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.

/	1-2016-2	578367		
		PUC Application Docket No.		
ABC	Movers	Philapelphia	Inc	
		Legal Name of Applicant		
Trade Name, if any				

600 Rep Lion RD Apt. L.5 Philapelphia PA 19115 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.

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.

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.

3 years of experience moving stuff.

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.

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).

- 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;
 - a. Your niring standards for drivers,
 b. Your system to ensure prospective drivers will be subject to a criminal background check;
 c. Your driver training program; > unper super super vision for 2 weeks (expersive reported)

 - 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 vears:
 - Your policies regarding alcohol and drug use by your drivers.

4 privers for 4 TRUCKS. Pou criminal recorp check for privers. Fleet motics novigators instakes in all vehicles menual certification from poetor.

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.

<u>YEAR</u>	<u>Make</u>	<u>MODEL</u>	<u>SEATING</u> CAPACITY	<u>VEHICLE ID #</u>
2011	ISUZU	NRR	3	JHLE5W16387301254
2011	GMC	<u> </u>	2	<u>1 EDWE 3FLOBDA 795</u> 77 1GD 374GG 3C 19061 93
2003	FORd	<u>E 350</u>	2	1FDWE35L53HB10608

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);
- If applying for taxi authority, your system for replacing vehicles once they are greater than ten model years in age or with mileage greater than 350,000 in compliance with 52 Pa. Code, Section 29.314(c);
- e. If applying for limousine authority, your system for replacing vehicles once have mileage greater than 350,000 in compliance with 52 Pa. Code, Section 29.333(d);
- a. If applying for household goods in use authority, 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.

Persona checkups. Almort every RAY. Tires especia My; lights; où level.

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.

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.

11. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES	\underline{V}_{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 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.

nature) Name and Title, printed or typed)

02 28 17 (Date)

Statement of Financial Polition (Balance Sheet) As of (date) 02 28 17

•

. `

.

<u>ASSETS</u>

.

		•	
Curren	t Assets		
	Cash	30,000	
	Accounts Receivable		
	Notes Receivable		
	Other Current Assets (specify)		
	Total Current Assets		30 000
Tangih	ble Assets		- <u> </u>
rangio	Motor Vehicle Equipment	5 000	
	Less: Accumulated Depreciation	<u> </u>	
	-	=	55000
	Building and Structures		
	Less: Accumulated Depreciation		1
	Less. Accumulated Depreciation	=	· ¢
	Office Equipment		
	Less: Accumulated Depreciation		_
	Less. Accumulated Depreciation	<u>ــ</u> ـــ	ø.
	Land	_ <u></u>	
Invert			<u>_</u>
	nents and Funds (specify) ible Assets		
•	Assets (advances and idle equipment – specify)		
Other		TO	
	TOTAL ASSE	15	85,000
	<u>LIABILITIES</u>		
Curren	t Liabilities (Due within one year of date)		
	Accounts Payable		
	Notes Payable		
	Equipment Obligations		
	Other Liabilities (Attach schedule)		et l
	Total Current Liabilities		<u> </u>
Long 1	Ferm Liabilities (Due after one year of date)		7
-	Accounts Payable		
	Notes Payable		
Equipment Obligations			
	Other Liabilities (Attach Schedule)		Å
	Total Long Term Liabilities		Ý
	TOTAL LIABILITI	ES	
<u>NET W</u>	ORTH (Partnerships and individuals, only)		Φ
<u>OWNE</u>	<u>CR'S EQUITY</u> (Corporations only)		B
	Capital Stock		
	Additional Paid-in Capital		81000
	Retained Earnings		<u> </u>
	Less: Treasury Stock	=	X L Dood
	Total Owner's Equity		85.000
	Total Owner's Equity		85.000
			<u>85,000</u>

STATEMENT OF FINANCIAL POSITION One Year Projected Income Statement

•

÷ •

~

<u>REVENUE and GAINS</u>	
Operating Revenue	110000
Net Revenue from non-carrier operations	
Dividend and interest revenues	
Other non-operating revenue	
Gains	
Total Revenue and Gains	150 000
<u>EXPENSES</u>	,
Equipment Maintenance and Garage Expense	3
Insurance Expense	000
Employee Salaries	50000
Supervisory Salaries	<u> </u>
Officer Salaries	30,000
Fuel Expense	12,000
Purchased Transportation (Lease Expense)	0 . 90
Materials and Supplies Expense	
General Office Expense	
Advertising Expense	25000
Telephone Expense	<u> </u>
Accounting Expense	600
Legal Expense	
Uncollectible Revenue	
Depreciation Expense	50.00
Amortization	
Operating Taxes and Licenses	
Rent Expense	
Loss	
Total Operating Expenses and Losses	145000
<u>Net Income Before Taxes</u>	5000
Provision for Income Taxes	
<u>Net Income (Loss)</u>	
	,

.



FROM; ABC MOVERS PHiladelphia inc. 600 Red lion Rd APT 15 Philadelphia PH 19195 U.S. POSTAGE PHILADELPHIA, PA FEB 28, 17 UNITED STATES \$4.05 1000 17105 7016 1970 πάάπ 8518 5521 PLACE STICKER ATTOP OF ENVELOPE TO THE HIGHT TE; CENYMONWEALTH OF PA. P.O. BOX 3265 Harrisburg, PA 17105-3265 1970 0000 8518 5521 7016

· •

.

իլոնվերունուն, հայ ինչպիլի գորիներին հերաներություններին

1710533265.8099