

## Application for Broker of Household Goods in Use

THIS APPLICATION IS TO BE USED FOR A LICENSE TO OPERATE AS A BROKER WHO WILL ARRANGE FOR THE TRANSPORTATION OF HOUSEHOLD GOODS IN USE BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Moving Forward 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)**

Moving Forward

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?** \_X\_ **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

ein#

LLC (see checklist and indicate type of business entity registered)

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

2510 Elkridge Drive  
Street Address

Wexford, PA 15090  
City, State and Zip Code

(724)272-8921  
Telephone Number

Allegheny  
County

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

6. **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**.

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 hold interstate operating authority?**

No      X      Yes, at No. \_\_\_\_\_

9. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

To arrange for the transportation of household goods in use between points in the Greater Pittsburgh Area and surrounding neighborhoods.

*Examples:*

*·To arrange for the transportation of household goods in use between points in Pennsylvania.*

*·To arrange for the transportation of household goods in use between points in Clarion County.*

**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 Brokers 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.

Alex Carson  
(Print Name)



(Signature)

08-05-2019

(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).

**Note: Before you can provide service as a Pennsylvania licensed broker of household goods, you must submit evidence of financial responsibility to the Commission. Your evidence will be in the form of a Surety Bond in the amount of \$10,000.**

## 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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Moving Forward LLC

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Legal Name of Applicant

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Trade Name, if any

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2510 Elkridge Drive

Wexford

PA 15090

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Street Address (principal place of business)

City or Municipality

State

Zip Code

The Verified Statement of the Applicant is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc. have authorized the witness to speak for the business.

Alex Carson, Owner/Operator. 724-272-8921  
2510 Elkridge Drive  
Wexford, PA 15090

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

None.

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

In the summers of 2007-2009, I worked for Alpine Pools. Occasionally I was tasked with picking up materials for above ground pools from the warehouse, and delivering them to the job sites. In college, I worked part-time for Senior Life Transitions, a Senior Move Management Company based in the Indianapolis area while studying at Indiana University from Spring 2010- Fall 2011. Upon graduating with a marketing degree and a minor in finance, I moved to Broad Ripple, IN and began working for Senior Live Transitions full-time from fall 2011, through May 2012. We had intentions of opening a franchise back in my hometown, Pittsburgh PA. In April of 2012, I begin the paperwork for the franchise. At the time, Senior Life Transitions was experiencing great growth in their own market, and their owner decided he did not want to commit the resources associated with a franchise. I had spent my first year after college planning on opening up the company and was still very passionate about doing so. They were kind enough to waive my non compete form, and I proceeded to incorporate in the spring of 2012. We had been operating in the Senior Move Management field from May 5<sup>th</sup> 2012, through June 5<sup>th</sup>, 2019. On June 5<sup>th</sup>, I was made aware by Supervisor Cynthia Hawthorne that we may be in violation of the PUC code at 66 Pa C.S. 1101. I sent in the paper application she left me that week. I am not sure if the paperwork got lost or went to the wrong address, but I have not heard anything back and the check was never cashed. I am now attempting to file electronically, with hopes of a quicker response so we can return to serving our community's seniors.

I exchanged e-mails with David Canzoneri and his supervisor confirmed my time with Sr. Life Transitions (DOT # 2110041) was sufficient to meet the minimum requirements for experience.

To Whom It May Concern,

Alex Carson, worked and trained with Senior Life Transitions (DOT # 2110041). He worked on and off during college and upon graduation.

Sean Tienhaara, Owner

Senior Life Transitions Inc.  
11286 Harriston Dr  
Fishers, IN 46037  
317-828-1187  
317-748-4633  
www.srlifetransitions.com  
Indiana's Only NASMM A+ Accredited Senior Move Manager

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their 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. Finally, please state your intended business hours.

We do not have any facilities that are used for business. I have an office in my home at 109 cobbler circle Pittsburgh, PA 15212 with a desktop computer that I built that I use for emailing and any administrative duties. All consultations take place in the customers home, allowing me an opportunity to see the household goods, so we can help create a free floor plan showing where items will be positioned when unloading. We do not have any moving vehicles, so we do not store them anywhere. I park the 2014 Dodge Journey at my personal residence, and use it both personally and to travel to work related locations. Over the 7 years we have been operating, we have gotten all of our requests from referrals from Senior Living Communities, or past customers. We sponsored a couple "safe driving" radio campaigns in years past, but received no requests from

that campaign, and have since discontinued. The only money spent on advertising is for brochures which the communities distribute to potential residents. We focus primarily on the organizational size of moving, helping seniors develop a floor plan to determine what furniture can fit where. We then help with packing if requested. In cases where we are moving household goods, I am driving the truck personally. We intend on operating from 9am-5pm. In an instance that the move is not completed in this time frame, we stay until the agreed work is done.

