

APPLICATION CHECKLIST

Motor Common Carrier or Motor Contract Carrier Of Household Goods in Use

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless eFiled with the Commission's online eFiling system at www.puc.pa.gov)
- Applicant's Verified Statement.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania;"
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

If not eFiled, mail your application and attachments to:

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

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

1. 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.
2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form H for cargo insurance and a Form E for bodily injury and property damage insurance.** These forms are mailed to the Commission directly from the home office of your insurance carrier. The name and address on your insurance forms must **exactly** match the name and address you have provided on your application. If your insurance company subscribes to NOR (National Online Registries, Inc. at www.mcinfo.org), you can request the insurance company to file the required insurance forms electronically through NOR. The electronically filed insurance forms will reach the Commission more quickly than mailed forms. The minimum limits of insurance are as follows:
 - a. Bodily Injury - The liability of the insurance company on each motor vehicle operated in common or contract carrier service shall be in amounts not less than \$300,000 per accident for a vehicle with a manufacturer's gross vehicle weight rating of 10,000 pounds or less, in the case of a single vehicle, or a manufacturer's gross combination weight rating of 10,000 pounds or less, in the case of an articulated vehicle. The liability of the insurance company on each motor vehicle operated in common or contract carrier service shall be in amounts not less than \$750,000 per accident for a vehicle with a manufacturer's gross vehicle weight rating over 10,000 pounds, in the case of a single vehicle, or a manufacturer's gross combination weight rating over 10,000 pounds, in the case of an articulated vehicle.
 - b. Insurance coverage of motor carriers of household goods shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).
 - c. Cargo - \$5,000 for loss or damage to cargo being transported.

Revised 7/17/17

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)

Meta Movers, 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)

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 6886828
(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).**

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.

Ross Pritchett

(Print Name)

Ross Pritchett

06/13/2019

(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.

Ross Pritchett

Legal Name of Applicant

Trade Name, if any

13 Holt Street

Pittsburgh,

PA

15203

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.

Ross Pritchett, Owner, Meta Movers, LLC

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-).

I have had continuous employment with Mambo Movers in Philadelphia Pennsylvania since 05/2008 until current date. During this eleven-year tenure I have learned how to conduct business and also the technical abilities required to operate a moving company including:

- **Providing estimates, scheduling and booking household and commercial moves within the state of Pennsylvania and also long distance moves outside the state via phone and email.**
- **Dispatch of crews and trucks accordingly based on size and contents of the move, equipment needed, time restrictions, and physical limitations i.e. truck clearance, steep grades, inclement weather.**
- **Resolving any disputes with customers that involve damages to household goods or property.**
- **Maintaining truck fleet by conducting routine inspections before the start of the day, checking under the hood, walking around to look for defects or damages, starting the vehicle to test lights and brakes, insuring all safety equipment is functional and insurance and inspections are current.**

- Personal contact with the client day of the service including preparation and competition of bill of lading, contact before and during the move providing arrival times and assurance of quality service, and also receiving payment for services provided.
- Management day of the move ensuring all precautions are taken for safety and security during preparation, load, transportation and unload of household goods and property. Management of crew to ensure all work is completed professionally and safely.
- Proficient and in driving and operating vehicles GVWR of 26,000 lbs. or less. Knowledge and understanding of all PennDOT, DOT, FMCSA trucking laws and regulation. 100% accident free with a clean driving record. DOT Medically certified.
- Some past clients include the Philadelphia Museum of Art, The National Liberties Glass Museum and Vintage Instrument Auctions NYC among other art galleries. Moves such as these require extreme care and may involve special equipment and crating and uncrating of possessions.
- High School and College graduate with a BFA from Slippery Rock University

Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 8/31/2018

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examiner's Certificate
(For Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Pritchett **First Name:** Ross in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties. I find this person is qualified, and, if applicable, only when (check all that apply):

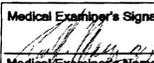
Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

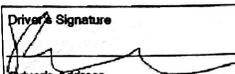
Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
06/15/2018

Medical Examiner's Signature 	Medical Examiner's Telephone Number (215)365-7510	Date Certificate Signed 06/15/2018
Medical Examiner's Name (please print or type) Maranzini, Paul	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	<input checked="" type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number 05004647L	Issuing State PA	National Registry Number 5637173682

Driver's Signature 	Driver's License Number 25713918	Issuing State/Province PA
Driver's Address Street Address: 1002 S 49th St City: Phila State/Province: PA Zip Code: 19143	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CLP/CDL Applicant/Holder	

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

- 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 main office and storage space is located at 13 Holt St. Pittsburgh PA 15203. The office is approximately 1000 square feet. All administrative operations will transpire at this location. All business records will be stored. In addition to office space I have storage space at the same address where all moving supplies (furniture pads, moving dollies, straps, tools, wrap and packing supplies) will be stored. We will not offer overnight storage of goods. Customers must provide their own storage facility.

Jobs will be booked either by phone or email during office hours. Intended office hours are Monday through Friday from 8:00 am - 5:00 pm and Saturday and Sunday from 8:00 am – 1:00 pm. When booking a move we will explain to the customer the terms of the move and establish the dates and times, crew size, equipment, and truck size needed to preform the move, as well as any other special items that may need to be addressed. A conformation call will me made to the customer before the move to ensure that both parties are prepared for the moves, buildings have all insurance information needed, and any additional insurance or permits have been acquired. The crew will then be assigned and given all the information needed to preform the job. Upon the day of the move, the crew will report to dispatch and will be given final instructions. The crew will then preform an inspection and vehicle safety check before the start of the job. Each crewmember will be assigned a cell phone for communication throughout the day. All inventories, deliveries, HHG arbitration service, Bill of Lading, and/or claims are documented at time of service, and also made available to the customer. Each customer is given a disclosure at time of sales estimate. Each disclosure is explained to and acknowledged by the customer. Plan to inform customers of the procedures for filing complaints with the PUC and intended customer complaint resolution procedure is as follows. Upon notification of a claim, the customer is contacted and a claim file is established. All claims are resolved within 30 days. All payment for services will be either account related or made COD (cash, certified check, money order or major credit card.)

