

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)

Anthony Hudson

- 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**.

RECEIVED

2. **Trade Name** (Attach a copy of fictitious name registration if applicable) 2 0 2019

Maya's Movers LLC

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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- 8921045

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 ___ 82-3161543 ___
(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).**

Anthony Hudson	_____
_____	_____
_____	_____
_____	_____

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

3918 Eastgate Dr.

Street Address

York, PA 17402

City, State and Zip Code

717-825-4738

Telephone Number

YORK

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.

Mailing Address (if different from Physical Address) **3918 Eastgate Dr**

Street Address

York, Pa 17402

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**.

7. **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.

8. **Does applicant have a USDOT Number?**

No Yes, at No. 3128183

9. **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 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.*

10. **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.

Anthony Hudson

(Print Name)

Anthony Hudson 3622.

09-19-19

(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.

Anthony Kenneth Hudson

Legal Name of Applicant

Maya's Movers LLC

Trade Name, if any

3918 Eastgate Dr.

York, Pa 17402

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.

Anthony Hudson

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

Owner

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 provided Labor Only Service since 2017. I worked for Moving Made Awesome prior to 2017 for 3 years. I won Company of the Year 3 years in a row at my previous company and have just recently won Top Rated in the State of 2019. My company has a perfect 5 star rating system across Google, Yelp, and Social Media platforms.

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.

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.

I am looking to hire 1 driver to start off with and will hiring more in the future. Our drivers must have a clean MVR, which will be obtained by using Penndot's online request portal. All drivers must have a Social Security Card and Birth Certificate, a good driving record. I hold a Class A CDL and will follow through with the Smith System Driver Training Program. All drivers will undergo a Drug and Alcohol test prior to employment, a random test throughout the year and a Post-Accident test in the event of an accident. I will do a criminal background check prior to employment, by using either, Instantcheckmate.com and or Clearchecks.com.

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
94	GMC	BOX	2	1GBKH32K2R3501996	157619

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).

All drivers will fill out and maintain a VEHICLE INSPECTION REPORT prior to each day and at the end of each day. All Vehicles will undergo annual vehicles inspections at state certified and approved garages.

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

I already have General Liability Insurance, Commerical and Cargo Insurance.

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

I was charged with conspiracy to comment theft and theft by unlawful taking when I was 18 back in 2000. I could not identify the assailants that stole money from a Turkey Hill that I worked at and I police believed I had a part in it. Turkey Hill and my supervisor believed my innocence and testified in

my behalf. With a public defender who could remember my name and poor representation I fell into the system.

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) Anthony K. Hudson
Owner

(Date)

9/19/19

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet) As of (date) _____

ASSETS

Current Assets	19,377	
Cash	_____	

Other Current Assets (specify)		_____
Total Current Assets		
Tangible Assets	7,000	
Motor Vehicle Equipment	_____	

Property (buildings, land, etc.)		_____

Office Equipment		

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)	0		
Loans		_____	
	1500/9050	_____ <u>1800</u>	
Credit cards/revolving credit		_____	<u>9050</u>
Other Liabilities (Attach schedule)		_____	
Total Current Liabilities			
Long Term Liabilities (Due after one year of date)			
Mortgage		_____	

		_____	<u>0</u>
Long term commercial loan			_____

Other Liabilities (Attach Schedule)			
			Total Long Term Liabilities

TOTAL LIABILITIES

FROM:

MAMA'S MOVIES LLC
ANTHONY HUDSON
3918 ESTATE DR
YORK, PA 17402

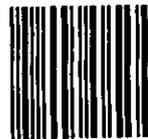
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400 NORTH ST. 2ND FLOOR
HARRISBURG, PA 17120