

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)

Warriors Moving Limited Liability Company

- 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)

Warriors Moving, LLC

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 6656351

(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).

Scott B. Whitman, Sole Owner/Member

_____	_____
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

1707 Grace Avenue

Street Address

Lebanon, PA 17046

Lebanon

City, State and Zip Code

County

(717)383-6039

scottyBW@comcast.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.)

Same as Mailing Address

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)

Caleb J. Zimmerman, Esq. / Zimmerman Law Office (717)865-1070

Attorney's Name & Telephone Number for this Filing

466 Jonestown Road, Jonestown, PA 17038 caleb@zimmermanlawoffice.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.

Scott B. Whitman

(Print Name)



(Signature)

5-2-2012

(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.

Warriors Moving Limited Liability Company			
<small>Legal Name of Applicant</small>			
Warriors Moving, LLC			
<small>Trade Name, if any</small>			
1707 Grace Ave.	Lebanon	PA	17046
<small>Street Address (principal place of business)</small>	<small>City or Municipality</small>	<small>State</small>	<small>Zip Code</small>

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.

**Scott B. Whitman, sole owner of Warriors Moving Limited Liability Company
1707 Grace Ave., Lebanon, PA 17046 / (717)383-6039**

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)(+).

Scott Whitman was employed by TH Hieleg, Moving and Storage of Lebanon, PA from 1993-1996 and from 2002-2005.

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.

SEE ATTACHED PAGE

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.

SEE ATTACHED PAGE

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
2011	Ford	F-150	6	1FTEX1FE6B	124,862 10
SEE ATTACHED PAGE FOR ADDITIONAL RESPONSE					

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).

a. Company owned vehicles will have regular servicing, including oil changes, and will be inspected annually. Prior to driving, Drivers will conduct a physical inspection of vehicles by walking around the vehicle to look for defects that might render the vehicle unsafe to drive or use for moving purposes.

Vehicles leased by the Applicant will have their maintenance record reviewed prior to use by Applicant.

b. Applicant will periodically review the requirements of 67 Pa. Code, Chapter 175. Applicant will contract with a professional automotive technician to perform all state required inspections.

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

Applicant has purchased liability insurance through the Scottsdale Insurance Company.

Vehicles leased by Applicant additionally are covered by insurance through the Lessor.

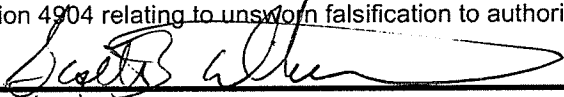
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

___ 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)

Scott B. Whitman, Sole Owner

(Name and Title, printed or typed)

5-2-22

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) _____

ASSETS

Current Assets		
Cash	_____	
Other Current Assets (specify)	_____	
Total Current Assets		_____
Tangible Assets		
Motor Vehicle Equipment	\$15,000	
Property (buildings, land, etc.)	\$500	
Office Equipment	_____	
TOTAL ASSETS		\$15,500

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	_____	
Credit cards/revolving credit	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		_____
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		_____
TOTAL LIABILITIES		\$0.00

**VERIFIED STATEMENT OF APPLICANT/WARRIOR MOVING LIMITED LIABILITY
COMPANY:**

ADDITIONAL RESPONSES

4. At this time Applicant does not offer any storage services to customers as a part of its service. Applicant's interaction with customers is initiated by a call from a customer to Applicant to make arrangements for moving services. Applicant reviews the requested work in person and then prepares a quote for the customer based on the cost of vehicle rental and time required to complete the requested job. If the Customer accepts Applicant's proposal, Applicant schedules the work with Customer and rents a truck from U-Haul of sufficient size to complete the work as quoted. After completion of the work, Applicant provides a customer with a final invoice and a receipt for payment received.

After a job is completed, Applicant maintains all records of service in the company's QuickBooks system on a company owned laptop computer. Applicant plans to store physical receipts and contracts signed by Customers for seven years.

5. At this time, Applicant plans to have two drivers, including the Owner. Applicant believes that two drivers will be sufficient in the initial phase of business as Applicant can restrict jobs which are accepted to those that can be fulfilled with two drivers.

a. **Hiring Standards:** Drivers must have a clean driving record for a minimum of two (2) years prior to hiring. Drivers must also be holders of a Pennsylvania Driver's License for a period of at least two (2) years.

b. **Criminal Background Check System:** Applicant plans to require a criminal background check for all employees prior to hiring.

c. **Driver Training Program:** All Drivers must be familiar with the Company Driver's Manual. All Drivers will have a minimum of 1 month as a probationary period in which they drive with either the owner or another tenured Driver of Applicant.

d. **Driver License Checks:** All potential Drivers will have their driving record screened by Owner during their probationary driving period.

e. **Driver Alcohol and Drug Use Policy:** Applicant has a strict policy of not driving while under the influence of drugs or alcohol. Drivers driving record must be free of any DUI or similar driving offenses related to drugs or alcohol.

6. In Addition to the Ford F-150 listed in the form, Applicant plans to rent moving vehicles from U-Haul as needed to perform contracted work.



5-2-22