

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

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Revised 7/17/17

2018 JAN -5 AM 10:29

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## Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE (FOR COMMON CARRIERS) OR PERMIT (FOR CONTRACT CARRIERS) TO OPERATE AS A COMMERCIAL CARRIER OF HOUSEHOLD GOODS IN USE.

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

Quinn Moving, LLC

- 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)

\_\_\_\_\_

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 PUC Authority?**  NO **Previous Authority?**  NO

**If YES, at PUC No. A-** \_\_\_\_\_

4. **Are you a business entity registered with the PA Dept. of State?**  NO

If NO, you must register (see checklist on how to register)

**If YES, provide your PA Corporation Bureau Entity ID Number** 6403913

(See checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

John Quinn, Owner  
436 Powell Ln  
West Chester, PA 19380

6. **Physical Address** (do not use PO Box)

436 Powell Ln  
Street Address  
West Chester, PA 19380  
City, State and Zip Code  
215-872-1955 Chester  
Telephone Number County

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

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

\_\_\_\_\_  
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**.

8. **Attorney** (if applicable)

\_\_\_\_\_  
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.

9. **Does applicant have a USDOT Number?**

     No   X   Yes, at No. 2975183

10. **Describe the service area proposed by this application.**  
(Use the space below or attach additional sheet if space provided is not sufficient).
- 

Transport household goods in use between and in the surrounding counties of Chester County which would include Delaware, Berks, Montgomery, Bucks and Philadelphia

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*Examples:*

- *To transport household goods in use between points in Pennsylvania.*
- *To transport household goods in use from points in Centre County to points in Pennsylvania, and vice versa.*

11. **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 Household Goods in Use; 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.

John W Quinn  
(Print Name)

John W Quinn 1/2/18  
(Signature) (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).

# 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.

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**Quinn Moving, LLC**

Legal Name of Applicant

Trade Name, if any

**436 Powell Ln**

**West Chester, PA**

**19380**

19 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.

John Quinn, Owner

436 Powell Ln , West Chester, PA 19380

215-872-1955

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

No Known affiliation at this point in time other than working as a driver and delivery person of furniture for furniture store and helping a locally owned Home Staging business deliver and pick up furniture. Also, had many years of summer time work experience with Wares United Van Lines and in addition, my father has been an owner operator for 41 years working for Mayflower and currently Suddath United Van Lines with whom I spent many days helping and discussing the moving industry.

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-).

The company (Ware's United) I was employed by is out of business and I do not have W-9 or tax return information from 10 years ago.

Please see attached letter

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.

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:
- a. Your hiring standards for drivers;
  - b. Your system for conducting criminal background checks;
  - c. Your driver training program;
  - d. Your system for conducting driver license checks;
  - e. Your policies regarding alcohol and drug use by your drivers.

Please see attached

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.

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SEATING CAPACITY*</b>	<b>VEHICLE ID #</b>	<b>MILEAGE</b>
2010	Isuzu	NPR	3		135897

My business plan is to use one truck. This will meet the needs of the intended purpose of making local furniture deliveries and small deliveries of furniture for home staging purposes of which most will be within a 20-30 mile radius. In addition, we will be able to transport packing materials for household packing.

7. 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 applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Please see attached

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

**I currently have a business line of credit of \$15,000 to cover the premiums for insurances. In addition, a \$5,000 credit card has also been opened to assist with any immediate needs.**

9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_ YES    X NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Our business plan is to supplement the furniture deliveries and home staging with third party packing assistance. In combination with the home staging and additional income earned from the packing jobs we will be able to maintain our insurances while also being able to perform the required annual vehicle maintenance and any additional fixes that would ensure our vehicle is operating as safe as possible. We have also been approved for operating interstate moving.

