

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

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.

.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**.

.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.

- **Do you currently hold PUC Authority?** _X_ **NO** **Previous Authority?** _X_ **NO**

If YES, at PUC No. A- _____

- **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#
(See checklist and indicate type of business entity registered)

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

Alex Carson

.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 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)

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**.

•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.

•Does applicant have a USDOT Number?

X No

Yes, at No. _____

-

- **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 the Greater Pittsburgh Area and surrounding neighborhoods.

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.*

- **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.

Alex Carson
(Print Name)

Alex Carson

11-11-19

(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.

Moving Forward LLC
Legal Name of Applicant

Moving Forward
Trade Name, if any

2510 Elkridge Drive	Wexford	PA 15090	
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.

- 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.

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

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

None.

- 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-).

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 5th 2012, through June 5th, 2019. On June 5th, 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

- 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 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.

- 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.

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.

- 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>
2014	Dodge	Journey	5	3C4PDDDG7ET26329	67461
				1	

- 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 applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

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.

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

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.

- 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

- 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.

Alex Carson

(Signature)
Alex Carson, Owner/Operator
(Name and Title, printed or typed)

11-11-19
(Date)

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