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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

2019 APR -4 AM 10: 31

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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)

NORTHEASTERN 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)

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** 6724600  
(See checklist and indicate type of business entity registered)

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

EDWARD MCKEON  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Physical Address (do not use PO Box)

105 W MARKET ST  
Street Address  
SCRANTON, PA 18508  
City, State and Zip Code  
570-954-7991 Telephone Number LACKAWANNA 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?

X 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).

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TO TRANSPORT HOUSEHOLD GOODS IN USE BETWEEN  
POINTS IN PENNSYLVANIA.  
MAINLY LACKAWANNA COUNTY.

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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.

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## 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.

EDWARD MCKEON

(Print Name)

  
(Signature)

03/30/2019  
(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.

EDWARD MCKEON  
Legal Name of Applicant

NORTHEASTERN MOVERS, INC.  
Trade Name, if any

105 W MARKET ST      SCRANTON      PA      18508  
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.

EDWARD MCKEON - PRESIDENT  
105 W MARKET ST SCRANTON, PA 18508  
570-954-7991

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).

MOVING DIRECT LLC / DBA TDY MOVING  
MAFFUCCI STORAGE CORP / AGENT BEKINS VAN LINES  
MARRINS' MOVING LTD  
I HAVE WELL OVER THE MINIMUM OF 2 YEARS EXPERIENCE.

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.

I WILL HAVE AN OFFICE WITH COMPUTERS, TELEPHONES, FILE CABINETS AND ALL NECESSARY EQUIPMENT AND SUPPLIES NEEDED TO RUN DAY TO DAY OPERATIONS. THE OFFICE IS A STOREFRONT. PROPER PARKING FOR VEHICLES WILL BE OFF SITE. RECORDS WILL BE PROPERLY STORED IN FILE CABINETS AND WILL BE AVAILABLE TO BE INSPECTED. CUSTOMER REQUESTS WILL BE ANSWERED BY EMAIL, TEXT AND TELEPHONE. - NEXT PAGE

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→ VEHICLES WILL BE DISPATCHED IN A TIMELY FASHION IN ORDER TO PROPERLY SERVICE THE MOVING JOB. CREWS WILL BE DISPATCHED FROM OUR FACILITIES. WE WILL MAINTAIN CONTACT WITH OUR DRIVERS THROUGH TELEPHONE AND ELECTRONIC LOGGING DEVICE / MOBILE TRACKING.

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.

- A. WE WILL ONLY EMPLOY SENIORS PROFESSIONALS WITH A CLEAN DRIVING RECORD. DRIVERS WE HIRE WILL HAVE NO ACCIDENT HISTORY OR MOVING VIOLATIONS.  
 B. WE WILL THOROUGHLY VET ALL PRE HIRES, INCLUDING BACKGROUND CHECKS.  
 C. DRIVERS WILL BE REQUIRED TO TAKE A ROADTEST PRIOR TO BEING HIRED. DRIVERS WILL LEARN ABOUT FMCSA RULES AND REGULATIONS.  
 D. WE WILL RUN ALL LICENCES THROUGH OUR INSURANCE BROKERAGE.  
 E. WE STRICTLY PROHIBIT DRUG AND ALCOHOL USE. RANDOM DRUG AND ALCOHOL PROGRAM CHECKS WILL BE CONDUCTED. WE PLAN ON HIRING 2 DRIVERS AS WE ARE STARTING OUT.

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

WE PLAN TO USE 2 VEHICLES IN OUR BUSINESS. WE WILL MAINLY WORK IN LACKAWANNA COUNTY. WE DON'T ANTICIPATE ON HAVING A LARGE VOLUME OF MOVES.

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).

WE WILL KEEP VEHICLE MAINTANENE LOGS.  
 VEHICLES WILL GO INTO SERVICE EVERY 10,000 MILES  
 A FULL PREVENTATIVE MAINTANENE CHECK WILL BE CONDUCTED BEFORE THE TRUCK GOES ON THE ROAD.

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

I HAVE CHECKED INSURANCE RATES WITH MY BROKER.  
I CAN PAY THE INSURANCE PREMIUMS.

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.

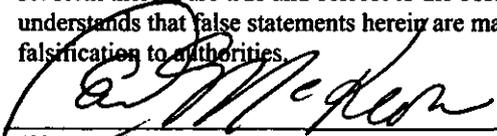
YES  NO

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.

I HAVE ENOUGH FUNDS TO RUN A PROPER MOVING BUSINESS.  
I HAVE THE KNOWLEDGE AND EXPERIENCE, AS I'VE BEEN IN  
THE BUSINESS SINCE 1998. **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)

  
EDWARD MCKEON - PRESIDENT

(Name and Title, printed or typed)

(Date)

03/30/2019

Statement of Financial Position (Balance Sheet)

As of (date) 03/30/2019

ASSETS

Current Assets

Cash \$ 50,000

Other Current Assets (specify) \_\_\_\_\_

Total Current Assets \$ 50,000

Tangible Assets

Motor Vehicle Equipment \_\_\_\_\_

Property (buildings, land, etc.) \_\_\_\_\_

Office Equipment \_\_\_\_\_

TOTAL ASSETS \$50,000

LIABILITIES

Current Liabilities (Due within one year of date)

Loans \_\_\_\_\_

Credit cards/revolving credit \_\_\_\_\_

Other Liabilities (Attach schedule) \_\_\_\_\_

Total Current Liabilities Ø

Long Term Liabilities (Due after one year of date)

Mortgage \_\_\_\_\_

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

Other Liabilities (Attach Schedule) \_\_\_\_\_

Total Long Term Liabilities Ø

TOTAL LIABILITIES Ø

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SECRETARY, PA PUBLIC UTILITY COMMISSION  
400 NORTH STREET, 2<sup>ND</sup> FLOOR  
HARRISBURG, PENNSYLVANIA 17120

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