accordance with FMCSR Part 391.33.

1.8. Must have 30 days' commercial driving experience indicating professional performance for the Master Lease fleet and one year for the Continental fleet.

1.9. Must have 30 days' experience in household goods moving and handling or non-household goods (Third Proviso/Special Commodities) experience to be qualified for the Master Lease fleets and one year's experience for the Continental fleet.

1.10. Must receive new van operator orientation and ongoing training from qualifying agent.

- 1.11. Must prepare and furnish the motor carrier with a list of violations or a certificate as required by FMCSR 391.27.
- 1.12. Is not disqualified to drive a motor vehicle under the rules set forth in section 391.15 (FMCSR); this includes multiple driving/criminal violations (e.g., felony use of a vehicle, driving under the influence of drugs/alcohol, leaving the scene of an accident).
- 1.13. An applicant shall not have more than two moving traffic citations in the 12 months preceding the application and no more than four citations in the 36 months preceding the application.
- 1.14. An applicant:
 - 1.14.1. must not have pled guilty to, or been convicted of, operating a noncommercial motor vehicle while under the influence of alcohol or a controlled substance during the 36-month period prior to the date of the application, and an applicant may have no more than one such conviction on his/her entire record; or
 - 1.14.2. must not have pled guilty to, or been convicted of, operating a commercial motor vehicle while under the influence of alcohol during the 60-month period prior to the date of the application, except that if the offense was in connection with an accident or the offense occurred during the time the applicant was previously qualified to operate for Van Lines, the applicant will not be eligible for qualification to operate for Van Lines; or
 - 1.14.3. who has pled guilty to, or been convicted of, operating either a commercial motor vehicle or noncommercial motor vehicle while under the influence of alcohol on more than one such occasion will not be eligible for qualification to operate for Van Lines; or
 - 1.14.4. who has pled guilty to, or been convicted of, operating a commercial motor vehicle while under the influence of a controlled substance will not be eligible for qualification to operate for Van Lines.
- 1.15. Cannot have more than one preventable accident while operating a commercial vehicle in the 12 months preceding application and no more than two preventable accidents in the 36 months preceding application.
- 1.16. An applicant shall not be eligible for qualification if he/she has been convicted of one of the following felonies; hereafter referenced as Type 1 Felonies:
 - a. a felony which resulted in taking of a life including but not limited to capital murder, first degree murder, second degree murder, homicide and manslaughter.
 - b. a felony which resulted in serious physical injury including but not limited to assault or battery causing serious physical injury.
 - c. a felony involving a sexual offense including but not limited to rape, sexual assault, sodomy, deviate sexual assault and child molestation.
 - d. a felony involving organized criminal activity including but not limited to extortion, racketeering, and drug distribution.
 - e. a felony involving the use of weapons including but not limited to armed criminal action, burglary and robbery.
 - f. a felony involving a hate crime.
 - g. a felony involving kidnapping.
 - h. a felony involving terrorist activity.
 - 1.16.1. An applicant shall not be eligible for qualification if he/she has pled guilty or has been convicted of a felony within thirty-six (36) months of the date of the application and the applicant may not have two (2) or more felony convictions on his/her entire record.
 - 1.16.2. An applicant shall not be eligible for qualification if he/she has pled guilty or been convicted of a misdemeanor (excluding non-alcoholic and/or non-drug driving/traffic-related violations) within twenty-four (24) months of the date of the application, and the applicant may not have three (3) or more misdemeanor convictions within the last ten (10) years.
 - 1.16.3. If an applicant has a felony conviction (other than a Type 1 Felony) within the last ten (10) years, then he/she may not have more than one misdemeanor in the last ten (10) years.
 - 1.16.4. An applicant shall not be eligible for qualification if he/she has been incarcerated for a non-traffic misdemeanor or felony conviction within twelve (12) months of the date of the application.
- 1.17. A guilty finding entered by a court shall be deemed under these standards to be a conviction.

1.18. An applicant shall not be eligible for qualification if he/she is on court probation/parole for any criminal misdemeanor or felony or if the applicant has criminal misdemeanor (excluding non-alcoholic and/or non-drug driving/traffic-related violations) or felony charges pending.

