

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.

MOVERSFORME PA, LLC

Legal Name of Applicant

Trade Name, if any

1234 SUMMIT WAY	MECHANICBURG	PA	17050
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

MARC DOMINGOS- OWNER

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

NONE; MEMBER OF PENNSYLVANIA MOTOR TRUCK ASSOCIATION

3. Please provide evidence of minimum of two-years' experience with a licensed household goods carrier as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-I).

I have 8 years of relevant experience. I have worked industrial environment for the Department of Defense for Defense Logistics Agency with knowledge and successful proficiency in physical receipts, storage and Shipping of military and commercial repair parts, clothing and textiles, medical supplies, and Industrial, hazardous and electronic components to the U.S. military worldwide. Also knowledgeable with DOT guidelines and regulations, for trucks, trailers and carriers.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of 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.

We operate out of two home offices in Mechanicsburg, Pennsylvania. Two 15 x 10 and 14 x 12 Office Areas, equipped with, a laptop, tablet, two cellular phones, two printers, and 4 monitors. Vehicles and Storage are stored at Capitol Storage in Enola, PA. This facility is secured.

5. 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 territory you will be serving. In addition, please explain:

We intend of hiring one driver to start. We only have one vehicles and starting with minimal volume we wouldn't have a need for more than one driver.

- a. Your hiring standards for drivers; MVR/Driver History, Background Check, Drug/Alcohol Screening, and Random Testing
 - b. Your system for conducting criminal background checks; Background checks will be performed via third party; will include inquiries from local, state, and federal law enforcement agencies.
 - c. Your driver training program; We intend of using NSC Online Courses to certify each driver can perform basic road tests, and training on our safety equipment and procedures.
 - d. Your system for conducting driver license checks; Drivers must disclose any changes to their MVR and we will scan DMV databases prior to and during insured period.
 - e. Your policies regarding alcohol and drug use by your drivers. Zero Tolerance. Anyone found under the influence/impairment of drugs, or alcohol illegal or prescription drug use will be referred for treatment and removed from driving duty. If effects are due to prescription drug, they will be limited duty, and not permitted to drive, if not they will be immediately be terminated.
6. 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 territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

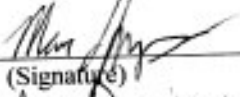
<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2011	Ford	E350 Super Duty	2	1fdwe3f9bda956	150,000

7. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan:
Our periodic maintenance plan, includes the following full web based maintenance system, 24-7 roadside assistance, oil/coolant testing, preventative maintenance, DOT Testing, audit preparation, regulatory compliance. We require our drivers to complete vehicle condition reports. These forms will be used at the completion of each run in accordance to DOT 396.11. We start a safety checklist, steering, brakes, tires, wheels, lights, glazing, lugs, mirrors, defrosters, wipers, body, chassis, etc. Additional areas on the form allow drivers to explain defective observations and a company fuel, speedometers, odometers, written response and remedial action, and acknowledgement of the condition report.
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).
Vehicles are inspected using a checklist prior to each usage. All vehicles will be inspected at each vehicles maintenance appointment by certified mechanics. We start a safety checklist, steering, brakes, tires, wheels, lights, glazing, lugs, mirrors, defrosters, wipers, body, chassis, etc. Additional areas on the form allow drivers to explain defective observations and a company fuel, speedometers, odometers, written response and remedial action, and acknowledgement of the condition report.
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

I contacted the Pennsylvania Motor Truck Association, and I have retained a consultant they referred me to as well as three agencies that offer the comprehensive packages for moving. I have been In contact and am weighing options as far as accessibility and affordability.

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)

Marc Domitry - Owner
(Name and Title, printed or typed)

10-24-17

(Date)