

FEB 28 2022

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**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)

NEW Beginning's Moving & Hauling 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)

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 7044504
(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).**

TERRENCE Carroll

6. **Mailing Address**

611 Foxcroft Circle
Street Address

Royersford, PA 19468 Montgomery County
City, State and Zip Code County

(267) 577-1313
Telephone Number

info@newbeginningsmovingandhauling.com
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. 3706312

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.

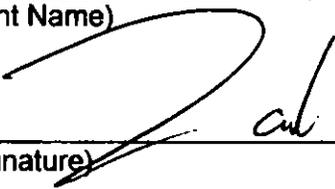
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Household Goods in Use; and acknowledges that failure to report 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.

TERRENCE Carroll
(Print Name)


(Signature)

2/28/22
(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).

DATE OF DEPOSIT

FEB 28 2022

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

NEW Beginnings Moving & Hauling LLC
Legal Name of Applicant

Trade Name, if any

611 Foxcroft Circle

Street Address (principal place of business)

Royersford

City or Municipality

PA

State

19468

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.

TERRENCE Carroll

owner/CEO

611 Foxcroft circle, Royersford, PA 19468

(267) 577-1313

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

Applicant has no affiliation with other carriers.

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 does not have 2 years worth of experience with a licensed households good mover. CEO, has 7 years of experience with moves for family and friends and has researched and understood 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.

Facilities include at home office without a base location. office equipment is housed at home location including printers and computers. Vehicles are housed at owners apartment complex. Business does not have storage facilities.

Maintenance of records and business records required for PUC will be updated and revised quarterly by in office employees. Our moving software allows for customer requests to be responded to and also allows for dispatching of drivers through messaging updates. Drivers contact dispatcher with arrival and departure times.

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.

The number of drivers intended to be used is 3, this number is appropriate due to the size of moves, distance, and rotating shifts. Our hiring standards include mandatory MVR checks, clean driving records free of tickets and accidents. We use a outside third party service to obtain background checks before any employment offers are obtained. Our driver training program includes 80 hours of supervised driving training before allowed to operate vehicle with out trainer. We use independent MVR checks that we run annually to update. Our policies for drug or alcohol use in driver is zero tolerance, it is not allowed.

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
2002	SUZUKI	NPR	3	JMLESB1492790024	762000
1997	Ford	F350	2	1FDKE37FXU1P55711	195000

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).

Our vehicle safety program is the following, we provide vehicle maintenance every 3 months or 10,000 miles with an authorized maintenance mechanic. Our system builds in vehicle maintenance and compliance checks every 90 days to ensure safety & vehicle standards.

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

The steps that have been taken to determine if I can obtain insurance and pay required premiums include but are not limited to receiving quotes from various brokers and saving up necessary funds for premiums.

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.

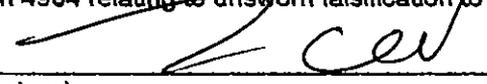
YES NO

Yes, applicant was convicted of a DUI in 2015.

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)
TERRENCE Carroll, CEO
(Name and Title, printed or typed)

2/28/22
(Date)

DATE OF DEPOSIT

FEB 28 2022

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Statement of Financial Position (Balance Sheet)

As of (date) 2/28/22

(Must be less than 6 months old)

ASSETS

Current Assets

Cash \$6000

Other Current Assets (specify) 0

Total Current Assets \$6000

Tangible Assets

Motor Vehicle Equipment \$30,000

Property (buildings, land, etc.) 0

Office Equipment \$500

TOTAL ASSETS \$35000

LIABILITIES

Current Liabilities (Due within one year of date)

Loans 0

Credit cards/revolving credit \$1500

Other Liabilities (Attach schedule) 0

Total Current Liabilities 1500

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 \$1500

DATE OF DEPOSIT

FEB 28 2022

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

General Information for Preparing and Filing the Application for Motor Common/ 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 E for bodily injury and property damage insurance. This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must exactly match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at www.nicinsurancefilings.com. You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

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. Insurance coverage of motor carriers of household goods shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).

Cargo - \$5,000 for loss or damage to cargo being transported.

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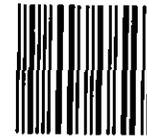
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19468
FEB 28, 22
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PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service® Acct. No.

MAR - 2 2022

PA PUBLIC UTILITY COMMISSION

ORIGIN (POSTAL SERVICE USE ONLY)

SECRETARY'S BUREAU

<input checked="" type="checkbox"/> 1-Day		<input type="checkbox"/> 2-Day		<input type="checkbox"/> Priority		<input type="checkbox"/> DPO		
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage						
19468	3/1/22	\$ 26.95						
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee					
2/28/22	7:00 PM	\$ -	\$ -					
Time Accepted	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee	Live Animal Transportation Fee					
3:00		\$ -	\$ -					
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees						
\$ -	\$ -	\$ 26.95						
Weight	<input type="checkbox"/> Flat Rate	Accepted by Employee Initials						
lbs. 29 oz.		ARC						
DELIVERY (POSTAL SERVICE USE ONLY)								
Delivery Attempt (MM/DD/YY)	Time	Employee Signature						
	<input type="checkbox"/> AM <input type="checkbox"/> PM							
Delivery Attempt (MM/DD/YY)	Time	Employee Signature						
	<input type="checkbox"/> AM <input type="checkbox"/> PM							

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (267) 577-1313

Terrence Carroll
611 Foxcroft Circle
Royersford, PA 19468

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ()

Secretary PA Public Utility Commission
400 North Street, 2nd Floor
Harrisburg, PA 17120

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17120

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LABEL 11-B, MAY 2021

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† Money Back Guarantee for U.S. destinations only.

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