

## 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)

Inner City Rehab, 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)

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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?**  **X** **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 6643928**

(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).**

Ron Schlessinger \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

600 Deer Road., Suite 1  
Street Address

Cherry Hill, NJ 08034  
City, State and Zip Code

856-795-1916 Camden  
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)

N/A  
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)

N/A  
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. 1970057

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

Transport household goods in Bucks, Chester, Delaware, Montgomery and Philadelphia counties. \_\_\_\_\_

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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.

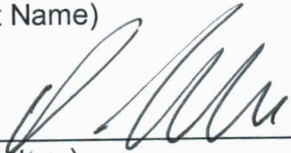
## Verification of Application

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.

Ron Schlessinger

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

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

8/7/18  
\_\_\_\_\_  
(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.

Inner City Rehab, Inc

Legal Name of Applicant

Trade Name, if any

**600 Deer Rd., Suite 1**

Street Address (principal place of business)

**Cherry Hill**

City or Municipality

**NJ**

State

**08034**

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.

Ron Schlessinger, President  
600 Deer Rd., Suite 1  
Cherry Hill, NJ 08034  
856-795-1916

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

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)(-)-.

Arcade Moving Company, 135 East Venango St., Philadelphia, Pa. 19134

2006-2010 Worked for General Manager, Carl Grieco. We coordinated jobs with the General Manager. Drove trucks and moved personals for eviction orders. We loaded and unloaded the personal items. We wrote estimates for the cost of the move and processed the billing. We have experience with moving personal items, estimates, billing, loading and unloading.

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.

Physical location is a fenced in 4000 sq ft warehouse. We also rent at various storage locations throughout Pa. Office machines utilized: computer, fax, phone. We will get our work requests through email and fax. When we get a move out order, our workers will be sent to the location on a specified date and time. All records will be stored on our server. Communication is through cell phones that the workers will carry at all times. We will store the household goods in a storage facility in the same county as the home is located.

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: 4 drivers since we are just starting out
- 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.
- a. Employees are drug tested and background checks are performed before hiring. The minimum age for drivers is 25.
  - b. We do criminal background checks through Aspen Grove once a year.
  - c. We conduct a driving road test with manager to observe all traffic laws are obeyed.
  - d. Driver license checks are conducted through our Insurance agent once a year and we obtain a driving history report once a year.
  - e. We perform random drug and alcohol testing. If test positive employee is terminated immediately.

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>
2013	Isuzi	NPR	4	JALC4W16XD7003166	89,000

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).

We perform daily a vehicle inspection and obtain inspection logs. We maintain a daily log and driver reports. We also have DOT inspections every three years as required by NJ. The drivers reports any problems or safety issues with the vehicle. Driver reports any issues immediately to the supervisor and that issue is handled immediately. We are diligent with all routine maintenance, including oil changes, checking all fluids and tire inspections.

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

We have insurance and are in compliance with all insurance requirements, We have general liability, e&o, auto and a Fidelity Bond.

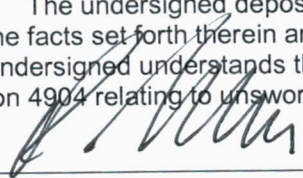
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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)

Ron Schlessinger, President

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

8/7/19

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



**Statement of Financial Position (Balance Sheet)**  
**As of (date) 2018**

ASSETS

Current Assets		
Cash	150,000	
Other Current Assets (specify)		
Total Current Assets		150,000
Tangible Assets		
Motor Vehicle Equipment	50,000	
Property (buildings, land, etc.)	300,000	350,000
Office Equipment		
TOTAL ASSETS		500,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	13,000	
Credit cards/revolving credit	20,000	
Other Liabilities (Attach schedule)		
Total Current Liabilities		33,000
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)		
Total Long Term Liabilities		
TOTAL LIABILITIES		33,000