

# **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](http://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, 2<sup>nd</sup> 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](http://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](http://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.

## 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)

Miracle Movers Inc.

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- 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)

Miracle Movers Inc.

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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**

\_\_\_\_\_ 6911424 \_\_\_\_\_

(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).**

<u>Samantha P. Wilhoit</u>	<u></u>
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6. **Physical Address** (do not use PO Box)

**2626 Strathmore Lane**

Street Address

**Bethel Park PA 15102**

City, State and Zip Code

**910-580-5892**

Telephone Number

**Allegheny**

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)

**1536 Castle Hayne Road Box 13**

Street Address

**Wilmington NC 28401**

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.   2461529

**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 goods throughout the state of 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.

Samantha P Wilhoit

\_\_\_\_\_  
(Print Name)

\_\_\_\_SamanthaPWilhoit\_\_\_\_07/12/2019\_\_\_\_

\_\_\_\_\_  
(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.

**Miracle Movers Inc.**

Legal Name of Applicant

Trade Name, if any

**2626 Strathmore Lane**

Street Address (principal place of business)

**Bethel Park**

City or Municipality

**PA 15102**

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.

Sam Wilhoit owner, 1536 Castle Hayne Road Box 13 Wilmington NC 28401 910-580-5892

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

Not affiliated with any other PA carrier. Miracle Movers has 5 North and South Carolina locations and is licensed in both states.

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)(-I-).

**Miracle Movers Inc has been fully licensed with state of North Carolina and the DOT since 2013. We've never had any infractions or suspensions of any licenses.**

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.

Miracle Movers will in fact be working out of the home at 2626 Strathmore Lane, Bethel Park PA location until

we are able to secure a physical location once we are up and running. Trucks and equipment will be located at a local storage facility until this permanent physical location is secured.

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; **We are Equal Opportunity Employer. Anyone who has clean criminal and driving records will be considered for drivers positions, and anyone who has any theft on their background will be automatically disqualified for employment opportunities.**
  - b. Your system for conducting criminal background checks; **we use been verified**
  - c. Your driver training program; **We use Foley**
  - d. Your system for conducting driver license checks; **Have our current carrier constantly run MVR checks**
  - e. Your policies regarding alcohol and drug use by your drivers. **Zero tolerance policy**

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>
2020	Freightliner	M2	5	#36	0
2006	International	4300	3	#6	343,000

7. Describe your vehicle safety program. Please include the following in your explanation:
  - a. Your periodic vehicle maintenance plan **All Trucks are fleet maintained. PM'ed every 6,000 miles to stay in full compliance with DOT restrictions.**
  - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).  
**Same as above. All equipment will be fleet maintained to the highest standards.**



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

## 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.

Samantha Wilhoit

\_\_\_\_\_  
(Signature)

Samantha Wihoit

\_\_\_\_\_  
(Name and Title, printed or typed)

07/12/2019

\_\_\_\_\_  
(Date)

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

**As of (date) \_\_\_\_\_**

**ASSETS**

**Current Assets**

Cash	<u>\$125,000</u>
Other Current Assets (specify)	<u>\$400,000</u>
	(other trucks and equipment)

Total Current Assets \$525,000

**Tangible Assets**

Motor Vehicle Equipment	<u>\$400,000</u>	
Property (buildings, land, etc.)	<u>\$200,000</u>	
Office Equipment		<u>\$20,000</u>

**TOTAL ASSETS** \$620,000

**LIABILITIES**

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

Loans	<u>\$160,000</u>
Credit cards/revolving credit	<u>0</u>
Other Liabilities (Attach schedule)	<u>0</u>

Total Current Liabilities \$160,000

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

Mortgage	_____
Long term commercial loan	_____
Other Liabilities (Attach Schedule)	_____

Total Long Term Liabilities \$160,000

**TOTAL LIABILITIES** \$160,000

**Revised 7/17/17**