

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)

Revised 7/17/17  
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Revised 7/17/17

NOV - 8 2018

PA PUBLIC UTILITY COMMISSION  
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)

Armbruster Moving and Storage, 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 6790790**  
(See checklist and indicate type of business entity registered)



- 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 HHG in use between all points in Pennsylvania.

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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.

Joan Armbruster  
\_\_\_\_\_  
(Print Name)

*Joan Armbruster* 11/7/18  
\_\_\_\_\_  
(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.

**Armbruster Moving and Storage, Inc**

Legal Name of Applicant

Trade Name, if any

**2800 Center Rd**

**Brunswick**

**Oh 44212**

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.

August Armbruster Business Development Manager 2800 Center Rd Brunswick, Oh 44212 330.220.6400

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

No other carrier affiliation

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-).

Ohio PUCO #143654 \*See attachment A

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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.

**Answer: 40,000 sq/ft government approved warehouse with 24-7 security camera's recording. The warehouse is for SIT and NTS of HHG storage, FF&E, and records. The warehouse has 8 dock doors. 5,000 sq/ft office space is attached. This is a full service warehouse with a full time warehouse manager, dispatcher, and operations manager. We hold on to customer physical records for 3-5 years. In addition we back up files to an external hard drive. Customers request come by Phone, email, or through our website. Drivers and crews dispatch out of our office/warehouse in Brunswick. They receive paperwork through proprietary technology on their phones. We have 24- 7 driver support available with a rotating on duty staff member.**

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.

Answer:

Driver Name	Years of Experience
Brandon Henniger	15 years
Dave Karasek	15 years
Clay Armbruster	13 years
Rob Bailey	8 years
Connor Marriner	3 years
Mike Lawrence	1 year
Braiden Schofield	1 year
Mike Rolf	5 years

- Hiring standard for drivers:** We have a lengthy interview process that starts with a phone interview. Once this is completed with satisfactory communication, we schedule an interview session at our office, with some of our key staff. Because the relocation process involves so many different aspects, we make sure to incorporate multiple staff. Lastly, we perform a background check and drug test. If they will be driving company vehicles, we also check their Driver's License. Cannot have any felonies on record.
- System for conducting criminal background checks:** We use Clear Star through Unigroup for your Criminal background check. We have reports on every employee. Drug testing is done to DOT standards and is random through-out the year.
- Driver training program:** Upon hire, all staff is put through an orientation that exposes them to the entire relocation process. In addition to their learning in the field, and we have training videos and lectures that must be completed prior to finishing orientation. Our Certified Quality Labor Trainer ensures all of the core competencies for each role are completed with above satisfaction. These skills are tested again on a yearly basis. Throughout the year, we have mandatory classes and webinars to keep our staff engaged and learning.
- Conducting driver license checks:** Through our insurance provider Vanliner
- Policies regarding alcohol and drug use by drivers:** Must pass 3<sup>rd</sup> party alcohol and drug test before they can be cleared to drive along with background check and license check. Company hands out random drug test throughout the year.

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.

### ARMBRUSTER VEHICLE LIST

#### Tractors

51-0099	1995	Freightliner	s/n	1FUYBSEB7TL547569
301-0099	2006	Peterbilt	s/n	1XP7DB9X25DB864304
305-0099	2007	Peterbilt	s/n	1XP7DB9X07D6334134
307-0099	2016	Peterbilt	s/n	1XP4D49X1GD328221
313-0099	2017	Volvo	s/n	4V4NCEH1HN974685

#### Straight Trucks

806-0099	2006	Sprinter	s/n	WDPPD944265898383
809-0099	2013	Peterbilt	s/n	2NP2HN7X7CM170843
811-0099	2014	International	s/n	3HAMMAAM6EL497767
813-0099	2015	International	s/n	3HAMMAAN9FL514488
815-0099	2017	Ford	s/n	1FDNX6AY5HDB05965

#### Trailers

80-0099	1998	Kentucky	s/n	1KKVE5329WL111838
82-0099	2002	Kentucky	s/n	1KKVE53262L206514
84-0099	1998	Kentucky	s/n	1KKVE5322WL111390
86-0099	1999	Kentucky	s/n	1KKVE5326XL115671
302-0099	2006	Kentucky	s/n	1KKVE53236L220831
304-0099	2006	Kentucky	s/n	1KKVE53216L220830
306-0099	2005	Kentucky	s/n	1KKVE53285L217034
308-0099	2018	Kentuck	s/n	1KKVE5329JL240624
Lariat	2008		s/n	1FTWW31R48EC47687
Silverado	2014	Chevrolet	s/n	1GCVKPEH3EZ213390
Escape	2015	Ford	s/n	1FMCU9GX0FUB04381
Sure-Trac	2013	Sure	s/n	5JW1U2021D1075337

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).

**Answer:**

The mandated federal inspections for vehicles is "one inspection in 12 months"

Our policy is newer equipment 0-3 years old---- due in 11months

4-11 years old -----due every 6months

Over 12 years old due-----every 4 months

This is a complete vehicle inspection \*See blank copy attached as Attachment B.

