

APPLICATION CHECKLIST
**Motor Common Carrier or Motor Contract Carrier
Of Household Goods in Use**

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov)
- Applicant's Verified Statement.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania;"
- Application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

If not e-Filed, mail your application and attachments to:

SECRETARY PA PUBLIC UTILITY COMMISSION
400 NORTH STREET 2ND FLOOR
HARRISBURG PA 17120

Please note: The Commission has limited access to mailed-in documents during the COVID 19 crisis. E-file is the preferred method of submission of documents.

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Common Carrier or Motor Contract Carrier of Household Goods in Use.

1. 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.
2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form H for cargo insurance and a Form E for bodily injury and property damage insurance.** These forms are mailed to the Commission directly from the home office of your insurance carrier. The name and address on your insurance forms must **exactly** match the name and address you have provided on your application. If your insurance company subscribes to NOR (National Online Registries, Inc. at www.mcinfo.org), you can request the insurance company to file the required insurance forms electronically through NOR. The electronically filed insurance forms will reach the Commission more quickly than mailed forms. The minimum limits of insurance are as follows:
 - a. Bodily Injury - The liability of the insurance company on each motor vehicle operated in common or contract carrier service shall be in amounts not less than \$300,000 per accident for a vehicle with a manufacturer's gross vehicle weight rating of 10,000 pounds or less, in the case of a single vehicle, or a manufacturer's gross combination weight rating of 10,000 pounds or less, in the case of an articulated vehicle. The liability of the insurance company on each motor vehicle operated in common or contract carrier service shall be in amounts not less than \$750,000 per accident for a vehicle with a manufacturer's gross vehicle weight rating over 10,000 pounds, in the case of a single vehicle, or a manufacturer's gross combination weight rating over 10,000 pounds, in the case of an articulated vehicle.
 - b. Insurance coverage of motor carriers of household goods shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).
 - c. Cargo - \$5,000 for loss or damage to cargo being transported.

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)
Move Solutions, 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)
College Hunks Hauling Junk and Moving of Levittown
-

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 7175478
(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).**

Vrajesh Patel, President 1212 Madison Lane Hockessin, DE 19707	Pratik Patel, CEO 191 Graystone Drive Trevose, PA 19053
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6. **Mailing Address**

191 Graystone Drive
Street Address

Trevose, PA 19053 Bucks County
City, State and Zip Code County

201-841-7595 Pratik.patel@chhj.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)

Andrew Horowitz, 412-288-2461
Attorney's Name & Telephone Number for this Filing

525 William Penn Place, Suite 1710, Pittsburgh, PA 15219 andrew.horowitz@obermayer.com
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. _____

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.

Vrajesh Patel

(Print Name)

V Patel

(Signature)

03/29/2021

(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.

Move Solutions, LLC

Legal Name of Applicant

College Hunks Hauling Junk and Moving of Levittown

Trade Name, if any

191 Graystone Drive

Trevese

PA

19053

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.

Vrajesh Patel, President
191 Graystone Drive
Trevese, PA 19053

(302) 438-0000

Pratik Patel, CEO
191 Graystone Drive
Trevese, PA 19053

(201) 841-7595

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

We have a formal affiliation with College H.U.N.K.S. Hauling Junk & Moving, a national moving franchisor with over 10 years of experience in the moving industry. There are over 5 other College H.U.N.K.S. Hauling Junk & Moving franchises in Pennsylvania and over 115 more across the nation that are owned by other franchise owners.

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-)

Applicant has contracted with Andrew Lawrie, who has served for over four years as Managing Partner of Moosters Hauling d/b/a/ College HUNKS Hauling Junk and Moving of Kennett Square to serve as a General Manger of Operations for the first two years of Applicant's operation. Mr. Lawrie (or a designated member of his team who also has two years of experience in the moving industry) will be present at Applicant's location as frequently as necessary to ensure that Applicant is operating in compliance with the PUC's regulations and industry best practices and no less frequently than once per week. Mr. Lawrie (or his designee will also be on call by phone to answer questions from Applicant as they arise).

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, 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.

Once we have operating authority, we will lease a flex space/warehouse used for office, training and storage of supplies:

- **There will be approximately 2000-2500 sq. ft of space; sectioned:**
 - **Warehouse: 2-3 rooms for office space**
 - **Garage for training and storage of company supplies**
 - **Restroom**
 - **Office equipment housed to include computers, tvs, credit card scanners, photocopier/scanner, ink, paper, supplies (such as moving blankets, straps, boxes, packing tape, dollies, handcarts, etc.)**
 - **Vehicles will be secured nightly and parked outside the facility**

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

The company does do not intend to 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.

- **There will be computerized systems which will be used to document and track all maintenance, as well as daily driver logs with mileage and other relevant information.**
- **The secure system houses the clients' information, moving log requests, receipts, and paperwork as required.**
- **Any documentation that is required by the PUC and unable to be stored on the system will be saved electronically on a secure, password protected computer and backed up on a separate device or cloud-based storage account.**

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.

