

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)

Forward Moving 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)

N/A

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 _____

(See checklist and indicate type of business entity registered)

RECEIVED

SEP 22 2018

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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

Daniel Strode

Kevin Harper

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

903 E Lincoln Hwy Suite B

Street Address

Exton PA 19341

City, State and Zip Code

484-473-4605

Telephone Number

Chester

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)

SAME AS PHYSICAL

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 x Yes, at No. 3078473

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 good in use between points within a 25 mile radius of Exton Pa.

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.

DANIEL STRODE

(Print Name)



(Signature)

9/17/18

(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).

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.

Forward Moving LLC

Legal Name of Applicant

Trade Name, if any

903 E Lincoln Hwy Suite B

Exton

PA 19341

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.

**Daniel Strode, owner and operator of Forward Moving LLC
903 E Lincoln Hwy Suite B Exton Pa 19341
Phone # 484-473-4605**

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.
I was formerly the operations manager of the Philadelphia's area "Two men and a truck" franchise. I currently have no more affiliation with them.

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-).

My partner and I (Kevin Harper) worked for Two men and a truck's Philadelphia franchise for a combined 5 years. I was the operations manager and he was the lead driver of the fleet. There is a letter from Two Men and a Truck attached to the application.

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.

The Office has two computers and a printer and copier. We are renting two large spots to park our truck and personal vehicles in an industrial storage lot with a passcode protected gate. For our records we have

a filing cabinet in our office with folder labeled accordingly. For example, "Department of state" "Operating agreement" "Workers Compensation insurance" " Commercial Truck insurance" "Motor Cargo Insurance" "General Liability insurance" "Bank Statement" "FMCSA" "PUC" "Pre-trip and post trip inspection forms" "Truck inventory" ETC ETC ETC. We plan to use quickbooks already purchased for our small business accounting and my friend from college who is an accountant is helping with all accountant needs and taxes. He currently works for Malcolm Smith Accounting and they also provide consulting for us.

For customer requests we have setup a website with estimate requests and our phone number. We will provide free estimates.

There is only two people who will operate our one truck. Kevin and me. We both have operational cellular phones.

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.

At this time and foreseeable future, we have two trucks and only two drivers that will operate the trucks. Dan Strode and Kevin Harper. This is adequate because we are very small operation with two trucks.

- A) N/A we will not be hiring any drivers to driver our truck for quite some time.
- B) We will be conducting criminal background on all new hires using a company called "Good Hire" However we don't plan on hiring any new employees for some time.
- C) N/A No one will be driving our trucks but Kevin Harper and Dan Strode
- D) The company called "Good Hire" mentioned above does license checks too but this will not be needed as we have the only two people who need a license currently.
- E) There is a no tolerance policy surrounding drugs and Alcohol at our company. If needed drug tests will be administered by quest diagnostics. However as mentioned before both Kevin and I are the only people operating our vehicle.

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.

We will have two trucks operating. One small strait truck and another larger strait truck. For our small business and small operating area it suffice nicely. We don't plan on taking on large moving jobs at first.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2012	Kenworth	T270	3	2nkhhm6x8cm329123	181778
2014	Isuzu	NPR HD	3	Jalc4w162e7002210	93,145

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).

With the two drivers we will currently have they will both have a DOT medical card and physical to make sure they are fit to drive the truck. The trucks will be equipped with all safety equipment;

5lb Fire Extinguisher (Mounted)

First Aid Kit

Additional (Extra) Fuses

Reflective Triangles

Chalks and Cones

We also have pre-and post-trip checklists for the driver to fill out which includes fluid checks, tire checks, light checks etc. etc. to be filed by date.

In the operation manual of the truck we follow the preventative maintenance plan that is suggested. This is important for safety and to cut down on maintenance costs.

We have a maintenance schedule setup with "Fleet Grease diesel mechanics." They specialize in diesel trucks and I have had a business relationship with them for years. We have mileage reminders which lets us know the truck needs to be serviced. A vehicle maintenance fund will be setup in a escrow account and a percent of all sales goes towards the maintenance of our truck.

Fleet Grease who services are truck will do our inspection for our truck and all maintenance records will be kept in our office.

All maintenance and inspection due dates will be met and kept in our office calendar, we will have days set aside to maintain our truck.

All documents for DOT will be filed in our office

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

My Best friend from college is an Insurance broker with Gallen Insurance company, he quoted us the following:

Commercial auto insurance including motor carrier cargo: 10,545.00 for the year. 1,322.00 initial payment and 10 installments of 838.35.

Commercial General Liability Insurance: 1,042.50 for the year (Upfront payment)

Workers Compensation insurance: Since there are two owners denying coverage our payroll will be low and the moving help on the payroll with "pay as you go" with the "State workers compensation fund" (SWIF)

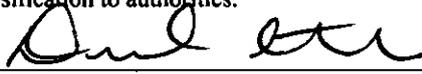
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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.
We have 41,000 in capital saved between the two partners.

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)
DANIEL STRODE, OWNER OPERATOR
(Name and Title, printed or typed)

9/17/18
(Date)

Statement of Financial Position (Balance Sheet)
As of (date) _____

ASSETS

Current Assets		
Cash	<u>41,000</u>	
Other Current Assets (specify)	<u> </u>	
Total Current Assets		<u> </u>
Tangible Assets		
Motor Vehicle Equipment	<u>55,500</u>	
Property (buildings, land, etc.)	<u> </u>	
Office Equipment	<u> </u>	
	TOTAL ASSETS	<u>96,500</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit	<u>2000</u>	
Other Liabilities (Attach schedule)	<u> </u>	
Total Current Liabilities		<u> </u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u> </u>	
Long term commercial loan	<u> </u>	
Other Liabilities (Attach Schedule)	<u> </u>	
Total Long Term Liabilities		<u> </u>
	TOTAL LIABILITIES	<u>94,500</u>

Revised 7/17/17



**P.U.C. Operating Authority
400 North Street, 2nd Floor
Harrisburg, PA 17120**

This letter is to certify that Daniel Strode and Kevin Harper both worked as a managers and Drivers at Two Men and a Truck for the period from August, 2015 to November, 2017 (Daniel) and May, 2015 to September 2017 (Kevin).

While at our company, their responsibilities consisted of;

Driving and packing company trucks

Filling out all proper paper work with customers and providing customer service

Managing and dispatching a fleet of vehicles

Auditing pre-and post-trip inspections of trucks

Enforcing all safety requirements and audits for all crews

Amongst many other operational duties

Dan and Kevin were consistently top performers at Two Men and a Truck and were constant professionals. They scored high on their individual reviews and maintained a 4.5-star rating on their reports from our customers.

**Jason Silwick,
Manager, Two Men and a Truck**



Retail

PRESS FIRMLY TO SEAL

PRIORITY MAIL
POSTAGE REQUIRED

P

US POSTAGE PAID
\$6.70

Origin: 19341
Destination: 17120
0 Lb 3.80 Oz
Sep 21, 18
4126080741-8

1006

PRIORITY MAIL 2-Day®

EXPECTED DELIVERY DAY: 09/24/2018

USPS TRACKING NUMBER



9505 5157 8623 8264 3831 49

A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.

FROM:

FORWARD MOVING LLC
903 E LINCOLN HWY SUITE B
EXTON PA 19341

TO:

SECRETARY, PA PUBLIC UTILITY COMMISSION
400 NORTH STREET, 2ND FLOOR
HARRISBURG, PA 17120



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