

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)

Forward Moving 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)

n/a

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?** YES NO **Previous Authority?** YES NO

If YES, at PUC No. A- 8920700

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 6578232
(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).**

_____	_____
Daniel Strode	
_____	_____
Kevin Harper	
_____	_____
_____	_____

6. **Mailing Address**

245 Welsh Pool Road
Street Address

_____	_____
Exton PA 19341	Chester
City, State and Zip Code	County
_____	_____
484.473.4605	MoveMe@forwardmovers.net
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)

n/a

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 Yes, at No. 3078473

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.

Daniel Strode

(Print Name)

 12/23/20

(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.

Forward Moving LLC			
Legal Name of Applicant			
Trade Name, if any			
245 Welsh Pool Road	Exton	PA	19341
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.

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.

Daniel Strode, owner & operator of Forward Moving LLC
 245 Welsh Pool Road, Exton PA 19341
 Phone # 484.473.4605

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

n/a

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-).

My partner, Kevin Harper, and I have been running Forward Moving LLC since December 2018. Prior to that, we both worked for the Two Men and A Truck franchise in Philadelphia for a combined five years. I was Operations Manager and Kevin was the lead driver.

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.

Our office has needed electronic equipment (computer, printer, copier, etc.) and we have space to park our trucks and personal vehicles. For our records, we have a filing system and accounting software to keep track of everything.

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) Drivers are checked for driver's license and driving record, as well as, the usual background check that we do on all employees.
 - b) We utilize the services of BeenVerified for background checks on all employees.
 - c) We road test our drivers and work with them to make sure they are aware of the rules and regulations for commercial drivers in Pennsylvania.
 - d) The company referred to above, BeenVerified, does our driver's license checks.
 - e) There is a no tolerance policy regarding drugs and alcohol at our company. Drug tests are administered by Quest Diagnostics.
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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2012	Kenworth	T270	3	VIN - 2NKHHM6X8CM329123	211,403
2020	Kenworth	T270	3	VIN - 2NKHHM6X8LM394456	12,140
2020	Isuzu	NPR HD	3	VIN - 54DC4W1B3LS802843	5,650
2021	Freightliner	M2	3	VIN - 3ALACWFC6MDME6859	2,432

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).
- a) The trucks are equipped with all safety equipment: mounted fire extinguisher, first aid kit, extra fuses, reflective triangles, and chock blocks & cones. We have dated pre-trip and post-trip checklists for the driver to complete which include fluid checks, tire checks, light checks, etc. We follow the preventive maintenance plan suggested in the truck's operations manual and we have a regular maintenance schedule setup with Fleet Grease Diesel Mechanics. We maintain mileage reminders for when service is required and a vehicle maintenance fund setup in an escrow account with a percentage of all sales going into the fund to insure funds are available for maintenance.
 - b) Fleet Grease Diesel Mechanical will do all regular inspections required by the Commonwealth of Pennsylvania and a record of all inspections, as well as, other maintenance are kept in our office. All maintenance and inspection due dates are kept on a calendar in the office with days set aside for performing the needed work.

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

We have all necessary insurances in place using Encova Insurance for liability coverage, Progressive Insurance for truck/auto coverage, Hanover Insurance for cargo protection, and Encova Insurance for Workers Comp coverage.

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

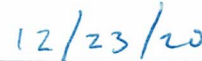
The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.



(Signature)

Daniel Strode, Owner

(Name and Title, printed or typed)



(Date)

Statement of Financial Position (Balance Sheet)
As of (date) December 18, 2020

ASSETS

Current Assets			
Cash	132,042.00		
Other Current Assets (specify)	<u>n/a</u>		
Total Current Assets			<u>132,042.00</u>
Tangible Assets			
Motor Vehicle Equipment	315,139.00		
Property (buildings, land, etc.)	<u>n/a</u>		
Office Equipment			<u>n/a</u>
TOTAL ASSETS			<u>447,181.00</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans	48,676.50		
Credit cards/revolving credit	<u>2,983.00</u>		
Other Liabilities (Attach schedule)	<u>n/a</u>		
Total Current Liabilities			<u>51,659.50</u>
Long Term Liabilities (Due after one year of date)			
Mortgage	n/a		
Long term commercial loan	<u>168,173.50</u>		
Other Liabilities (Attach Schedule)	<u>n/a</u>		
Total Long-Term Liabilities			<u>n/a</u>
TOTAL LIABILITIES			<u>219,832.00</u>