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October 30, 2019

BY HAND DELIVERY

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
2nd Floor - Filing Room
Harrisburg, PA 17120

Re: Application of Ronald E Beck d/b/a First Step Movers for approval of a Motor
Common Carrier of Household Goods in Use; Docket No. A-2019-_____

FOR REFERENCE ONLY: previously filed under proposed utility code
A-6922676 at Docket No. A-2019-3013560

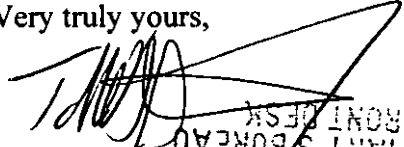
Dear Secretary Chiavetta:

Attached for filing with the Pennsylvania Public Utility Commission is the Application of
Ronald E Beck d/b/a First Step Movers for the approval to exercise, as a common carrier, the
transportation of household goods as more fully described in the application.

This application serves to replace the previously submitted application for a Household
Goods Broker at the proposed utility code A-6922676 and Docket No. A-2019-3013560, which
was submitted in honest error. As discussed with Commission staff, due to this honest error, this
replacement application does not require an additional \$350 filing fee.

If you have any questions regarding this filing, please contact the undersigned.

Very truly yours,


Todd S. Stewart
Bryce R. Beard

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BRB/das
Enclosure

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)

Ronald E. Beck

- 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)

First Step Movers – PA Fictitious Name registration # 6949403 (Attached)

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** _____

(See checklist and indicate type of business entity registered)

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PA PUC
SECRETARY'S BUREAU
FRONT DESK

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5. **If either a Corporation or Limited Liability Company please list members (LLC) or shareholders and officers (Corporation).**

_____	_____
_____	_____
_____	_____
_____	_____

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

221 Third Street
Street Address

Washington, PA 15301
City, State and Zip Code

724-986-9287 Telephone Number **Washington** 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)

Todd Stewart and Bryce Beard (717) 236 1300
Attorney's Name & Telephone Number for this Filing

100 North Tenth Street, Harrisburg, PA 17101
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. _____

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 Washington County to points in Pennsylvania, and vice versa.

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.

Ronald E. Beck

(Print Name)

Ronald E Beck

(Signature)

10-29-19

(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.

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Ronald E. Beck		OCT 30 2019	
Legal Name of Applicant			
First Step Movers		PA PUBLIC UTILITY COMMISSION	
Trade Name, if any		SECRETARY'S BUREAU	
221 Third Street	Washington	PA	15301
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.

Ronald E. Beck – Sole Proprietor

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

Applicant has no other affiliation with any other carrier.

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).

June 2017 – July 2019: worked with licensed household goods carrier, Matheson Transfer Company, A-00068360

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.

As a new operation, I will operate out of my business address and home office listed above. I will park any vehicles at my address in a secure manner. In addition, I have a complete functioning office including computers, printers, mobile phones, fax, scanner, and physical record storage. I will keep both paper receipts and digital records in a secure manner. I will keep the current year's records in hard copy format in a secure storage filing cabinet on site. I plan to utilize QuickBooks accounting software to keep records for my business. I will primarily receive requests to transport household goods through reservations via phone, email, or through my business's website at: <https://1stepmovers.com>. To fulfill requests, I will inform my drivers through my dispatch operating procedures of the appropriate time and place for pick-up and drop-off and dispatch a moving team to arrive no later than the time of reservation. I do not have any storage facilities currently on site but will work with local storage businesses as needed and will consider expanding operations to include storage facilities as my business grows. I will maintain constant communication with my drivers through their cellphones on record for each moving team member, or through mobile telephones provided for business use if team members do not have their own.

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:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

As a new operation, I will have likely one driver, either myself or a hired individual, as well as employee or contracted moving team members. Starting with one driver and a small team of movers is sufficient to serve the requested territory while keeping in mind the costs of starting a new business. As operations grow, I will employ more drivers and moving team members to fulfill the demand for service.

