

## 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)

Sebastian Moving Philadelphia LLC

---

- 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 6910211

(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).**

|                   |       |
|-------------------|-------|
| Jamin Sebastian   | _____ |
| Demetrius Presley | _____ |
| _____             | _____ |
| _____             | _____ |

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

1906 Church St  
Street Address

Philadelphia, PA 19124  
City, State and Zip Code

267-788-6720  
Telephone Number

Philadelphia  
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)

2228 Majestic Woods Blvd  
Street Address

Apopka, FL 32712  
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. 3355570

**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 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.*

**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.

Jamin Sebastian

(Print Name)



(Signature)

11/22/2019

(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.

Sebastian Moving Philadelphia LLC

Legal Name of Applicant

ie Name, if any

1906 Church St

Street Address (principal place of business)

Philadelphia

City or Municipality

PA

State

19124

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.

Jamin Sebastian

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 as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-I-).

I own and operate Sebastian Moving and More LLC in Orlando, FL. I handle scheduling, payroll, advertising, estimating, training, hiring, finances, purchasing, and oversee all day to day operations.

I am a skilled mover and business owner.

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 hand write all moves and keep a copy of signed moving contracts, filed away each week. We also have a website where the move information is stored to reference quickly. We are a moving company and are based out of a home but have a storage unit where supplies are stored. All records required by PUC will be stored in a similar fashion as our moves, so we can easily locate them. Vehicles for full service moves (moves requiring a truck) are rented on an as needed basis at this current time. In the future we will procure an office with ample parking for moving trucks and other vehicles. We receive customer requests online, and through direct phone calls. We dispatch vehicles on an as needed basis in conjunction with the scheduled moves. We maintain contact with drivers via cell phone.

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.
- A. We check their license and obtain a report of any incidences.
  - B. We conduct background checks via Hireahelper.com, as we also do labor services for this company and they require the background check.
  - C. We try to hire drives with experience but also train with seasoned drivers and finally with an owner or manager in the company to ensure an apt level of knowledge in utilizing the vehicles.
  - D. We utilize the internet and if needed pull a driver report.
  - E. Alcohol and drug use is strictly forbidden by all drivers.
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.

Initially we plan to use 1-2 trucks as we transition from a labor only company, and these trucks will be rented through Penske. Once time and money allows, we plan to purchase one vehicle.

| <u>YEAR</u> | <u>MAKE</u> | <u>MODEL</u> | <u>SEATING CAPACITY*</u> | <u>VEHICLE ID #</u> | <u>MILEAGE</u> |
|-------------|-------------|--------------|--------------------------|---------------------|----------------|
|             |             |              |                          |                     |                |
|             |             |              |                          |                     |                |
|             |             |              |                          |                     |                |
|             |             |              |                          |                     |                |
|             |             |              |                          |                     |                |
|             |             |              |                          |                     |                |
|             |             |              |                          |                     |                |

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).

Initially we plan to use 1-2 trucks as we transition from a labor only company, and these trucks will be rented through Penske. The local branch of Penske is responsible for any maintenance and ensuring all vehicles are in compliance with the Pennsylvania vehicle equipment standards. Once we purchase a vehicle, we plan to run maintenance every 4,000 miles, which works out to be an average of every 4 months. This includes general vehicle checkup, minor repairs, oil and filter change and a lube job. We will also have the shop ensure we are in compliance with all equipment standards in Pennsylvania.

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

I am acquiring insurance and as I already own another business it will be a discounted rate, and will be able to afford this using the income from all jobs – as I currently do with the business in Florida.

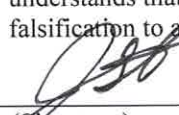
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If “YES”, explain.

