

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 FEB 12 AM 10:35

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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)

Martin Enterprises 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)

Martin CFS

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?**  Yes  NO **Previous Authority?**  YES  NO

If YES, at PUC No. A- 708026

4. **Are you a business entity registered with the PA Dept. of State?**  Yes  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).**

David L. Martin \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1038 New Holland Ave  
Street Address

Lancaster, PA 17601  
City, State and Zip Code

717-945-6583 Lancaster  
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     Yes, at No. 1500438

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 from points in Lancaster County to points in Pennsylvania, and vice versa.

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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.

David L. Martin

(Print Name)

David L. Martin

(Signature)

2/8/18

(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).

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# 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.

Martin Enterprises LLC  
Legal Name of Applicant

Martin CFS  
Trade Name, if any

1038 New Holland Ave Lancaster PA 17601  
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.

President - David L. Martin

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

N/A

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)(-1-).

MartinCFS currently has HHG authority

PUC - A-708026

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.

Please see attached

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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.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2006	Freightliner	M2	3	IFVACWDL76HV50426	291236
2010	International	NVSTR	3	IHTMMAAL5AH273736	213383
2017	Ford	Transit 350	2	IFTYRACM6HKA75353	16248

Rent additional trucks as needed from Penske and Ryder

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).
- Drivers do pre-trip inspections of fluids, tires, brakes, lights, and liftgate. Fluids changed and maintenance done by Earl Martin Garage in East Earl, PA
  - Driver pre trip checks as well as periodic checks by warehouse manager and David Martin

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

Already in place

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.

David L. Martin  
(Signature)  
David L. Martin President  
(Name and Title, printed or typed)

2/7/18  
(Date)

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## Verified Statement of Applicant

4.

Facility: 30,000 sq. ft. warehouse which includes enclosed dock area, 4,000 sq. ft. of racking (the remainder of the warehouse is floor space designated to storage), 3 offices, conference room, dining area, restrooms.

Offices: 1 Operations Office, divided by cubicles, 1 Administrative/Clerical office, 1 Conference Room, 1 Executive office.

Office Machines: 1 Desktop PC, Several notebook computers, 2 printer/Fax Machines, 1 copier, several Calculators, Land-line phone with 4 handsets, all staff have cell phones, and data backup/storage devices.

Vehicles: may be parked on 3 sides of the warehouse. The majority are parked at the dock end of the building. This area is large enough to accommodate the vehicles and clear access for tractor-trailers, including 53' trailers.

Record Keeping: PUC and other business records are stored in the Administrative/Clerical office, and the majority is also saved on computers.

Communication: Customer requests can be received via land-line phone, cell phone, fax, or email. We dispatch staff & vehicles via face-to-face or phone. We maintain continuous communication via cell phones, with email as back-up.

Business Hours: Monday – Friday 7am – 4pm, but David Martin is available 24/7 @ 717-278-3881



5. We currently have 6 drivers. We will initially use household goods to supplement our commercial work. We will hire more drivers as business increases.

- a. Drivers must go to our designated medical facility (currently Lancaster General Health) for a physical, drug screen, and Medical Examiner cert.
- b. We will pay for and receive results of criminal background check for all new-hire drivers
- c. David Martin (CDL licensed) will train all new drivers
- d. We keep file copies of driver's license for all drivers—Admin. Assist. Will note expiration dates on a calendar and track
- e. Owner David Martin and employees Joe Stieber and Susan Miller have attended Reasonable Suspicion Testing Training for Supervisors In Accordance with 49 CFR 382.603 at the Lancaster General Health Campus.

Any customer or employee should report suspicion or observation of alcohol or drug use to owner, David Martin. The driver will be immediately removed from duty. Upon determination of reasonable suspicion, the driver will be sent to our designated testing center. If tests are positive for alcohol or drugs, the driver will be suspended or dismissed, at the discretion of David Martin. A suspended driver will be retested before return to duty and randomly thereafter.

Our only CDL driver, David Martin is entered in a random pool testing program administered by Lancaster General Health Occupational Medicine.

MartinCFS

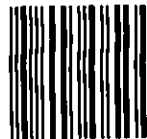
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Lancaster PA 17601

717-945-6583



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