

**APPLICATION FOR APPROVAL OF TRANSFER
AND EXERCISE OF COMMON CARRIER OR CONTRACT RIGHTS**

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of Robert C.J. Miller Jr.
(Applicant/Transferee-Buyer)

for the approval of the transfer and to exercise the right

as a Common carrier, described at Docket
(common - contract)

No. 110569, Folder No. 1, as amended _____, issued
to

Diane Garland
(Transferor - Seller)

for transportation of household goods
(persons - household goods)

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SEE INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. Robert C. J. Miller, Jr.
(Full and Correct Name of Applicant/Transferee)

2. N/A
(Trade Name, If Any)

The trade name _____ been registered with the Secretary of the Commonwealth
(has or has not)

on _____ (attach copy of stamped registration form.)
(Date)

3. 2121 Willow Park Road _____ P.O. Box 3370
(Business Street Address) (P. O. Box, If Any)

Bethlehem Northampton PA 18017-0370 610-867-4513
(City) (County) (State) (Zip) (Telephone)

4. Applicant's attorney (for this application) is:
N/A – Sole Proprietor

(Name) (Address) (Telephone)

5. Any documents should be mailed to:

Transferee: Robert C. J. Miller, Jr. 4560 Graystone Drive, Nazareth, PA 18064
(Name) (Address)

Transferor: Diane Garland 2829 West Blvd, Bethlehem, PA 18017
(Name) (Address)

6. Applicant does not hold Pa. P. U. C. authority under Docket Number
(does or does not)

A- 110569 and operates as a common carrier.
(common or contract)

7. Applicant does not hold Interstate Commerce Commission authority at Docket
(does or does not)

No. A- _____.

8. Applicant is (check one):

- Individual.
- Partnership. Must attach a copy of the partnership agreement (unless a copy is presently on file with PUC), and list names and addresses of partners below (use additional sheet if necessary).
- Corporation. Organized under the laws of the state of _____ and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on _____ (Attach copy of Certificate of Incorporation or Authority and statement of charter purpose). Include as an attachment a

list of corporate officers and their titles and the names, addresses and number of shares held by each stockholder.

9. If applicant, its stockholder or partnership members are in control of or affiliated with any other carrier, state name of carrier(s), Docket Number(s) and nature of control or affiliation.

10. Applicant proposes to acquire all of the operating rights now held by transferor.
(all or part)

Attach a sheet describing rights to be transferred to applicant and rights to be retained by transferor, if any. If any rights are to be omitted give reasons.

11. The reason for the transfer is Transferor retirement and Transferee purchase of the business

12a. The following must be attached:

- Sales Agreement
- List of equipment to be used to render service. (Summarized by type)
- Operating authority to be transferred/retained.
- Statement of Financial Position
- Statement of unpaid business debts of transferor and how they will be satisfied.
- Statement of Safety Program.
- Statement of transferee's experience.

b. Attach the following, as appropriate (check those attached):

- Partnership Agreement
- Trade Name registration certificate.
- Certificate of Incorporation. (Pa. Corporations only)
- Certificate of Authority. (Foreign (out-of-state) Corporations only).
- Statement of Corporate charter purpose. (Corporations only)

- List of Corporate officers and stockholders. (Corporations only)
- Copy of short form certificate showing date of death of transferor and name of executor/administrator/administratrix.

13. Transferor attests that all General Assessments and fines are paid, and agrees to continue to render the service which is to be transferred until this application is approved, whereupon transferor will surrender said certificate or permit for cancellation.

14. Transferee agrees to assume and pay any General Assessments that may be made against transferor as a common carrier for any and all operating periods up to the actual date of the transfer.

WHEREFORE, Transferee and Transferor request that the Commission grant the Transfer.

Transferee sign here: *Dahif C. ...* *2-26-18*
(Each Partner Must Sign) (Date)

(Corporate Seal) _____

Transferor sign here: *X [Signature]*

(Corporate Seal) _____

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APPLICATION VERIFICATION

I/We hereby state that the statements made in the application are true and correct to the best of my/our knowledge, information and belief.

The undersigned understand(s) that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to Unsworn Falsification To Authorities.