- I will only hire individuals with good driving records and that can show at least 6 months of driving experience in the transportation/moving industry.
- I will require each driver to provide a copy of their complete driving record available from PennDOT and any other state where the driver has previously resided. I will also investigate each driver's criminal record through an outside background check company and/or the Pennsylvania State Police. I plan to conduct a mandatory full-panel drug test when hiring and subject each driver to a random drug test during each year. I will further require immediate drug tests should I have any reasonable belief of impairment during employment. I may further require MedExpress DOT physicals as my operation grows.
- I will require drivers to prove competency to operate safely and efficiently in the interests of my customers. I may require drivers with limited experience to take professionally offered defensive training courses and yearly refreshers as well as on-the-job training and observation of experienced driver employees.
- I will require my drivers to produce a copy of an active license at least once yearly on request.
- I will have the policy that drivers cannot ingest alcohol within 8 hours of the start of their shift. I will send home any driver I determine to have a reasonable suspicion of intoxication. I will have a zero-tolerance drug use policy for all my drivers who will be subject to random drug testing policies and testing upon reasonable suspicion.

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
*See below					

*I am currently looking into purchasing a 16-foot Cabover moving truck for my operations and have multiple options in mind. I will purchase one of the models if I am granted a certificate of public convenience and can provide proof of purchase and applicable insurance during the 60-day compliance filing period. If needed, I will pursue commercial business rentals through Enterprise or other providers and have already entered into a limited commercial leasing contract for this purpose.

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).

I will have the top priority of providing a safe and reliable service, starting from the ground up. Safety will be the number one consideration of all drivers and movers in my operations. I will create a safety program and maintenance plan for each vehicle I own. Drivers will record total mileage each day and report it in a binder present in every vehicle. These records will be kept in both physical and digital formats. Further, I will create a vehicle checklist which drivers must complete daily prior to beginning service to include a walk around of the vehicle, confirmation of mileage, checking of gasoline, ensuring functioning safety restraints, functioning cargo restraints and others. I will keep all vehicles inspected and in compliance with state law. I will address any repairs immediately should the vehicle present issues. I will adhere to a strict oil change and tire rotation schedule in order to confirm safe operations in compliance with Pennsylvania law.

To the extent I use leased moving trucks, the same principles above will apply related to safety checks and records but will not include maintenance and inspection under state law as that will remain the responsibility of the vehicle's commercial owner.

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

I have reached out to my insurance company, Kinsale insurance company, through my Chamber agent in Washington, and will continue to work with them in order to provide the necessary proof of insurance for Form H and Form E coverage to the Commission after this application is approved. I currently pay my personal insurance premiums and will have the ability to pay future business premiums from both my investment capital and income from operations.

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

1974 - Misdemeanor minor drug possession - Zanesville, OH
 1977 - Misdemeanor simple assault - Uniontown, Fayette County, PA

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.

As a sole proprietor, I have access to my personal assets to start First Step Movers. Any commercial loans or advances my business needs will be secured by my funds and assets. My current assets far outweigh my personal liabilities, which only includes a mortgage for my home nearing payoff. I have sufficient funds to ensure my transportation business can provide reliable and safe service to the public.

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.

Ronald E. Beck
 (Signature)
 Ronald E. Beck
 (Name and Title, printed or typed)

10-29-19
 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) October 29, 2019

ASSETS

Current Assets		
Cash	<u>\$41,500</u>	
Other Current Assets (specify)	<u>\$0</u>	
Total Current Assets		<u>\$41,500</u>
Tangible Assets		
Motor Vehicle Equipment	<u>\$5,000</u>	
Property (buildings, land, etc.)	<u>\$150,000</u>	<u>\$155,000</u>
Office Equipment		<u>\$4,000</u>
TOTAL ASSETS		<u>\$200,500</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>\$0</u>	
Credit cards/revolving credit	<u>\$0</u>	
Other Liabilities (Attach schedule)	<u>\$0</u>	
Total Current Liabilities		<u>\$0</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>\$25,000</u>	
Long term commercial loan	<u>\$0</u>	
Other Liabilities (Attach Schedule)	<u>\$0</u>	
Total Long Term Liabilities		<u>\$25,000</u>
TOTAL LIABILITIES		<u>\$25,000</u>

ATTACHMENT A

First Step Movers Fictitious Name Registration,
PA Dept. of State

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OCT 30 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

ronald beck
221 third street
Washington PA 15301

first step movers

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT www.dos.pa.gov/BusinessCharities OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT www.corporations.pa.gov/Search/CorpSearch.

ENTITY NUMBER : 6949403