Tariffs publishing and arbitration has been purchased and will be provided by Moving Pros Network LLC 1216 West Braddock Road Alexandria VA 22302. 571-236-8746.

Driver's logs are kept with KeepTruckin, Inc. KeepTruckin Electronic Logbook.

Any accounting services will be provided by Frankford Tax Professionals 2424 E York Street Suite 319, Philadelphia, PA 19125

Office Equipment:

- iMac 27 inch, 3.33 GHz, 4gb with backup cloud and external hard drive.
- Cell, Land and Fax line, Fax. Printer, Scanner, Copier machine Cannon #MB2720
- Fireproof file cabinet for all paper documents, (insurance information, bill of lading, DOT records, Tariff documents, federal and state tax documents.)
- Fireproof safe for any extremely sensitive items as and cash, checks, money order and any credit card information.

Moving Equipment:

- 120 premium furniture Pads, size 72" x 80"
- 20 sport straps size 12', 6 ratchet straps size 20'
- Stevens ESC- ESRT Appliance Dolly
- 6 Cap Dolly Hardwood 3" raised dollies
- 6 Commercial Bins 48 x 24 x 28" 1,100 lbs.
- 2 complete sets of basic hand tools, (screwdrivers, wrenches, hex wrenches, doorstops, hammers, electric screwdrivers and bits) needed for basic assembly and disassembly of furniture.
- Backup safety equipment (fire extinguishers, safety cones and triangles, first aid kits)

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.

Currently I intend to be the only driver as I intend to focus on doing only smaller apartment and house, furniture delivery or in-house moves and services. However, if I choose to expand and hire other drivers my standards for employment will include:

- a. - All drivers must have a valid drivers license with a clean driving record.
 - All drivers must pass a background check and pass a drug testing.
 - All drivers must be proficient in the rules and regulations of the PennDOT, DOT and FMCSA.
 - All drivers must a DOT certified medical card issued by a DOT registered physician.
- b. - I will conduct background checks for criminal records, convictions and sex offenders using SentryLink . <https://www.sentrylink.com>
- c. - I have over 11 years of truck accident free truck driving experience and a clean driving record. I intend to personally train all drivers to safely operate vehicles of 26000 lbs. gross weight or under. Along with my training I will assist all drivers in finding and funding a technical college or certified driving school.
- d. -I will conduct driver’s license checks through my insurance agent in compliance with DPPA and FCRA.
- e. -An appointed physician will preform drug and Alcohol test upon contingency of employment. Meta Movers LLC intends to help provide a safe and drug-free work environment for our clients and employees. “Prohibited Substances” include illegal drugs, alcohol, or prescription drugs not taken with accordance with a prescription given to the employee. Any violation will result in termination of employment.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
1996	Dodge	B1500 5.2 v8	2	2B4HB15Y9TK105427	150,000

I also intend to rent a 16’ or 26’ truck from Ryder as needed.

- 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).

a. Maintaining truck fleet by conducting routine inspections before the start of the day, checking under the hood, walking around to look for defects or damages, starting the vehicle to test lights and brakes, insuring all safety equipment fire extinguisher in safety brackets, at least 3 bidirectional emergency reflective triangles are functional and insurance and inspections are current. Providing daily preventive maintenance by the driver. If any discrepancies found will be noted on a maintenance request form and reported to the office for repair.

b. All motor vehicles will undergo an annual safety and emissions inspections conducted by a Pennsylvania Official Inspection and Emissions Station. Expiration dates will be checked and recorded at the beginning of each workday.

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

My Insurance program is currently in underwriting through Caputo Insurance INC, 6824 Big Beaver Blvd. P.O. Box 350 Beaver Falls, PA 15010. When complete I have arranged to pay the insurance premiums on a scheduled monthly program. Upon completion I will share proof of insurance with the PUC and DOT FMCA.

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.

Ross Pritchett

(Signature)

Ross Pritchett

(Name and Title, printed or typed)

06/13/2019

(Date)

During my eleven-year employment with Mambo Movers I have learned the expenses of operating a moving company. I know both the expenses of operation of and office (e.g. utilities, insurance, office rental, vehicle maintenance, office equipment, damages.) Also, the expenses of operation to preform a move (e.g. vehicle, vehicle rental, fuel, tolls, equipment, maintenance, labor.) I am confident I have enough capital for the daily operation of a moving company.

I have already obtained an LLC, an arbitration service through Moving Pros Network LLC administered by National Arbitration & Mediation, Inc. 990 Stewart Ave-First Floor Garden City NY 11530, and registration with the DOT and FMCSA. I have drafted a bill of lading contract and tariff. I have also already obtained an office space with all the necessary office equipment in order to conduct business. I have acquired a vehicle and all the necessary equipment to preform a moving service.

Statement of Financial Position (Balance Sheet)
As of (date) 06/13/2019

ASSETS

Current Assets		
Cash	14,000	
Other Current Assets (specify)	0	
Total Current Assets		14,000
Tangible Assets		
Motor Vehicle Equipment	5,000	
Property (buildings, land, etc.)	0	5,000
Office Equipment	4,000	4,000
TOTAL ASSETS		23,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		0
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	
Total Long Term Liabilities		0
TOTAL LIABILITIES		0

Revised 7/17/17