TRANSFEROR (SELLER)

Diane Garland X Diane Garland 2/26/18
(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

TRANSFeree (BUYER)

Robert C. Miller, Jr. Robert C. Miller, Jr. 2/26/18
(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

(Print Name) (Signature) (Date)

If the Applicant is a sole-proprietor, he/she must complete and sign the Application Verification form. If the application is for a partnership, all partners to the partnership agreement must sign this form. If the Applicant is incorporated, the President or Secretary must sign this form.

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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.

Robert C. Miller, Jr.

Legal Name of Applicant

N/A

Trade Name, if any

2121 Willow Park Rd, PO Box 3370

Bethlehem

PA

18017

Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

Sole-Proprietor

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

N/A

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

See Attachment #1

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their 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. Finally, please state your intended business hours.

See Attachment #2

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

See Attachment #3

6. 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 geographical territory you will be serving. In addition, please explain:
 - a. Your hiring standards for drivers;
 - b. Your system to ensure prospective drivers will be subject to a criminal background check;
 - c. Your driver training program;
 - d. Your system for ensuring that your drivers are properly licensed at all times;
 - e. Your system to ensure that all drivers will be subject to a criminal background check every two years;
 - f. Your policies regarding alcohol and drug use by your drivers.

See Attachment #4

7. 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 geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
1992	GMC	7000 1 Series	3	1GM7H1P9NJ521996
2004	GMC	7500 Series	3	1GDJ7C1F64F520391
2007	GMC	Savana Cargo Van	2	1GTGG25U5U571179142

8. 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 Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
 - c. Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines);
 - d. Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

See Attachment #5

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

See Attachment #6

10. Please describe your customer service standards. Within your description, please explain:
- a. Your plan to inform customers of the procedures for filing complaints with the PUC;
 - b. Your intended customer complaint resolution procedure.

See Attachment #7

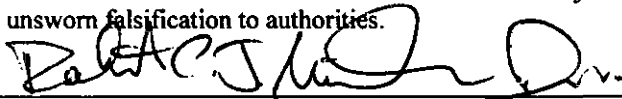
11. Criminal Record. Have you, any members (if LLC or LLP), shareholders, or officers (corporations) been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

___ YES X NO

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if the proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains 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)

Robert C. J. Miller, Jr.

(Name and Title, printed or typed)

2-28-18

(Date)

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Statement of Financial Position (Balance Sheet)
As of (date) 2/27/18

ASSETS

Current Assets			
Cash		\$185,000	
Accounts Receivable		0	
Notes Receivable		0	
Other Current Assets (specify)		\$30,000	
Total Current Assets			\$215,000
Tangible Assets			
Motor Vehicle Equipment		\$30,000	
Less: Accumulated Depreciation			\$30,000
-		0	=
Building and Structures		0	
Less: Accumulated Depreciation	-		\$4,000
		\$4,000	=
Office Equipment		0	
Less: Accumulated Depreciation	-		
		0	=
Land			\$130,000
Investments and Funds (specify)			0
Intangible Assets			0
Other Assets (advances and idle equipment – specify)			0
	TOTAL ASSETS		\$379,000

LIABILITIES

Current Liabilities (Due within one year of date)			
Accounts Payable		\$70,000	
Notes Payable		0	
Equipment Obligations		0	
Other Liabilities (Attach schedule)		0	
Total Current Liabilities			\$70,000
Long Term Liabilities (Due after one year of date)			
Accounts Payable		0	
Notes Payable		0	
Equipment Obligations		0	
Other Liabilities (Attach Schedule)		0	
Total Long Term Liabilities			0
	TOTAL LIABILITIES		\$70,000

NET WORTH (Partnerships and individuals, only) \$1,400,000

OWNER'S EQUITY (Corporations only)

Capital Stock			
Additional Paid-in Capital			
Retained Earnings			
Less: Treasury Stock	-		=
Total Owner's Equity			

TOTAL LIABILITIES & OWNER'S EQUITY \$70,000

STATEMENT OF FINANCIAL POSITION
One Year Projected Income Statement

REVENUE and GAINS

Operating Revenue	_ \$215,072.00 ____
Net Revenue from non-carrier operations	_ \$1250.00 ____
Dividend and interest revenues	_ 0 ____
Other non-operating revenue	_ 0 ____
Gains	_ 0 ____
Total Revenue and Gains	\$216,322.00

