

APPLICATION CHECKLIST
**Motor Common Carrier or Motor Contract Carrier
Of Household Goods in Use**

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless eFiled with the Commission's online eFiling system at www.puc.pa.gov)
- Applicant's Verified Statement.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania;"
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

If not eFiled, mail your application and attachments to: **Secretary, PA Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, Pennsylvania 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

Revised 7/17/17

General Information for Preparing and Filing the Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

1. 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.
2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form H for cargo insurance and a Form E for bodily injury and property damage insurance.** These forms are mailed to the Commission directly from the home office of your insurance carrier. The name and address on your insurance forms must **exactly** match the name and address you have provided on your application. If your insurance company subscribes to NOR (National Online Registries, Inc. at www.mcinfo.org), you can request the insurance company to file the required insurance forms electronically through NOR. The electronically filed insurance forms will reach the Commission more quickly than mailed forms. The minimum limits of insurance are as follows:
 - a. Bodily Injury - The liability of the insurance company on each motor vehicle operated in common or contract carrier service shall be in amounts not less than \$300,000 per accident for a vehicle with a manufacturer's gross vehicle weight rating of 10,000 pounds or less, in the case of a single vehicle, or a manufacturer's gross combination weight rating of 10,000 pounds or less, in the case of an articulated vehicle. The liability of the insurance company on each motor vehicle operated in common or contract carrier service shall be in amounts not less than \$750,000 per accident for a vehicle with a manufacturer's gross vehicle weight rating over 10,000 pounds, in the case of a single vehicle, or a manufacturer's gross combination weight rating over 10,000 pounds, in the case of an articulated vehicle.
 - b. Insurance coverage of motor carriers of household goods shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).
 - c. Cargo - \$5,000 for loss or damage to cargo being transported.

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)

Reliable Moving and Removal, 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 4320461

(See checklist and indicate type of business entity registered)

10. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

- * To transport household goods in use between points in Pennsylvania
- * To transport household goods in use within a 50 mile radius of Lebanon, Pennsylvania
- * To transport household goods in use between Lancaster, Reading, Harrisburg, Lebanon and Pine Grove

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.

Joel Roth, Sole Member

(Print Name)



(Signature)

1/10/2018

(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.

Reliable Moving and Removal, LLC

Legal Name of Applicant

Trade Name, if any

321 N. 7th Avenue

Street Address (principal place of business)

Lebanon

City or Municipality

PA

State

17046

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.

Joel Roth, Sole Member, 321 N. 7th Avenue, Lebanon, PA 17046 (717) 679-4612

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

Lifelong experience with moving household items through my family's furniture store, RJ Roth Used Furniture. Main responsibility was for properly delivering furniture for the furniture store, along with operating large box trucks for delivery.

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-).

My family has a furniture store for 30+ years. I have been responsible for all deliveries of furniture, along with operating the truck to get to the desired delivery location. I have proper experience in transporting and properly moving household items into homes, it is what I do best.

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 facility has an office with a computer, printer, copier, and scanner along with proper document filing cabinets. Storage of vehicles will be at the large garage that I own. At the moment I do not have storage for clients. Proper filing of PUC documents will be down both electronically and physically. Any communication will be done through my cell phone or through email.

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

I will be the only person operating company vehicles because my operation will be small. Plans of a large workforce are not ideal, as I like to be at every job making sure everything is perfected during the entire move.

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>
2007	GMC	3500	6	1GTJK33D07F160918	40,000

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Oil and Filter changes will be done every 3,000 miles. Daily walk around inspections for pre and post trips will be done. Image of business and equipment must be maintained. Equipment will sparkle when in use. Proper state inspections will be done annually. If a problem with equipment comes up, proper repair will be done by a licensed mechanic.

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

I have contacted several insurance agencies for the PUC required coverage. Based off of the quote I have received, I feel that I can afford the proper coverage.

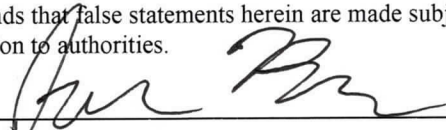
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ YES 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.

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)
Joel Roth, Sole Member

(Name and Title, printed or typed)

1/10/2018

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 1/10/2018

ASSETS

Current Assets		
Cash	\$17,000	
Other Current Assets (specify) own 3 properties	\$292,000	
Total Current Assets		\$309,000
Tangible Assets		
Motor Vehicle Equipment	\$40,000	
Property (buildings, land, etc.)	\$55,000	
Office Equipment		\$1,500
TOTAL ASSETS		\$96,500

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		0
Long Term Liabilities (Due after one year of date)		
Mortgage	\$95,000	
Long term commercial loan	truck: \$17,000	
Other Liabilities (Attach Schedule)	0	
Total Long Term Liabilities		\$112,000
TOTAL LIABILITIES		\$112,000

Revised 7/17/17