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Revised 7/17/17

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

2018 JAN 16 AM 10: 43

PA PUC SECRETARY'S BUREAU

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)

SUPER MOVER BROS. ILC.

- 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)

SUPER MOVER BIOS, LLC

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? <u>V</u>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 (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).

6. Physical Address (do not use PO Box)

<u>i () MAR SHALL DR.</u> Street Address

<u>RENFLEW</u> PA. 14053 City, State and Zip Code

<u>817 - 797 - 8275</u> Telephone Number BUTLER COULTY 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?

V No

Yes, at No. _____

- TO TRASPORT HOUSEHOLD GLOOD IN USE BETWEEN POINTS IN PENNISYLUANIA

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.

ADRIAN CARDENAS PIERRE (Print Name) <u>/2 - 30 - 2017</u> (Date) (Signature)

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).

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

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.**

	PIERCE CARDENAS				
Legal Name of Applicant					
SUPER	MOVER BROS. U.C.				
Trade Name, if any					
/OG MARSHALL DR.	RENFREW	94.	16053		
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. ADRIAN CHEDENAD. ME BEING SOLE DURITE OF SUFER MONTER BROS. LLC. AT 100 MARSHALL DR. KENFREW, PA. 14053 I CAN BE REACHED AT THIS BUSINESS NUMBER 817-797-8275
- 2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

OWNER OF SULFR MONTE BROS. LLC. ADRIAN CARDENAS

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-).

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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.

SET ATTACHED PAPER ON BACK.

- 4. PHYSICAL ADDRESS: 104 MUH2SHOLL DR. REDUFREN, PA. 14053
 - ALL TRUCKS & NEHICUPS WILL BE PARKED AT PHYSICAL ADDRESS WITH STORAGE UNIT ON SITE TO STORE SUPPLIES.
 - RECORD MAINTENANCE QUICKBOOKS & INTUIT. RECORDS WILL BE MAINTAINED DAILY THROUGH QUICKBOOKS & INTUIT. THIS NEWDES BUT NOT LIMITED TO CUSTOMERS QUOTES, INVOLLES, MANMENTS RECIEVED, CUSTOMER DETAILS, EMPLOYEE RECORDS, HOURS WORKED, APPROLL, BANK TRANSACTIONS, RECENTS FOR BUSINESS PURCHASES.
 - CUSTONER REQUEST WILL CAME VIA ENVIAL TO SUPERMONORPORTIC Degmail. com OK DIRECTLY TO MY CELL PHONE @ 817-797-8275
 - -VEHICLE DISPATCH WILL BE DONE DIRECTLY THROUGH ME AS THE SOLE DRIVER AT THIS TIME UPON GROWTH I WILL COORDINATE ALL DISPATCH DETAILS VIA TEXT/EMAIL/PHONE COMMUNICATION WILL BE MAINTAINED THROUG PHONE CALLS HAD DEPIODIC APPEARANCES AT SITE.
 - UPON GROWTH RECORDS MAINTENIANCE WILL BE DONE BY A HIRED EMPLOYEE TO MAINTAIN RECORDS THROUGOUT THE DAY & THEY WILL ALSO BE ABLE TO HANN'LE COMMUNIETION WITH COSTOMER REQUEST (EMPHUS, CALLS)

- 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.

5 DELVERS, ONE DELVER FUR FACH TRUCK & AN ALTERNATE DRIVER TO RUTATE DURING OFF DAVS.

- A. VALID DELVARS LILENSE OVER THE AGE OF 21 YEARS
- B. THE UNITED JUDIEIAL SUSTEM OF ADMISYLLANIA WEB PURTHL
- C. PENN STATE ONE ON ONE TRAINING WITH OWNER OF SUPERMONER BROSS. UC
- D. THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA WAR ATTAL
- E. ALCOHOL & DRUGS ARE PROHIDITED DRUG TEST UPON HIRING & RANDOW .
- 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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2012	INTERNATIONAL	4300	3	JHAJTSKL9CL549049	150,000
				i	
			· · · · · · · · · · · · · · · · · · ·		
		······			
			ļ <u> </u>		

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).

PMS ARE NONE DUMPERLY & HUNTERS TRUCK SALE DATH CHNI & FULL COUPLAGE INSUCANCE AMILABLE IN TRUCK WIREGISTRATION CARD 8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

CONTRACE THROUGH PRUGLESSIVE

 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

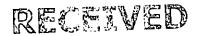
The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification.

<u>l</u> (Signature)

ADRIAN CARDENAS OWNER

(Name and Title, printed or typed)

 $\frac{12-30-2017}{(Date)}$



JAN 16 2018

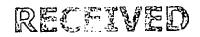
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Statement of Financial Position (Balance Sheet) As of (date) <u>12 - 30 - 2017</u>

<u>ASSETS</u>

Current Assets		
Cash	* 25,000.	
Other Current Assets (specify)	¥ <u>0 ii</u>	
Total Current Assets		* 25,000.1×
Tangible Assets		
Motor Vehicle Equipment	# 180,000	
Property (buildings, land, etc.)	1 70,000 m	
Office Equipment	5,000. 0	
TOTAL ASSETS	S	J 255 000 3
<u>LIABILITIES</u>		
Current Liabilities (Due within one year of date)		
Loans	\$ 100,000 14	
Credit cards/revolving credit	1 /0,000. 2	
Other Liabilities (Attach schedule)	# 04	
Total Current Liabilities	·	\$ 110,000 "-
Long Term Liabilities (Due after one year of date)		
Mortgage	8 0.º	
Long term commercial loan	\$ 0.2	
Other Liabilities (Attach Schedule)	S <u>D</u> <u>c</u> <u>c</u>	
Total Long Term Liabilities		<u>₿ 0° _</u>
TOTAL LIABILITIES	5	¥ //0,000°°

Revised 7/17/17



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