EXPENSES

Equipment Maintenance and Garage Expense	_ \$5,000.00 ____
Insurance Expense	_ \$28,985.00 ____
Employee Salaries	_ \$62,732.00 ____
Supervisory Salaries	_ 0 ____
Officer Salaries	_ 0 ____
Fuel Expense	_ \$7200.00 ____
Purchased Transportation (Lease Expense)	_ 0 ____
Materials and Supplies Expense	_ \$3000.00 ____
General Office Expense	_ \$2500.00 ____
Advertising Expense	_ \$600.00 ____
Telephone Expense	_ \$540.00 ____
Accounting Expense	_ \$3560.00 ____
Legal Expense	_ \$5500.00 ____
Uncollectible Revenue	_ \$2500.00 ____
Depreciation Expense	_ \$1250.00 ____
Amortization	_ \$2500.00 ____
Operating Taxes and Licenses	_ \$27,850.00 ____
Rent Expense	_ \$15,250.00 ____
Loss	_ \$5,000.00 ____
Total Operating Expenses and Losses	\$173,967.00

Net Income Before Taxes

	_ 0 ____
Provision for Income Taxes	_ \$32,600.00 ____
<u>Net Income (Loss)</u>	\$9,755.00

Attachment #1 – Discussion Item #3

APPLICATION FOR ROBERT C.J. MILLER Jr.

Applicant, Robert C.J. Miller Jr. has over 20 years of business experience in the communications and property management. Robert hired General Manager, Kelly Barr, who has been trained by prior owner, Diane Garland for several years regarding the operations and good business practices of household goods carriers. Diane has also shared resources regarding regulations for intrastate moves within Pennsylvania. The combination of Robert's business knowledge and experience and Kelly's prior transportation experience will make this team effective in providing quality service to the public regarding household goods carrier services.

Attachment #2 – Discussion Item #4

APPLICATION FOR ROBERT C.J. MILLER Jr.

Business office will reside in Bethlehem, PA.

Business office is equipped with telephones, internet, computers, copy machine and filing cabinets to better serve our customers. Business hours will be Monday to Saturday 9 am to 5 pm. All business records will be housed at the business office. All business records will be archived and held in storage room of business office.

Customers will be able to reach our team to request an estimate on their scope of work via email, telephone or through our website. Estimates will be scheduled by business office on daily basis and performed via dedicated and experienced estimator. Estimate will be shared with customer upon completion and once estimate is approved by customer an Information of Shipper form signed and filed a move date will be set up for scope of work.

All vehicles will be housed at Business office, there are dedicated spaces available for these vehicles. General Manager will dispatch all trucks and teams on daily basis from this business office. Customers will be able to communicate with business office regarding any questions, Mon through Saturday 9 am to 5pm with business office staff and after hours by leaving voicemail that will be checked by business office staff once a day. Each truck will have a dedicated lead that the business office will communicate with regarding moves information and questions.

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Attachment #3 – Discussion Item #5

Shively's company policy will remain unchanged regarding safety and business operations. We will continue to employ a total of 4 employees on roster, each vehicle will have a mandatory headcount of 2 employees per vehicle. We will also build our employee part time roster, in order to allow for days off and vacations for the current staff. This staffing will be able to accommodate 2 moving vans that we own. The third is a small cargo van it will be predominantly used for estimate services and equipment and additional employees transport to assist with jobs. All employees are subject to Background checks and new hire and random drug and alcohol testing in compliance with company No Tolerance Drug Policy.

Attachment #4 – Discussion Item #6

Currently we will hold over the 2 active drivers the former owner did employ. We are looking to hire 2 more part time drivers to assist with days off and vacation request.

Driver Hiring Standards

- **Eligible PA State Driver's License**
 - On a Quarterly basis drivers must provide copy of valid driver license to business office.
- **Clean DMV Record, record will be check on annual basis by business office**
- **Clean background check required and annual anniversary date checks performed by business office**
- **Valid Medical Certificate must be obtained from Coordinated Health – Shively's contracted employee health provider.**
- **Pre-Employment and Random Drug and Alcohol Testing performed – Shively's contracted Coordinated Health to provide these services.**

Attachment #5 – Discussion Item #8

Shively's business office will maintain Vehicle Maintenance Records for all vehicles in the Shively's fleet. These records will be reviewed quarterly with Owner to determine maintenance plan required. Shively's General Manager will review all PUC publications regarding 67 PA Code, Chapter 175, Sub chapter F. on a monthly basis via online access and keep updated printed copy of all PUC regulations in Business Office for easy reference. Shively's has also implemented Pre and Post Trip inspections that are to be performed by the truck driver and turned in with trip paperwork on daily basis. With these checks in place, all vehicles will be in compliance with 49 CFR Parts 393 relating to part required for safe operations and 396 inspection requirements for vehicles, as there were adopted by PUC at 52 Pa Code, Chapter 37.

