

JUN 17 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)

Jordan R. Dietrich

- 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 _____

(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).

6. Mailing Address

120 Cleveland St.
Street Address

Kittanning PA 16201 Armstrong
City, State and Zip Code County

412-427-7428
Telephone Number

~~_____~~ jordan.dietrick1981@gmail.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 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.

Jordan R Dietrich

(Print Name)

JRD

(Signature)

15 JUN 2022

(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.

Jordan R Dietrich

Legal Name of Applicant

Trade Name, if any

120 Cleveland St

Street Address (principal place of business)

Kittanning

City or Municipality

PA

State

16201

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.

Self

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

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-).

I am well known and preferred and primarily recommended by piano stores, teachers, and piano tuners in the PGH area as a piano-only mover. I have decades of experience, including having trained under my father (deceased) at Noteworthy Music 724-443-0040, who I understood to have been licensed.

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.

I operate out of my vehicle. My records fit in a single binder. My communication network is my cell phone. I require no office space. My vehicle and trailer are parked on a cement driveway behind my house. I do not offer storage and require no storage facilities. I receive requests on my phone and carry them out personally.

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.

O/N/A - self only

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
2010	Dodge	Caravan	7	2D4RN5D13AR933671	245,888

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. As I personally drive the only vehicle used, I inspect and maintain it regularly. I also inspect and maintain the trailer I use. I check the condition of the brakes, tires, and all other components prone to wear or failure monthly, if not more regularly and bring to a licensed mechanic as needed.

b. I keep up to date on my vehicles PA safety inspections

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

Following a list of recommendations by the PUC, I contacted United Financial Casualty Company, who has informed me that they are able to provide the appropriate insurance to me to comply with PUC

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

YES 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.

JRD
(Signature)
Jordan R Dietrich - sole proprietor
(Name and Title, printed or typed)

15 JUN 2022
(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 15 JUN 2022

(Must be less than 6 months old)

ASSETS

Current Assets

Cash

Other Current Assets (specify)

Total Current Assets

I maintain a
reserve of cash

at around \$15,000

Tangible Assets

Motor Vehicle Equipment

Property (buildings, land, etc.)

Office Equipment

My van and

trailers and

dollies

valued at

less than \$10,000 total

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

Credit cards/revolving credit

Other Liabilities (Attach schedule)

Total Current Liabilities

None

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

\$563 per month

TOTAL LIABILITIES

I am able to provide reliable service because my costs are extremely low and my equipment is minimal, and my expertise, skill, and knowledge are my greatest assets.

Jma

PRIORITY MAIL
FLAT RATE ENVELOPE
POSTAGE REQUIRED

PRESS FIRMLY TO SEAL



P

\$8.95

Origin: 16201
06/17/22
4142520201-17

PRIORITY MAIL 2-DAY®

0 Lb 3.50 Oz

1004

EXPECTED DELIVERY DAY: 06/21/22

SHIP TO:

HARRISBURG PA 17120



USPS TRACKING® #



9505 5158 2097 2188 4235 65



Package Pickup,
scan the QR code.



USPS.COM/PICKUP

PRIORITY MAIL

FROM:

PRIORITY MAIL



VISIT US AT USPS.COM
ORDER FREE SUPPLIES ONLINE

FROM:

Jordan Dietrich
120 Cleveland St.
Kittanning PA 16201

RECEIVED

JUN 22 2022

TO:

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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

- Expected delivery date
- Most domestic mail
- USPS Tracking
- Limited international
- When used in

*Insurance does not cover
Domestic Mail Mail
** See International

FLAT RATE
ONE RATE

TRACKED - INSURED



PS00001000014

EP14F May 2020
OD: 12 1/2 x 9 1/2

Label 228, March 2016

FOR DOMESTIC AND INTERNATIONAL USE