In addition all drivers before starting out for day are required to do "Pre-trip inspection of the vehicle" and when return for the day "post trip inspection"

Drivers are required and encouraged to report any and all defects they may result in unsafe driving or vehicle repairs

We have a 12000 mile oil change program that during the oil change the vehicle is given a once over for any and all additional repairs than may be needed

Such as lights, brakes, brake lining, suspension, We have an Ongoing Log of all Vehicles and the repairs (of any kind) logged by date, what work was done, and mileage

This is dated back many years for older vehicles

Our Policies complies with all FMCSA and their CSA Program

Along with Unigroups safety program motto "safety comes first"

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

We currently hold required insurance and have never missed a payment. \*See attachment B showing our 2018 ACORD.

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:

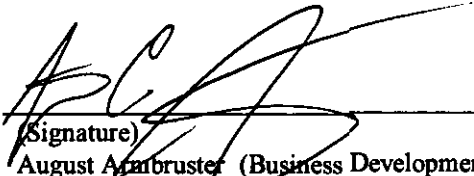
       YES        X   NO

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.





(Signature)

August Aprabruster (Business Development Manager)

(Name and Title, printed or typed)

11/7/18

(Date)

**Statement of Financial Position (Balance Sheet)**

**As of (date) 1.1.18**

**ASSETS**

**Current Assets**

Cash 86,703.19

Other Current Assets (specify) 21,409.48

Total Current Assets 108,112.67

**Tangible Assets**

Motor Vehicle Equipment 1,288,037.70

Property (buildings, land, etc.) 65,390.60

Office Equipment 58,750.32

**TOTAL ASSETS** 1,412,178.62

**LIABILITIES**

**Current Liabilities (Due within one year of date)**

Loans 0

Credit cards/revolving credit 0

Other Liabilities (Taxes payable) 16,498.92

Total Current Liabilities 16,498.92

**Long Term Liabilities (Due after one year of date)**

Mortgage \_\_\_\_\_

Long term commercial loan \_\_\_\_\_

Other Liabilities (Attach Schedule) 164,067.35

Total Long Term Liabilities 164,067.35

**TOTAL LIABILITIES** 180,566.27



Bob Taft, Governor

Alan R. Schriber, Chairman

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Commissioners  
Ronda Hartman Fergus  
Judy A. Jones  
Donald L. Mason  
Clarence D. Rogers, Jr.

REENTITLED

ACKNOWLEDGMENT OF REGISTRATION  
NUMBER 143654-HG

Is hereby made to:

AMBRUSTER MOVING & STORAGE  
2160 WEST 106TH STREET  
CLEVELAND OH 44102-3504

an intrastate, motor carrier for hire, transporting under  
the jurisdiction of the Public Utilities Commission of Ohio.

This Certificate of Public Convenience and Necessity authorizes  
the above-named carrier to operate as an intrastate motor carrier  
service in this state in accordance with all effective orders, of  
the Public Utilities Commission of Ohio prescribing the rights of  
said carrier which affect the State of Ohio.

Conditioned that local subdivisions may make reasonable, local  
police regulations within their respective boundaries not  
inconsistent with the provisions of Chapters 4921 and 4923,  
Revised Code of Ohio.

Dated: JANUARY 3 2002

By Order of  
THE PUBLIC UTILITIES COMMISSION OF OHIO

GARY E. VIGORITO,  
Secretary

## Attachment A

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**OMCIS - Ohio Motor Carrier Information System**

November 07, 2018

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**Instructions:** Click the tabs below to see information about a carrier's operation.

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**View Carrier Records**

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 [Classifications/Organization/Commodities](#) | 
 [Carrier Address](#) | 
 [Vehicle Info](#) | 
 [Driver Info](#)


**General Information**

*This is the "legal" and/or primary "trade" name of the carrier.*

**Legal Name:** ARMBRUSTER MOVING & STORAGE INC

**Trade or DBA Name:**

**USDOT #:** 00957456

**CPCN #:** 00143654 H 

**CPCN Status:** Active

**Federal Operating Authority**

**Hazmat Information**

**Uniform Prog ID:**

**EPA #:**

**Hazmat Review Date:**

**PHMSA #:**

**Operation Type**

Interstate 
  Intrastate(Non-Hazmat) 
  Intrastate(Hazmat) 
  Registrant

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The Public Utilities Commission of Ohio

180 E. Broad St., Columbus, OH 43215

John Kasich, Governor • Asim Z. Haque, Chairman

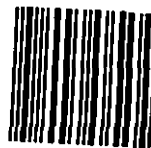
An Equal Opportunity Employer and Service Provider

(800) 686-PUCO (7826) - (800) 686-1570 (TTY-TDD)

ARMBRUSTER MOVING & STORAGE  
2800 CENTER ROAD  
BRUNSWICK, OH 44212



1029



17120

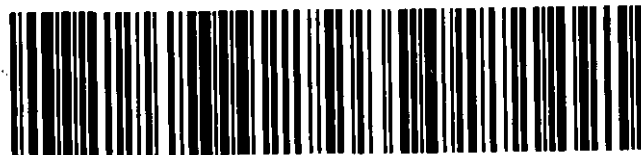
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AMOUNT

**\$3.50**

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Secretary, PA Public Utility Commission  
400 North Street, 2nd Floor  
Harrisburg, Pennsylvania 17120

**USPS TRACKING NUMBER**



9500 1158 6147 8312 0731 42