

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)

FAIRPRICE MOVERS INC

- 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- _____8923356

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 4306147

(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).**

LEONID SCHWAB

6. **Mailing Address**

202 INDEPENDENCE CT

Street Address
BLANDON **BERKS**

City, State and Zip Code County
408-992-5532 **LEON@FAIRPRICEMOVERS.COM**

Telephone Number E-Mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. **Physical Address** (if different from Mailing Address. Do not use a PO Box.)

Street Address

City, State and Zip Code County

Telephone Number E-Mail Address

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. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail 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. 2192738

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

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

TRANSPORTING HOUSEHOLD GOODS IN THE COUNTY OF BERKS AND LANCASTER AND/OR BETWEEN THE COUNTIES

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.

LEONID SCHWAB

(Print Name)

Leonid Schwab

10/06/2020

(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.

FAIRPRICE MOVERS INC.

Legal Name of Applicant

Trade Name, if any

202 INDEPENDENCE CT

Street Address (principal place of business)

BLANDON

City or Municipality

PA

State

19510

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 the applicant is making the statement, give name, title, business address and telephone number.

OWNER/ PRESIDENT - LEONID SCHWAB 408-992-5532
202 INDEPENDENCE CT BLANDON PA 19510

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

MANAGER - JANEEN BROOKS 484-269-6249
202 INDEPENDENCE CT BLANDON PA 19510
BEEN MANAGER FOR FAIRPRICE MOVERS IN THE PAST 2 YEARS WITH ADMIN HELP AND DISPATCHING

3. Please provide evidence of a 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).

LEONID SCHWAB AS OWNER OF FAIRPRICE MOVES INC. A CALIFORNIA CORPORATION BEEN WORKING AND OPERATING IN CALIFORNIA PUC LICENSE SINCE 2011 : MTR190880 CAN BE VERIFIED IN:

<https://apps.cpuc.ca.gov/apex/f?p=203:35:0::NO:RP::>

ALSO LICENSED TO DO INTERSTATE MOVES BETWEEN ALL STATES WITH A DOT LICENSE SINCE 2011:

https://safer.fmcsa.dot.gov/query.asp?searchtype=ANY&query_type=queryCarrierSnapshot&query_param=USDOT&original_query_param=NAME&query_string=2192738&original_query_string=FAIRPRICE%20MOVERS%20INC#ID

INSURANCE INFORMATION TRACKING BACK TO 2011 - CARGO, LIABILITY, WORKERS COMP AND GENERAL LIABILITY CAN BE OBTAIN FROM BROKER:

CHRIS SARGISOV - CHRIS@GETBAYVIEW.COM 925-339-0814
<https://getbayview.com/>

OWNER OF A SUCCESSFUL MOVING COMPANY NAMED SPARTAN MOVING IN SANTA CLARA CALIFORNIA - DAVID KLEIN WHO BEEN HIRING FAIRPRICE MOVERS INC FOR DELIVERIES SINCE 2012 :

415-871-5261 DAVID@SPARTANMOVING.COM

BBB PROFILE THAT SHOWS WHAT DATE THE COMPANY BEEN OPERATING SINCE:

<https://www.bbb.org/us/ca/san-jose/profile/business-services/fairprice-movers-inc-1216-321256>

YELP REVIEWS SINCE 2012 ABOUT SERVICES OF LEONID SCHWAB AND HIS CREW:

[https://www.yelp.com/biz/fairprice-movers-san-jose-6?hrid=sHPMdnM7PHgj_J5TWRi_FQ&utm_campaign=www_review_share_popup&utm_medium=copy_link&utm_source=\(direct\)](https://www.yelp.com/biz/fairprice-movers-san-jose-6?hrid=sHPMdnM7PHgj_J5TWRi_FQ&utm_campaign=www_review_share_popup&utm_medium=copy_link&utm_source=(direct))

[https://www.yelp.com/biz/fairprice-movers-san-jose-6?hrid=qpTrX_A4oPi5X4HDENx2ew&utm_campaign=www_review_share_popup&utm_medium=copy_link&utm_source=\(direct\)](https://www.yelp.com/biz/fairprice-movers-san-jose-6?hrid=qpTrX_A4oPi5X4HDENx2ew&utm_campaign=www_review_share_popup&utm_medium=copy_link&utm_source=(direct))

[https://www.yelp.com/biz/fairprice-movers-san-jose-6?hrid=DHeW-eNpqquH8tM7hEo28Q&utm_campaign=www_review_share_popup&utm_medium=copy_link&utm_source=\(direct\)](https://www.yelp.com/biz/fairprice-movers-san-jose-6?hrid=DHeW-eNpqquH8tM7hEo28Q&utm_campaign=www_review_share_popup&utm_medium=copy_link&utm_source=(direct))

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicants 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.