1.19. Any van operator in violation of the driver qualification regulations as set forth in the Federal Motor Carrier Safety Regulations (FMCSR) will be assessed a \$100 fine for each violation. Multiple violations within a 24-month period will result in further disciplinary action up to and including suspension or permanent disqualification.

Any van operator operating a Commercial Motor Vehicle (CMV) with a revoked, suspended, cancelled license/Commercial Drivers License (CDL), or medically unqualified to operate a CMV or operating a CMV without the proper license/CDL will be permanently disqualified.

b. Your system to ensure prospective drivers will be subject to a criminal background check;

Each driver is subject to an annual performance evaluation which includes a safety procedure rating, a road test, an updated background check, an updated MVR, and must include a negative drug test result if any.

Our On-Site Agency Safety Representative is responsible for ensuring compliance. Our complete driver qualification standards are listed above in section (a) and are available in the attachments.

c. Your driver training program;

We require online classroom certifications through United Van Lines University and United Van Lines Quality Labor Training program to assure customer satisfaction as well as safe operations. A minimum of 30 days on the job household moving experience is required prior to driver qualification. We maintain an on-staff and on-site Quality labor trainer certified by United Van Lines.

d. Your system for ensuring that your drivers are properly licensed at all times;

United Van Lines and Armstrong's safety departments run MVR reports annually and monitor federal motor carrier safety performance databases. The full time and on-site Agency Safety Representative is responsible for this function.

e. Your system to ensure that all drivers will be subject to a criminal background check every two years;

United Van Lines and Armstrong's safety departments run background reports annually and monitor federal motor carrier safety performance databases (such as the Vigillo database). The full time and on-site Agency Safety Representative is responsible for this function.

f. Your policies regarding alcohol and drug use by your drivers.

Applicant maintains zero tolerance policy. Drivers are randomly tested. Our on-site Agency Safety Representative is charged with ensuring compliance.

Listed below is our driver drug and alcohol policy standards.

DRUG AND ALCOHOL POLICY

1.20. Drug and alcohol program includes all van operators and second van operators, regardless of their license.

1.21. Van Lines prohibits the use, possession, transportation, or distribution of illegal or unauthorized drugs, illegal drug paraphernalia, and alcohol throughout the Van Lines' system.

1.22. Van operators and other personnel involved with vehicles are prohibited from reporting for duty or being on duty after having used or ingested illegal drugs; having abused, used, or ingested unauthorized drugs; having abused, used, or ingested other prohibited drugs, including alcohol.

