

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

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Revised 7/17/17
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)

PRO MOVERS 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)

NEXT DOOR MOVERS

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 6789716
(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)

9963 Sandy Rd
Street Address

Philadelphia, PA 19115
City, State and Zip Code

805 903 2107 USA
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. _____

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

Philadelphia Area
To transport household goods in use
between points in Pennsylvania.

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.

Asilbek Sharipov President
(Print Name)


(Signature)

11.18.2018
(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.

PRO MOVERS INC
Legal Name of Applicant

NEXT DOOR MOVERS
Trade Name, if any

9963 Sandy Rd Philadelphia PA 19115
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.

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

Asilbek Sharipov The President of company.
From October 2005 to May 2018 worked
as a moving manager at Dc Moving Services
in California.

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.

In 9963 Sandy Rd, Philadelphia address we have an office to keep all business records and receive phone calls and emails from potential customers. Also have a facility to keep moving supplies such as tapes, plastic wraps, blankets and so on. Also we will use CRM programs to run the

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the business, and keep all records. Planning to rent (rent) storage facilities and parking lots for trucks.

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.

1 driver. Clean driving records with no accident in the past 3 years. No DUI. Online criminal background check. Ever 6 months safety training program. Online (DMV) check. Alcohol and drug test before hiring drivers.

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

In a start we are planning to use one 20 feet box truck.

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).

Oil change every 3,000 miles. Daily tire and air pressure check. Spare tire. Tires - tread depth, headlights, tail lights checks. Battery and so on.

Planning to work with authorized body shops and mechanics to ensure our vehicles will comply with (67 PA. Code, chapter 175).

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

Discussed with "Progressive" insurance agent about the estimate price of liability (\$750,000) and cargo (\$5,000) insurance.

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.

(Signature)

(Name and Title, printed or typed)

Asilbek Sharepov President

(Date)

11.18.2018

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Statement of Financial Position (Balance Sheet)
As of (date) 11.18.2018

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ASSETS

Current Assets

Cash

24,000 \$

Other Current Assets (specify)

Total Current Assets

Tangible Assets

Motor Vehicle Equipment

Property (buildings, land, etc.)

Office Equipment

TOTAL ASSETS

24,000 \$

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

Credit cards/revolving credit

Other Liabilities (Attach schedule)

Total Current Liabilities

0 \$

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long Term Liabilities

TOTAL LIABILITIES

0 \$

TO WHOM IT MAY CONCERN

This is to certify that Mr. Asilbek Sharipov worked in our company OC MOVING SERVICES located at 1633 E. Fourth St, Suite 236, Santa Ana, CA 92701 as a "Moving Manager" from October 2015 to May 2018. He was responsible for the entire moving process and worked closely with the client to ensure that any problems are dealt with efficiently and the process is tailored for the client's convenience.

We found him honest, dedicated, hardworking and well-behaved during his working period with us.

We wish him every success in life.

Mr. Sirojiddin Bekchanov

President

A handwritten signature in black ink, appearing to read 'Sirojiddin', written in a cursive style.

If you have any questions please call +1 (310) 359-5082

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

Asilbek Sharipov
9963 Sandy Rd
Philadelphia PA 19115

Next Door Movers

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT www.dos.pa.gov/BusinessCharities OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT www.corporations.pa.gov/Search/CorpSearch .

ENTITY NUMBER : 6793011

**PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Asilbek Sharipov Name 9963 Sandy Rd, Address Philadelphia PA 19115 City State Zip Code <input type="checkbox"/> Return document by email to: _____	Registration of Fictitious Name DSCB:54-311 (rev.2/2017)  311
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70.00 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:
 Next Door Movers

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
 Moving household goods.

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

9963 Sandy Rd,	Philadelphia	PA	19115	Philadelphia
Number and street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip

5. Each entity, other than an individual, interested in such business is (are):

Pro Movers Inc	Business Corporation	PA
Name	Form of Organization	Organizing Jurisdiction
9963 Sandy Rd, Philadelphia, Philadelphia, PA, United States, 19115		
Principal Office Address		
9963 Sandy Rd, Philadelphia, Philadelphia, PA, United States, 19115		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration of Fictitious Name to be executed this
2nd day of November , 2018 .

Pro Movers Inc

Entity Name
Asilbek Sharipov

Signature
President

Title

FROM:

9963 Sandy Rd
Philadelphia PA 19115
Pro Movers Inc



1000



17120

U.S. POSTAGE PAID
FCM LG ENV
PHILADELPHIA, PA
19115
NOV 19, 18
AMOUNT

\$1.63

R2304N116825-09

TO:

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