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

1-3 team members. Their duties are to help pack, load, and unload the truck with the household items determined by the customer. We also offer to unpack, reconnect electronics, hang pictures, or anything else involved with the settling process. Most of our customers are elderly, so we offer to help get the new home as settled and organized as they would like. This number of employees necessary varies with the size of the job. Over the past 7 years of operating, I would estimate ~90% of our jobs have only required 0-1 employee, aside from myself.

6. 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 geographical territory you will be serving. In addition, please explain:
- Your hiring standards for drivers;
  - Your system to ensure prospective drivers will be subject to a criminal background check;
  - Your driver training program;
  - Your system for ensuring that your drivers are properly licensed at all times;
  - Your system to ensure that all drivers will be subject to a criminal background check every two years;
  - Your policies regarding alcohol and drug use by your drivers.

A. I am the Owner/Operator and the only driver.

B. N/A

C. N/A

D. N/A

E. N/A

F. Zero tolerance policy for drugs or alcohol. If a worker is suspected of use, a drug test will be administered THAT DAY. If failed, they are immediately terminated.

7. 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 geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
<u>2014</u>	Dodge	Journey	5	3C4PDDDG7ET263291

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
  - Your system for ensuring your vehicles will continuously comply with Pennsylvania’s equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
  - Your system for ensuring your vehicles will maintain compliance with the PUC’s requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
  - Your system for replacing vehicles once they are greater than eight model years in age in compliance with 52 Pa. Code, Section 29.314(d) (applicable to taxicabs) or 52 Pa. Code, Section 29.333(e) (applicable to limousines);
  - Your system for ensuring the filing of an annual vehicle list (taxicabs and limousines);
  - Your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37 (applicable to HHG applicants).

We do not own any moving vehicles. We utilize Uhaul Truck rental's vehicles if a box truck is required. Uhaul has well maintained vehicles that are serviced every 5,000 miles. These records are available upon request. I keep all the records for the Dodge Journey. I change the oil approximately every 6,000 miles.

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

We have paid the premium for the vehicle since buying it outright in 2014. We also have \$1,000,000 general liability insurance with Jack Bonus Insurance for the company since 2012.

10. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
  - Your intended customer complaint resolution procedure.

We have a terms of service outlined in our contracts that will now include a link to the PUCs filing procedures.

We believe in making our mistakes right at no cost to the customer. If a mutual understanding cannot be reached, we have outlined a standard arbitration process in our contract.



11. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

\_\_\_\_\_ YES    \_\_\_X\_\_\_ NO

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. Therefore you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains 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)

*Alex Carson*

\_\_\_\_\_  
ALEX CARSON, Owner/Operator  
(Name and Title, printed or typed)

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

08/06/19

# Moving Forward Projected Income Statement

January - December 31, 2019

## Income

Sales 88,477.37

**Total Income \$ 88,477.37**

## Cost of Goods

### Sold

Cost of labor - COS 21,588.86

Supplies & Materials - COGS 8,651.71

**Total Cost of Goods Sold \$ 30,240.57**

**Gross Profit \$ 58,236.81**

## expenses:

Advertising 155.64

Automobile Expense 173.74

Bank Charges 628.35

Disposal Fees 1,140.53

Insurance 1,488.82

Job Materials 22.99

Legal & Professional Fees 2,814.86

Meals 2,573.81

Office Expenses 481.22

Office Supplies 29.59

Rent or Lease 2,136.75

Repair & Maintenance 148.42

Storage Expense 52.83

Travel 2,052.69

Travel - Fuel 3,213.94

**Total Travel \$ 5,266.63**

Utilities 1,580.25

**Total Expenses \$ 18,694.44**

**Net Operating Income \$ 39,542.37**

## Other Expenses

Depreciation Expense 401.14

**Total Other Expenses \$ 401.14**

**Net Other Income -\$ 401.14**

**Net Income \$ 39,141.22**

# Moving Forward Balance Sheet As of July 31, 2019

Total

## ASSETS

### Current Assets

#### Bank Accounts

Business Basic Checking 79,447.52

Total Bank Accounts \$ 79,447.52

Total Current Assets \$ 79,447.52

### Fixed Assets

Accumulated Depreciation -14,959.00

Vehicle 24,470.08

Total Fixed Assets \$ 9,511.08

TOTAL ASSETS \$ 88,958.60

## LIABILITIES AND EQUITY

### Liabilities

#### Current Liabilities

##### Credit Cards

Cash Rewards Business 4400 3,493.46

Total Credit Cards \$ 3,493.46

Total Current Liabilities \$ 3,493.46

Total Liabilities \$ 3,493.46

### Equity

Retained Earnings 85,465.00

Total Equity \$ 85,465.00

TOTAL LIABILITIES AND EQUITY \$ 88,958.46