- 1.23. Such personnel are further prohibited from reporting for duty or being on duty under the influence of such drugs or alcohol.
- 1.24. The prohibited drugs shall include:
 - 1.24.1. those prohibited by federal, state, or local laws;
 - 1.24.2. those drugs described in and/or referred to in the Federal Motor Carrier Safety Regulations;
 - 1.24.3. prescription drugs not properly prescribed for bona fide medical use;
 - 1.24.4. possession of drug paraphernalia to the extent that it violates state or local law; and
 - 1.24.5. any other abused drug or substance, including alcohol.
- 1.25. Such personnel are further prohibited from reporting for duty or being on duty while taking legally prescribed drugs that impair their ability to operate a commercial motor vehicle. Any van operator who tests positive for a legally prescribed drug that carries a warning prohibiting the taking of the drug while operating a motor vehicle will be deemed to have violated this Drug and Alcohol Testing section. The first violation will result in suspension for up to 30 days. A second violation within a 36-month period will subject the van operator to an 18-month suspension from Van Lines' service.
- 1.26. As a condition for qualification as a van operator in Van Lines' service, and as a condition for continued requalification as a van operator in Van Lines' service, all applicants for qualification or requalification (if there is a break in Van Lines' service) shall take a drug screening test. These tests shall be administered prior to qualification or requalification. If the final test results are positive, qualification or requalification shall be denied. If the applicant chooses not to take the tests, qualification or requalification shall be denied.
- 1.27. Applicants who test positive for drugs will not be considered for qualification for 18 months.
- 1.28. Any applicant or van operator will not be reconsidered for qualification with two of the following:
 - 1.28.1. positive drug or alcohol results;
 - 1.28.2. refusal to be drug and alcohol tested;
 - 1.28.3. or any combination of a positive drug and alcohol test results and/or refusal to be tested.
- 1.29. Van Lines shall have the right to drug screen and alcohol test immediately any van operator when there is any evidence, suspicion, or behavior indicating that the person may be under the influence of drugs or alcohol. In addition, Van Lines will, as required by federal requirements, select van operators at random for periodic drug screening and alcohol testing. If the person does not take the test, he/she will be disqualified from Van Lines' service for 18 months.
- 1.30. Van operators will be notified of a random drug/alcohol test in compliance with the Federal Motor Carrier Safety Regulations.
- 1.31. When notified of a random drug/alcohol test, the van operator is to report immediately to the collection facility with no more than four hours to elapse between the notification and actual testing. If the van operator fails to report for testing within four hours or refuses to be tested, this will result in disqualification for 18 months from Van Lines' service.
- 1.32. Any van operator who tests positive for drugs or for alcohol under the random drug and alcohol testing program will be disqualified from Van Lines' service for 18 months.
- 1.33. A refusal or failure to submit to a prequalified, random, unscheduled or reasonable suspicion drug or alcohol test will result in an 18-month disqualification. Refusal to submit to a post-accident drug or alcohol test or a positive post-accident drug or alcohol test will result in permanent disqualification. For purposes of this policy, a van operator shall be deemed to have refused a test when he/she fails to provide an appropriate sample when a laboratory (clinic) is ready, willing and available for testing and the van operator has the reasonable opportunity to present himself/herself to a laboratory (clinic) for testing.
- 1.34. A blatant refusal to submit to a drug or alcohol test will result in a 24-month disqualification. Blatant is defined as an overt and obvious refusal to submit to a test.

- 1.35. All costs associated with the drug and alcohol program will be billed to the agency with which the van operator is affiliated.
- 3.17. Any van operator consuming alcohol within four hours prior to operating a CMV will be permanently disqualified.
- 3.18. Any van operator operating a CMV and found to be in possession of alcohol or a controlled substance will be permanently disqualified.
- 3.19. Van operators operating a commercial motor vehicle who have tested 0.02% or greater breath alcohol content will be permanently disqualified on the first offense.
- 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.

See attached fleet listing. This is the same fleet that has been servicing the territory for Holman Moving & Storage, LLC.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>

- 8. Describe your vehicle safety program. Please include the following in your explanation:

Please reference the above listed attachments for specific policies and procedures implemented and enforced by Armstrong Relocation & Companies. The policies meet or exceed the requirements of the Federal Motor Carrier Regulations.

As set forth in Exhibit #1 (Agency Moving Equipment Inspection). Applicant maintains a Vehicle Maintenance File Folder for each vehicle; maintains an accident register, an OSHA 300 log for work related injuries and illnesses as well as other internal controls to insure vehicle and employee safety.

- a. Your periodic vehicle maintenance plan; Preventive maintenance every 6000 miles and Federal DOT inspections every six months (required by FMCR annually).
- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards; Preventive maintenance every 6000 miles and Federal DOT inspections every six months (required by FMCR annually). DOT Inspection facility will also ensure Pennsylvania compliance.
- c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age; N/A
- d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

Preventive maintenance every 6000 miles and Federal DOT inspections every six months (required by FMCR annually).

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 quoted.

Insurance will be obtained through Lipscomb & Pitts Insurance, LLC, 2670 Union Avenue Extended, Suite 100, Memphis, TN 38112.

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution? YES _____ NO X

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.

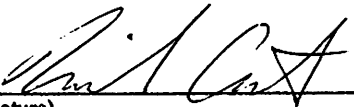
Note: Commission regulations require that if the applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. Each individual holding any of these positions should provide a separate page identifying the individual and a statement of his/her financial position.

Statement of Financial Position (Balance Sheet)

Please see attached.

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)

(Date)

Michael Casicato Chief Operating Officer Armstrong Reclamation

(Name and Title, printed or typed)