

## 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)

All Season Movers South, LLC

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- 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)

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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?**  **NO**

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

**If YES, provide your PA Corporation Bureau Entity ID Number** 7176462

(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).**

Patrick Robbie	_____	_____
Karen Robbie	_____	_____
Craig Robbie	_____	_____
_____	_____	_____

6. **Mailing Address**

909 Newark Turnpike  
Street Address

Kearny, NJ 07032	Hudson
City, State and Zip Code	County

201-997-8034  
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 no use a PO Box.)

923 N. Lenola Road  
Street Address

Moorestown, NJ 08057	Burlington
City, State and Zip Code	County

201-997-8034  
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       Yes, at No. 3545183

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

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

To service the Philadelphia metropolitan area

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*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.

Craig Robbie

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(Print Name)

*Craig Robbie*

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(Signature)

**1/29/21**

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(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.

All Season Movers South, LLC			
<b>Legal Name of Applicant</b>			
<b>Trade Name, if any</b>			
923 N. Lenola Road	Moorestown	NJ	08057
<b>Street Address (principal place of business)</b>	<b>City or Municipality</b>	<b>State</b>	<b>Zip Code</b>

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.

Craig Robbie  
Vice President  
909 Newark Turnpike, Kearny, NJ 07032  
201-997-8034

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

Owner

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-).

All Season Movers South, LLC is a sister company of All Season Global Solutions that is located outside of New York City and has over 30 years experience in the industry.

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.

We have a warehouse and office space that accommodates all storage needs. We maintain an effective record management system, using cutting edge technology and a sophisticated inventory tracking system that improves our organization's efficiency. We receive customer requests through phone calls, emails and leads. We then have distribution emails and are in constant communication within each department. We dispatch vehicles accordingly through work orders and the dispatch department is in continuous contact with every vehicle via cellphones.

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.

Currently (3) drivers will be adequate for the amount of commercial work forecasted for the future. We have limited jobs on the future schedule. We have concentrated our business in a very limited geographical area. This will be revised should the need arise in the future. All drivers employed are required to have a minimum of 3 years experience. A MVR is run for all drivers during the pre-employment screening. The MVR is sent to company insurance provider and they provide us basic information if the driver is accepted. All employees are required to complete a criminal background check prior to being hired. The current checks are ran through ClearStar to determine eligibility. Driving training program consists of road test with management to observe driver habits. These road tests are completed annually with all drivers. Basic defensive driving videos are shown during initial 3 days probationary period prior to driver driving alone. MVR's are run annually for all drivers prior to renewing company insurance policy. MVR are also run throughout the year with consent if involved in a driving incident. We have a strict no tolerance alcohol and drug policy. Drug tests are performed during pre-employment screening and all drivers are registered with Concentra. Concentra performs random checks quarterly for all drivers. We also have monthly random testing for all employees in which drivers are all registered.

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.

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SEATING CAPACITY*</b>	<b>VEHICLE ID #</b>	<b>MILEAGE</b>
2021	Hino	L7-21	3	5PVNV8AV1M5T50021	11
2021	Hino	L7-21	3	5PVNV8AV8M5T50145	11
2013	Hin	338	3	5PVNV8JT5D4S53019	111453

7. 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).

Pre and Post trip daily by all drivers - if maintenance issue is discovered, truck is immediately taken out of service. All PM appointments are on schedule with mechanic and monitored by operations to ensure PM is completed. All vehicle GPS is connected to the truck diagnostic box and monitored by dispatch. The system allows visibility to the truck while driving and alerts operations if there is an issue with the truck. All vehicles are on regular inspections and insurance compliance annually.

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

We contacted our insurance agent and they concluded we are eligible to obtain insurance for cargo liability, general liability and auto liability. Any additional premiums will be added to the current installments.

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.

Craig Robbie

\_\_\_\_\_  
(Signature)

Craig Robbie,

\_\_\_\_\_  
(Name and Title, printed or typed)

1/29/21

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

**Statement of Financial Position (Balance Sheet)**  
**As of (date) January 2021**

ASSETS

Current Assets		
Cash	133,333.32	
Other Current Assets (specify)	68,068.58	
Total Current Assets		201,401.90
Tangible Assets		
Motor Vehicle Equipment	0	
Property (buildings, land, etc.)	0	
Office Equipment		
TOTAL ASSETS		201,401.90

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	998.25	
Total Current Liabilities		998.25
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		
TOTAL LIABILITIES		998.25