

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. SEE ATTACHED EXHIBIT A
- 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.

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)

DINGES MOVING & STORAGE CO., INC.

- 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?** YES

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

If YES, provide your PA Corporation Bureau Entity ID Number 95577

(See checklist and indicate type of business entity registered) CORPORATION

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

Susan L. Dinges President

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

901 Scotch Valley Rd.
Street Address
Holidaysburg, PA 16648
City, State and Zip Code
814-695-5081 Blair
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)

William H. Stewart III, Vuono & Gray, LLC
Attorney's Name & Telephone Number for this Filing
310 Grant St., Suite 2310, Pittsburgh, PA 15219
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 Yes, at No. 120895

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.

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.

Susan L. Dinges

(Print Name)

Susan L. Dinges 1-30-18

(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.

DINGES MOVING & STORAGE CO., INC.

Legal Name of Applicant

Trade Name, if any

901 Scotch Valley Rd.	Holidaysburg	PA	16648
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.

Susan L. Dinges, President

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

Applicant is affiliated with household goods carrier Ernest L. Dinges (A-00041649). Susan L. Dinges owns and controls Ernest L. Dinges.

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-).

Susan L. Dinges has over 10 years' experience with a licensed household goods carrier, Ernest L. Dinges (A-00041649).

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.

Applicant is located at 901 Scotch Valley Rd., Holidaysburg, PA 16648. Applicant's place of business is a steel building with 25,000 square feet of climate-controlled warehouse, where Applicant's customer's goods are stored. Applicant has an office attached to the warehouse with 8 employees and it maintains normal business records there.

Applicant receives calls requesting estimates for a move, then sends estimators out to customers' homes and provides a written estimate. Once a customer hires Applicant, the move is scheduled and Applicant's dispatches the vehicles the day before the move. Applicant keeps in contact with its drivers by phone throughout each day and also communicates with its customers during each move.

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.
- a. **Applicant only hires qualified drivers.**
 - b. **Applicant performs criminal background checks through its insurance agent before drivers are hired.**
 - c. **Applicant has an in-house driver training program and**
 - d. **Applicant performs license checks through its insurance agent before drivers are hired.**
 - e. **Applicant uses a third-party administrator for random drug and alcohol testing of its drivers.**
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>
2009	CHEVROLET	EXPRESS G2500	2	1GCGG25C691135919	79,400
2013	FORD	E350 SUPER DUTY	2	1FDWE3FL5DDA65158	31,715
2014	HINO	268	2	5PVNJ8JV4E4556170	186,500
2002	INTERNATIONAL	430	2	1HTMMAAL62H411382	163,950
2005	FREIGHTLINER	16M	2	1FVACWCS15HN92419	141,250

7. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan

Vehicle maintenance is conducted by Applicant's garage mechanics.
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Daily maintenance checks of Applicant's vehicles are performed.
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.
- Applicant has already obtained the insurance required for a household goods carrier.**
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.

Susan L. Dinges
(Signature)
Susan L. Dinges
(Name and Title, printed or typed)

1-30-18
(Date)

Statement of Financial Position (Balance Sheet)
As of (date) December 31, 2016

ASSETS

Current Assets		
Cash	\$35,889.39	
Accounts Receivable	\$12,322.29	
Prepaid Insurance	\$3,801.05	
Total Current Assets		<u>\$52,012.73</u>
Tangible Assets		
Auto and Truck	\$315,469.96	
Machinery and Equipment	\$10,561.03	
Office Equipment	\$41,111.09	
	\$367,142.15	
Less: Accumulated Depreciation	(\$364,769.15)	
Net Property and Equipment		\$2,372.93
Other Assets:		
ICC Rights	\$5,000.00	
Lease Acquisition Costs	\$900.00	
		\$5,900.00
	Total Assets:	<u>\$60,285.66</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Accounts Payable - Trade	\$27,885.63	
Accrued Payroll Taxes	\$53,204.53	
Accrued Capital Stock Tax	\$5,894.00	
Accrued Gross Receipts	\$16,505.11	
Current Portion of Long Term Debt	\$3,109.67	
		<u>\$106,598.94</u>
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
		<u>\$106,598.94</u>
Total Long Term Liabilities		
TOTAL LIABILITIES		
		<u>\$106,598.94</u>

STOCKHOLDER'S EQUITY

Common Stock, \$100.00 Par Value, 1000 shares authorized, 125 shares issued and outstanding	\$12,5000	
Additional Paid-in Capital	\$182,236.76	
Total Paid-in Capital	(\$194,736.76)	
Retained Earnings	(\$241,050.04)	
		(\$46,313.28)
TOTAL LIABILITIES AND STOCKHOLDER'S EQUITY:		\$60,285.66

EXHIBIT A

DINGES MOVING & STORAGE CO., INC. CORPORATE INFORMATION

OFFICERS: SUSAN L. DINGES, PRESIDENT

SOLE SHAREHOLDER: SUSAN L. DINGES (HOLDS ALL 250 SHARES ISSUED AND
OUTSTANDING)

PA CORP. BUREAU ID NO.: 95577