### 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.

John W Quinn  
(Signature)  
John W Quinn, Owner  
(Name and Title, printed or typed)

1/2/18  
(Date)

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**Statement of Financial Position (Balance Sheet)**

As of (date) 12/20/17

ASSETS

Current Assets		
Cash	<u>\$1,800</u>	
Other Current Assets (specify)		
Total Current Assets		<u>\$1,800</u>
Tangible Assets		
Motor Vehicle Equipment	<u>\$20,000</u>	
Property (buildings, land, etc.)	<u>\$315,000</u>	
Office Equipment		
	<b>TOTAL ASSETS</b>	<u><b>\$336,800</b></u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit	<u>\$5,637</u>	
Other Liabilities (Attach schedule)		
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>\$213,170</u>	
Long term commercial truck loan	<u>\$14,468</u>	
Other Liabilities (Home Equity LOC)	<u>\$39,330</u>	
Total Long Term Liabilities		
	<b>TOTAL LIABILITIES</b>	<u><b>\$267,967</b></u>

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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.

My facilities currently will be my house as we are a start up moving company specializing in small moves, furniture deliveries from local furniture stores and home staging. I have hired Foley Services to assist with the process of maintaining records such as driver files and I will be in charge of maintaining and storing my company files within a file cabinet at my house. There will be no storage offered at this time.

To receive customer requests, they will come via a phone call or text to my cell phone. I will be the only driver at this time and vehicle will be dispatched according to the most efficient traveled route for the requested services of that day.

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:

- a. Your hiring standards for drivers;
- b. Your system for conducting criminal background checks;
- c. Your driver training program;
- d. Your system for conducting driver license checks;
- e. Your policies regarding alcohol and drug use by your drivers.

The current plan will be to use one driver which will be myself. That will be appropriate for the sized territory as 90% of our business will be in the Chester and Delaware county with the odd request to deliver a piece of furniture to Philadelphia, Berks, Montgomery and Bucks counties. In addition, until the company grows enough to support two crews, one driver/crew will only be necessary to facilitate the size of the jobs as we will only be running one 16 foot box truck.

When the need arises and the business starts to grow, another driver will be added after a criminal background check, motor vehicle report, drug test and driver's license check is conducted which Foley Services will assist me in conducting, maintaining and recording driver's history and record. Every year, a motor vehicle report will be run for every driver. We will prepare and maintain a driver qualification file for each driver and prepare and maintain a Safety and Performance File for each driver. Applicants must have 1-2 years of verified experience driving a truck with at least a 14,500 GVW or similar vehicle such as a school bus requiring a class B license.

A strict zero tolerance policy for alcohol and drugs will be enforced including testing upon hiring, testing upon suspicion and random testing conducted throughout the year. We will enroll in a random drug and alcohol testing program and have all active drivers sign my drug and alcohol policy. We will not tolerate any driver who has tested with an alcohol content greater than .04, and who has refused to submit to an alcohol and drug test. These files will be maintained by myself and Foley Services.

7. 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 applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Annual inspections will be required for any vehicles or acquired vehicle from an official inspection station. A pre and post trip inspection will be conducted on a daily basis to determine all systems are in correct working order. Drivers will be required to document any defects that are found as soon as possible so said defects can be corrected in a timely manner before vehicle is allowed to return to duty. The maintenance records for each vehicle will be maintained and stored.

Patrick N. Quinn  
553 Harleysville Pike  
Souderton, PA 18964

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To Whom It may Concern,

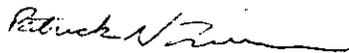
John W Quinn was employed by me as a household goods mover. His employment consisted of working on days off and seasonal help while attending school from 1991 and 2000. He also assisted when needed from 2001 to 2015.

While working for me, he was tasked with moving furnishings and boxes into and out of residences, padding furniture, loading the furniture and boxes inside the truck and securing said loads and equipment and packing their belongings in boxes for maximum efficiency and safety. While employed he learned the ins and outs of the moving industry as it pertains to developing a customer base, customer referrals with follow ups to develop future customers from past relationships and maintaining a staff of workers trained and disciplined to a high level of performance. In addition, vaulting the furniture while being warehoused. Also, he was able to learn about vehicle and equipment maintenance for proper functioning and safety.

I have worked as an owner operator for Mayflower from 1976 to 2006. After 2006, I have been and am currently employed as an owner operator for Suddath United Van Lines.

If you should have any questions, please feel free to contact me at 215-859-0329.

Regards,

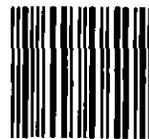


Patrick N. Quinn

John Gumm  
436 Powell Ln  
West Chester PA 19380



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