

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)

INDIAN VALLEY TRADING COMPANY

- 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 _81-5237983

(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).**

DANIEL IRELAND

_____	_____
_____	_____
_____	_____
_____	_____

6. **Physical Address** (do not use PO Box)

586 HILL ROAD

Street Address

GREEN LANE

City, State and Zip Code

2675007282

Telephone Number

MONTGOMERY

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. 3141629

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 HOUSEHOLD GOODS IN USE FROM POINTS IN MONTGOMERY AND BUCKS COUNTY TO POINTS IN PA.

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.

DANIEL IRELAND 8/11/2019
(Print Name)

DANIEL IRELAND
(Signature)

8/11/2019
(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).

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.

INDIAN VALLEY TRADING COMPANY

Legal Name of Applicant

Trade Name, if any

586 HILL RD

GREEN LANE

PA18054

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.

DANIEL IRELAND, OWNER 586 HILL RD GREN LANE PA 18054 267-500-7282

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

OWNER OF INDIAN VALLEY TRADING CO.

3. Please provide evidence of minimum of two-years' experience with a licensed household goods carrier or the equivalent as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-I-).

I have over 5 years of experience with household goods carriers that are no longer in business. I started my own company to provide better, more personalized 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.

We utilize a 2,500 square foot facility complete with an office and 5 acres to store trucks. Storage space is used on and off site with 24/7 video monitoring. Extra storage space would be leased long term if needed. Our plan of record maintenance is filling the appropriate paperwork both hard copies and digital copies at our office in a secure location.

For communication we primarily use phones, email and in person meetings. Trucks will be dispatched through the office as needed per client needs. Continuous communication with each driver is obtained with cell phones, local radio (VHF systems) and GPS monitoring.

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 perform background checks and driving history checks for all of our drivers. We also use Foley Services for our third party compliance.
 - b. Your system for conducting criminal background checks;
We utilize Foley services for our background check compliance
 - c. Your driver training program;
We perform monthly recorded training sessions and comply with Pa state law.
 - d. Your system for conducting driver license checks;
We utilize a third party background license screening company for all license checks.
 - e. Your policies regarding alcohol and drug use by your drivers.
We utilize a local Industrial medicine office for random screening. Company policies are in place for this procedure as well.

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.

Once we are approved, we will be leasing/purchasing multiple 26' box trucks for the household goods carrier side. We will also leasing/purchase 16' trucks as well for different sized jobs.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2007	Ford	F-350	4	1FTWW31P57EA89034	108,000
2019	Cross	Trailer 16'	0	trailer	0

7. Describe your vehicle safety program. Please include the following in your explanation:
 - a. Your periodic vehicle maintenance plan
All vehicles are on a monthly and bi-monthly fleet maintenance program with our commercial mechanic. Random safety checks are performed daily as part of an in house safety policy.
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).
All vehicles are properly maintained and records are kept to ensure fleet safety. Our commercial mechanic also provides scheduled maintenance with scheduled reminders for service work.

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

We are working with our local commercial insurance agent and have already obtained the correct insurance coverage needed to operate in the state of Pennsylvania as a business and household goods carrier.

- 8. 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

- 9. 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.

Daniel Ireland

(Signature)
Daniel Ireland, Owner

(Name and Title, printed or typed)

08/09/2019

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 8/11/2019

ASSETS

Current Assets		
Cash	70,000	
Other Current Assets (specify)		
Total Current Assets		70,000
Tangible Assets		
Motor Vehicle Equipment	45,000	
Property (buildings, land, etc.)	250,000	
Office Equipment		10,000
TOTAL ASSETS		305,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	22,000	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		22,000
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