\_\_\_\_ 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)

Jamin Sebastian

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

11/22/19  
\_\_\_\_\_  
(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 12/13/19

ASSETS

|                                  |              |                 |
|----------------------------------|--------------|-----------------|
| Current Assets                   |              |                 |
| Cash                             | \$10,000     |                 |
| Other Current Assets (specify)   |              |                 |
| Total Current Assets             |              | <u>\$10,000</u> |
| Tangible Assets                  |              |                 |
| Motor Vehicle Equipment          | \$20,000     |                 |
| Property (buildings, land, etc.) |              |                 |
| Office Equipment                 |              | \$20,000        |
|                                  | TOTAL ASSETS | <u>\$30,000</u> |

LIABILITIES

|  |                   |                 |
|--|-------------------|-----------------|
| Current Liabilities (Due within one year of date)  |                   |                 |
| Loans  |                   |                 |
| Credit cards/revolving credit                      |                   |                 |
| Other Liabilities (Attach schedule)                |                   |                 |
| Total Current Liabilities                          |                   |                 |
| Long Term Liabilities (Due after one year of date) |                   |                 |
| Mortgage   |                   |                 |
| Long term commercial loan                          | \$20,000          |                 |
| Other Liabilities (Attach Schedule)                |                   |                 |
| Total Long Term Liabilities                        |                   | <u>\$20,000</u> |
|  | TOTAL LIABILITIES | <u>\$20,000</u> |

Revised 7/17/17


# Sebastian Moving Philadelphia LLC

## Listing of Members

1. Jamin Sebastian – Member – 2228 Majestic Woods Blvd. Apopka, FL 32712
2. Demetrius Presley – Member – 1906 Church St. Philadelphia, PA 19124

A copy of the Certificate of Organization also follows this.

**PENNSYLVANIA DEPARTMENT OF STATE  
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

|  |  |
|--|--|
| <input type="checkbox"/> Return document by mail to:<br>Jamin Sebastian<br><small>Name</small><br>2228 Majestic Woods Blvd.<br><small>Address</small><br>Apopka FL 32712<br><small>City State Zip Code</small> | Certificate of Organization Domestic<br>Limited Liability Company<br>DSCB:15-8821(rev. 2/2017)<br><br>8821 |
| <input type="checkbox"/> Return document by email to: _____  |  |

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

**Fee: \$125.00**       I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):  
Sebastian Moving Philadelphia LLC

2. Complete part (a) or (b) – not both:

(a) The address of the limited liability company's initial registered office in this Commonwealth is:  
*(post office box alone is not acceptable)*

|                                  |                     |                      |                    |                       |
|----------------------------------|---------------------|----------------------|--------------------|-----------------------|
| 1906 Church St                   | Philadelphia        | PA                   | 19124              | Philadelphia          |
| <small>Number and Street</small> | <small>City</small> | <small>State</small> | <small>Zip</small> | <small>County</small> |

(b) name of its commercial registered office provider and the county of venue is:  
 c/o: \_\_\_\_\_

|  |                       |
|--|-----------------------|
| <small>Name of Commercial Registered Office Provider</small> | <small>County</small> |
|--|-----------------------|

3. The name of each organizer is (all organizers must sign on page 2):

| <small>Name</small> | <small>Address</small>  |
|---------------------|---|
| Jamin Sebastian     | 2228 Majestic Woods Blvd , Apopka , Out Of State , FL , United States , 32712 |
| Demetrius Presley   | 1906 Church St , Philadelphia , Philadelphia , PA , United States , 19124     |
|                     |   |
|                     |   |

4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

The Certification of organization shall be effective upon filing in the Dept of State.  
 The Certification of organization shall be effective \_\_\_\_\_ at \_\_\_\_\_  
on: Date(MM/DD/YYYY) Hour (if any)

**5. Restricted professional companies only.**

*Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).*

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

**6. Benefit companies only.**

*Check the box immediately below if the limited liability company is organized as a benefit company:*

This limited liability company shall have the purpose of creating general public benefit

*Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.*

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

---

---

---

**7. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.**

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 26 day of June, 2019.

Jamin Sebastian

Signature

Demetrius Presley

Signature