Having the experience of 10 years in the moving business I'm aware of all the admin and logistics needed to run a good moving company. I was in charge as an owner and dispatcher on 8 trucks in the Bay Area San Francisco for years.

I found my manager, Janeen Brooks, who had worked in a local bank for years as a branch manager. Burned out of the lack of challenge and same pay for years I offered her to help me with our new branch in Berks County since I have a house there and a son that lives there I realized that there is not sufficient moving companies in the area and decided to share my experience with Janeen and also provide income for my family and jobs for the local neighborhood which I love!

Our office will run one truck only that we brought over from CA to PA and already registered it with the state and it's insured and functional.

I have been doing work with them one on one in all areas of the business: maintenance of the truck, buying professional equipment to move, admin and rules of the local moving law of PA.

Our office will be located on 202 Independence ct. Blandon PA 19510.

We are already equipped with a computer, printer, material and uniform for our employees.

The truck and storage facility is located near by our office on : 498 Hoch Rd, Blandon, PA 19510

This is a safe location for the truck and storing our packing supplies and moving equipment. We are not going to offer ANY storage services.. strictly moving from one point to another in the local county. None of the jobs will be more than 50 miles away from Blandon.

All records and contracts will be stored in our office file cabinets (we are not expecting to blow up with tons of jobs off the bet so we will be able to keep track of everything)

I will be answering the phone for calls and bookings until we pick up and hire more people to help us with that.

If you have any other questions, please don't hesitate to call me : 408-992-5532 Leonid

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.

I will be the main driver and Tom- Janeen’s husband. We are going to keep the operation small.

but the way I conduct hiring drivers is :

- age over 25, clean background, reliable transportation to show up for work, clean of drugs of alcohol. Driver also must pass DOT health exam that he/she clean of substances and can operate a truck on top of moving and packing.
- I use a website called: <https://www.cicreports.com/> , on top, my insurance company always runs the driver’s license in the system to see that the potential driver has no violations and that the license is valid and in good shape.
- If we grow and will need to hire drivers and me as a teacher wont be enough we will use the local driving school and of course will not exceed the maximum truck size that class “C” local school: <https://cdltrainingtoday.com/schools/pa/reading-pa-cdl-training-schools/>
- my insurance will not insure anyone who didn’t pass their check of violations. We send the driver to the health facility to be sure they pass a medical and just from being with them step by step to be sure they are learning and know everything.
- our policy: absolutely NO TOLERANCE to drugs and alcohol. Coming from a military background, I won’t risk anyone’s safety if it’s not right. My priority is safety ! We will randomly check our drivers for alcohol and drugs.

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
1995	FRIEHTLINER	FL70	3	1FV6HLBA0SL579779	152,000

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

We are going to take courses suggested by the PA PUC to keep up to date with latest safety regulations.

- a. check trucks on a daily basis to be sure it's functional and not endangering the workers and me especially when the weather is rough.
- b. listen to mechanic suggestions that are licensed to work in PA and is aware of the law as well and make sure the shop is putting our truck in best condition to work and comply with the law.

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

8. I already have insurance for years for my DOT and PUC CA and the current truck in PA is insured and a proof can be sent.

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.

Leonid Schwab

10/06/2020

(Signature)

(Date)

LEONID SCHWAB, OWNER

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 10/06/2020

ASSETS

Current Assets		
Cash	\$40,000	
Other Current Assets (specify) - CA BUSINESS	\$190,000	
Total Current Assets		\$230,000
Tangible Assets		
Motor Vehicle Equipment	\$8,000	
Property (buildings, land, etc.)	\$90,000	
Office Equipment		\$98,000
TOTAL ASSETS		\$328,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$20,000	
Credit cards/revolving credit	\$1,000	
Other Liabilities (Attach schedule)		
Total Current Liabilities		\$21,000
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		0
TOTAL LIABILITIES		\$21,000