Attachment #6 – Discussion Item #9

Applicant has secured coverage for all business vehicles, operations and workers compensation coverage. Applicant has worked this into his monthly burden to secure funds to maintain this coverage. All records will be maintained by the business office for insurance coverage and in each vehicle.

Attachment #7 – Discussion Item #10

Shively's customer service will consist of many components, in order to give our customers the best customer service experience possible.

Customers will be given Information to Shippers form at time of estimate, which will detail our services available. Customers will also have access to our voicemail box 24/7 and also website and email.

All complaints will be logged in the business office. Within 24 hours of receipt of complaint, a review will be performed. The review will consist of investigation and completion of root cause analysis to determine next steps in resolving the issue.

Customer will receive written and verbal notification of the resolution proposed for filed complaint. If customer accepts the proposed resolution; complaint is closed and filed in business office archives.

On Quarterly basis Owner and General Manager will review all complaints and address all valid issues and develop training or action item list to prevent any further issues.

BILL OF SALE

Diane A. Garland, an adult individual residing at 2829 West Boulevard, Bethlehem, Pennsylvania, d/b/a Shively's, in consideration of the sum of Seventy Thousand and 00/100 (\$70,000) Dollars, to be paid to her by Robert C.J. Miller, Jr., an adult individual residing at 4560 Graystone Drive, Nazareth, Pennsylvania, hereby sells, transfers, and conveys to Robert C.J. Miller, Jr., all of her right, title, and interest in and to the following assets (hereinafter referred to as the "Business Assets"):

- 1992 GMC Truck – VIN #1GM7H1P9NJ521996
- 2004 GMC Truck – VIN # 1GDJ7C1E64F520391
- 2007 GMC Van - VIN #1GTGG25U571179142
- PUC Certificate – A-00110569
- Any and all remaining equipment, furniture, packing material, and inventory belonging to Shively's
- All business good will associated with Shively's
- Business Telephone Number
- All Storage Accounts
- All pending moving contracts

TO HAVE AND TO HOLD the said Business Assets unto Robert C.J. Miller, Jr. his successors and assigns, to and for his own proper use and benefit forever.

Diane A. Garland represents and warrants that she has good and marketable title to the Business Assets, and that she has the right to sell the same, and that the Business Assets are free and clear of all liens and encumbrances.

Diane A. Garland covenants and agrees to warrant and defend the title to the Business Assets unto Robert C.J. Miller, Jr., his successors and assigns, against the lawful claims of all other persons.

IN WITNESS WHEREOF, this Bill of Sale has been executed by Diane A. Garland on the date appearing below.

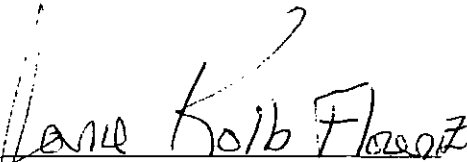
Dated: Feb. 26th, 2018

Diane A. Garland
Diane A. Garland

COMMONWEALTH OF PENNSYLVANIA :
 : SS.
COUNTY OF NORTHAMPTON :

On this, the 26 day of February, 2018, before me, the undersigned officer, personally appeared Diane A. Garland d/b/a Shively's, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within document, and acknowledges that she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal.


Notary Public

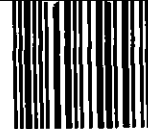
Commonwealth of Pennsylvania - Notary Seal
Jane Kolb Florenz, Notary Public
Northampton County
My Commission Expires July 27, 2020
Commission Number 1208989

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



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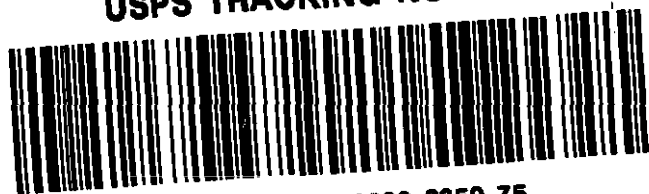
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Shively's Moving and Storage
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Bethlehem, PA 18020

TO:

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Commission
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Harrisburg, PA 17105-
~~100~~ 3265

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