- **Prospective customer calls are answered, and customer appointments are scheduled by College Hunks' secure U.S.-based call center**
- **The company's operations scheduler reaches out to the customer - that has been booked by College Hunks call center – within 24 hours of the booking to confirm and verify address, time to meet and other details relevant to the scheduled move**
- **The company's dispatch manager manages the customer schedule requests, and communicates with the driver and wingman to plan and schedule the customer appointment**
- **The team will reach out to the client the day before the scheduled move to confirm the appointment details and see if there have been any changes that need to be accounted for before the scheduled move**
- **On staff management will stay in contact with team at all times and there will be set parameters on how the team has to communicate back**
- **Every truck will be equipped with the means to allow continuous communications between the operations scheduler and the crew**

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:

- **In addition to Andrew Lawrie, listed above, the company intends to hire one (1) full-time operations manager and one (1) full time administrative person. These parties will manage approximately a team of 10 employees. Of those 10 employees, the company intends to hire 5-6 fully trained and developed drivers. The company believes that this the amount of staff necessary to manage three (3) service vehicles for junk and moving to start. Based on the territory, the company anticipates growth after the first year, which it will then analyze to determine the need for more vehicles and staff.**
- a. Your hiring standards for drivers;
 - **Recruit licensed drivers with a clean motor vehicle record and who are at least 18 years of age**
 - **Conduct criminal background check through a national background check service to ensure the driver does not have a violent or dangerous criminal background**
 - **Our drivers personally interacts 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;
 - **We background check all employees through a licensed, national background check vendor after they apply for the job**
- c. Your driver training program;
 - **A test will be administered during onboarding**
 - **Each driver undergoes hands-on live driver training & development, as well as ongoing training programs**
 - **There will be a 3 day test without any goods in the truck, then the test driver will be second driver for another few days until fully prepared for performance**
 - **Each driver is locally trained and developed re: performance on driving, turn-signaling, parking, backing out etc.**
- d. Your system for conducting driver license checks;
 - **There will be a third party who will conduct Motor Vehicle Record report for all new prospective drivers**
- e. Your policies regarding alcohol and drug use by your drivers.
 - **Zero-tolerance for any employee during working hours / on the job**
 - **The company will conduct random drug screen on employees to ensure they are not using or impaired by drugs/narcotics and there will be a mandatory drug test taken after any accident**
 - **All drug/alcohol test will be administered by a third party to ensure quality testing**

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	VEHICLE ID #	MILEAGE
			CAPACITY*		

The company is in the process of purchasing brand new trucks from Bergey's Trunk Centers which is a College H.U.N.K.S' premier truck provider that specializes in trucks built for College H.U.N.K.S. specific business needs. They will be purchasing an Isuzu NPR HD Gas straight truck with 14' dump body for junk hauling, an Isuzu 20' box truck for moving, and a Ford F650 Move truck.

7. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan
 - **The team will conduct regular vehicle inspections daily before and after deliveries**
 - **There will be monthly maintenance checks via certified, licensed and insured mechanics as well as any and all required DOT inspections**
 - **The manager will schedule oil changes and routine maintenance to ensure the vehicles are properly maintained**
 - **The company will follow the best practices of the vehicles maintenance plan**
 - **If the team identifies an issue during an inspection that will make the truck unsafe to drive, it will not be driven unless and until it is fixed by a licensed mechanic**
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175)
 - **Routine vehicle inspection, going through a detailed checklist by certified, licensed and insured mechanic who is familiar with the applicable requirements**
8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

College Hunks requires its franchisees to purchase insurance from College Hunks' carriers that meet or exceed the PUC's requirements. The applicants are aware of the premiums for this coverage and are prepared to pay them.

8. 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

9. 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)

03/29/2021
(Date)

Vrajesh Patel, President
(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 3/24/21

ASSETS

Current Assets		
Cash	<u>\$1,616</u>	
Other Current Assets (specify) (see attachment)	<u>\$670,000</u>	
Total Current Assets		<u>\$671,616</u>
Tangible Assets		
Motor Vehicle Equipment	<u>\$0</u>	
Property (buildings, land, etc.)	<u>\$0</u>	<u>\$0</u>
Office Equipment		
	TOTAL ASSETS	<u><u>\$671,616</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>\$0</u>	
Credit cards/revolving credit	<u>\$0</u>	
Other Liabilities (Attach schedule)	<u>\$0</u>	
Total Current Liabilities		<u>\$0</u>
Long Term Liabilities (Due after one year of date)		
Mortgage	<u>\$0</u>	
Long term commercial loan	<u>\$0</u>	
Other Liabilities (Attach Schedule) (see attachment)	<u>\$279,000</u>	
Total Long-Term Liabilities		<u>\$279,000</u>
	TOTAL LIABILITIES	<u><u>\$279,000</u></u>

Current Assets

Other Current Assets

Owners Capital Contribution Commitment - \$300,000

SBA Loan Amount- \$310,000

College Hunks Franchise License - \$60,000


Total - \$670,000

Long Term Liabilities

Other Liabilities

SBA Loan (10 Year Term) - \$279,000

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to:		 TFA210309XX2322	
Name			
Address			
City	State		Zip Code
<input checked="" type="checkbox"/> Return document by email to: <u>PRIK.Patel@gmail.com</u>			

Read all instructions prior to completing. This form may be submitted online at

Fee: \$70

I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: College Hunks Hauling Junk and Moving of Levittown

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
Junk removing and moving services

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

<u>191 Graystone Dr</u>	<u>Trevose</u>	<u>PA</u>	<u>19053</u>	<u>BUCKS</u>
Number and street	City	State	Zip	County

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip

PA DEPT. OF STATE

FEB 24 2021

DSCB:54-311-2

5. Each entity, other than an individual, interested in such business is (are):

Move Solutions LLC	LLC	PA
Name	Form of Organization	Organizing Jurisdiction
191 Graystone Dr., Trevoze, PA 19053		
Principal Office Address		
191 Graystone Dr., Trevoze, PA 19053		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

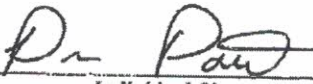
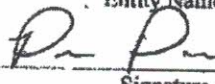
6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. (Optional): The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

Pratik Patel

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

19th day of February, 2021

	Individual Signature	Individual Signature
Individual Signature	Individual Signature	Individual Signature
Move Solutions LLC	Entity Name	Entity Name
	Signature	Signature
Mng. Member	Title	Title