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 of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF

	gal Name of Applicant (Individual, Partnership or Corporation)
	All Season Movers South LLC
	you are an individual who has not formed any type of corporate entity, you should enter our name as it will appear on your insurance documents .
all	you are filing for a partnership, but not a limited liability partnership , the names of partners must be entered on this line. Those names should be entered as they will opear on your insurance documents . This includes husbands and wives filing jointly.
lia na	you are filing for a corporate entity (corporation, limited liability company, or limited libility partnership), even if you are the sole shareholder member, you must enter the ame exactly as it appears on the registration papers from the Corporation Bureau fithe Pennsylvania Department of State.
Tra	de Name (Attach a copy of fictitious name registration if applicable)
APP appl use Johi such	is any name which you will be operating under which differs from the LEGAL NAME OPLICANT . A TRADE NAME is considered a FICTITIOUS NAME if the identity of the licant cannot be readily determined. <i>EXAMPLE: John Doe is the applicant and wants to the name</i> "Johnboy Trucking" as his trade name. People cannot readily determine the name is the actual operator; therefore, the name is fictitious and must be registered as not trade names such as "John Doe Trucking" or "J. Doe Trucking" are not considered in the name is not not have to be registered.
	you currently hold PA PUC Authority?NO Previous Authority?
Do	4 5116 11 . 4
	es, at PUC No. A- 8923774

Patrick Robbie				
Karen Robbie				
Craig Robbie				
Mailing Address				
923 N. Lenola Road				
Street Address				
Moorestown, NJ 08057	Burlington			
City, State and Zip Code	County			
1-800-323-0717				
Telephone Number	E-mail Address			
Physical Address (If different than mailing address. Do not use a post office box.)				
923 N. Lenola Road				
Street Address				
Street Address Moorestown, NJ 08057	Burlington			
Street Address	Burlington County			
Street Address Moorestown, NJ 08057	<u> </u>			
Street Address Moorestown, NJ 08057 City, State and Zip Code	<u> </u>			
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Street Address Moorestown, NJ 08057 City, State and Zip Code 1-800-323-0717 Telephone Number The address entered here should the Commission needs in order blank, it will be assumed that the	E-mail Address d reflect the actual location of the business. This is the address to dispatch Enforcement Officers to inspect equipment. If lef			
Moorestown, NJ 08057 City, State and Zip Code 1-800-323-0717 Telephone Number The address entered here should the Commission needs in order blank, it will be assumed that the Attorney (if applicable)	E-mail Address d reflect the actual location of the business. This is the address to dispatch Enforcement Officers to inspect equipment. If lef PHYSICAL ADDRESS is the same as the MAILING ADDRESS			
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10.	What type of com	modities do vo	u intend to transc	ort other than v	vour own?
10.	TTIME LYPE OF COIL	illoaitics ac yo	a mitoria to transp	Joil Othiol thiall	your our

Transport of property, not including household goods in use	New and used office furniture, fixtures
and equipment	

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 Property; 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	
(Print Name)	
Car Robbie	C/4/04
Craig Nobile	6/1/21
(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).