

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.

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

Pennsylvania & New Jersey Industries 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?** Yes NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number **EIN REDACTED**

(See checklist and indicate type of business entity registered)

Corp Bur # 7047411

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

Mark Gall 50%	6690 Apple Butter Road Slatington, PA 18080
Sue Gall 50%	6690 Apple Butter Road Slatington, PA 18080
_____	_____
_____	_____
_____	_____

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

6690 Apple Butter Road
Street Address

Slatington, PA 18080
City, State and Zip Code

201-396-1889 Telephone Number Lehigh 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)

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 X Yes, at No. 3421903

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 between points in Pennsylvania

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.

Mark Gall

(Print Name)

(Signature)

4/27/2020

(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.

Mark Gall			
Legal Name of Applicant			
6690 Apple Butter Road		Trade Name, if any Slatington	
Street Address (principal place of business)	City or Municipality	PA	18080
		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.**
 - Mark Gall, CEO and 50% owner

- 2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.**
 - I, nor my partner Sue Gall, do not have any 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-).**
 - I've been trained and developed by the College Hunks Moving for two years. College Hunks Moving is a company with 10 plus years of moving household goods in the US and across Pennsylvania
 - I have a clean, standard driver's license, with no tickets or violations ever
 - I passed my criminal background check – no legal problems ever

- 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.**

Describe your facilities, and include a description of your physical location, to include an office area, office machines to be utilized, and the facilities to house vehicles.

Our work facility has been approved by College Hunks Moving franchise, and is located in a zone slated for business entities:

- Approximately 1200 sq. ft of space. The space is sectioned:
 - Warehouse space for supplies, like boxes, tape, tools etc.
 - One office
 - One restroom
 - Office equipment to include computer, laptops, tablets, Square credit card scanners, photocopier/scanner, ink, paper, supplies etc.
 - Vehicles are parked outside our facility

As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable.

- We do not offer customers household goods storage

Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records:

- Our College Hunks proprietary software houses our clients information, move log requests, receipts, paperwork as required.

In regards to your communication network, explain how you will receive customer requests for transportation, how you will dispatch vehicles to fulfill the request, and how you maintain continuous communication w/ your drivers

- Prospective customer calls are answered, and customer visits are scheduled by College Hunks' proprietary and secure 100-person call center
- My team's local operations scheduler then reaches out to the customer - that has been booked by College Hunks call center - to confirm and verify address, time to meet and other detail
- My Local operations scheduler sorts and divides customer requests, communicating with the drivers to plan and schedule the customer appointment

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:

10 employees

- 2 persons performing operations/logistics and making customer price estimation visits
- 6 movers and laborers fully trained and developed for Moving Household Goods
- 2 truck drivers

a. Your hiring standards for drivers

- Recruit licensed drivers with clean driving records
- Conduct criminal background check
- Because our drivers are the team moving leader on a job and interacting with the customer, it's vitally important she/he:
 - Problem-solves in real time
 - Has an engaging personality that seeks to help the customer
 - Demonstrates excellent customer service

- b. Your system for conducting criminal background checks**
 - Criminal background checks are vitally important, and an integral part of our standard operating procedure
- c. Your driver training program**
 - 1) Each driver undergoes driver training and development via College Hunks video and text-based Learning Management System training program
 - 2) Each driver is also locally trained and ongoing developed re: performance on driving, turn-signaling, parking, backing out etc.
- d. Your system for conducting driver license checks**
 - We pull a Motor Vehicle Record report for all prospective new drivers, and then after approved, routine driver's license checks via our insurance carrier
- e. Your policies regarding alcohol and drug use by your drivers.**
 - Zero-tolerance for any employee during working hours / on the job
 - No driver is allowed to travel unless she/he is personally checked and cleared by my operations manager or me

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.

- 1 Commercial truck vehicles to accommodate moving customers form their household goods
- 1 SUV to transport moving and labor persons
- 1 Car to make scheduled customer visits to estimate job price
- 3 vehicles is sufficient to serve our customers and business. As our customer base and business grow, we will add new trucks to our fleet

If you have already obtained vehicles for your business, please list them in the chart below.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2020	Isuzu	FE404	3	54DC4W1B9LS803012	100
2017	Cadillac	Escalade	7	1GYS4JKJ0HR382444	31,000
1999	Honda	CVCC	4	2HGEJ6579XH594476	140,000

7. Describe your vehicle safety program. Please include the following in your explanation:

- a. Your periodic vehicle maintenance plan**
 - i. Daily vehicle check; morning, midday, and end of day
 - ii. Monthly maintenance check via certified, licensed and insured mechanic
 - iii. Follow best practices of the vehicles maintenance plan
- b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).**
 - i. Routine vehicle inspection, going through a detailed checklist by certified, licensed and insured mechanic

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

Our College Hunks franchise agreement states that we are required to be fully insured at all times – carrying insurance types that include:

- General Liability
- Cargo
- Auto
- Workmen’s Comp
- Our insurance carrier has a Best Rating of A+

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 ___X___ 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)

Mark Gall, CEO

(Name and Title, printed or typed)

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 4/27/2020

ASSETS

Current Assets		
Cash	\$200,000	
Other Current Assets (specify)	\$0	
Total Current Assets		\$200,000
Tangible Assets		
Motor Vehicle Equipment	\$170,000	
Property (buildings, land, etc.)	\$0	
Office Equipment		\$170,000
TOTAL ASSETS		\$370,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$0	
Credit cards/revolving credit	\$5,000	
Other Liabilities (Attach schedule)	\$0	
Total Current Liabilities		\$5,000
Long Term Liabilities (Due after one year of date)		
Mortgage	\$0	
Long term commercial loan	\$110,000	
Other Liabilities (Attach Schedule)	\$0	
Total Long Term Liabilities		\$110,000
TOTAL LIABILITIES		\$115,000