

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)

U-Relax Moving Co., ~~LLC~~ Applicant asked me to remove LLC, to match name filed with PA Corporation Bureau. mm 7/7/22

2. Trade Name (Attach a copy of fictitious name registration if applicable)

3. Do you currently hold PUC Authority? NO Previous Authority? NO

4. Are you a business entity registered with the PA Dept. of State? Yes
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 6969127
(See checklist and indicate type of business entity registered)

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5. If either a Corporation or Limited Liability Company, please list members (LLC) or shareholders and officers (Corporation).

Jared Fetrow, sole member, 145 Weldon Drive, York, York County, PA 17404

6. Mailing Address

145 Weldon Drive, York, PA 17404

717-515-5512; urelaxmovingpa@gmail.com

7. Physical Address Same as mailing

8. Attorney (if applicable)

Andrew J. Horowitz, Esq.

Obermayer Rebmann Maxwell & Hippel LLP

525 William Penn Place, Ste. 1710

Pittsburgh, PA 15219

412-288-2461

Andrew.horowitz@obermayer.com

9. Does applicant have a USDOT Number?

Yes: 3911454

- 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.

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.

Jared Fetrow

(Print Name)

(Signature)



(Date)

7-5-22

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).App MCC

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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.

U-Relax Moving Co., LLC

Legal Name of Applicant

Trade Name, if any

145 Weldon Drive

York,

PA

17404

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.

Jared Fetrow, sole member, 145 Weldon Drive, York, PA 17404, 717-515-5512

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

None

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-).

Mr. Fetrow has served as a contract mover for Atlas and North American van lines for the past twelve years. In this capacity, he was responsible for supervising move crews, completing pre-move paperwork with customers, resolving customer complaints, collecting payment, and driving the truck.

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.

While Applicant's office will be located at Mr. Fetrow's home, he has arranged to rent space in an off-street lot nearby to park company vehicles with the option to expand to a secure gated facility. He has a laptop and smart phone, and intends to keep records digitally using Google Drive. He intends to take customer calls on the company phone line, which is presently routed to his mobile phone, and by email. Initially, he will be the only driver, although he would maintain contact with other drivers via smart phone if and when he expands.

Applicant does not intend to offer storage facilities. 5

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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.**

Applicant's only driver will be its sole member, Jared Fetrow. His PSP background check will be on file, and he will not be under the influence of alcohol while on the job and will not use drugs. He has a valid Class A CDL.

If and when Applicant expands to hire additional drivers, it will maintain PSP background checks on file for all drivers, recruit licensed drivers with clean motor vehicle records who are at least 18 years of age. Applicant will conduct a driving test during the employee's onboarding. Motor vehicle records will be verified through a third-party service. Applicant will have a zero-tolerance policy for alcohol and drugs, and will conduct third-party drug tests at time of hire, after any accident, and randomly.

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.**

After securing a certificate of public convenience, Applicant will acquire a 26 foot box truck. Applicant also has the following vehicle:

YEAR	MAKE	MODEL	SEATING	VEHICLE ID #	MILEAGE
			CAPACITY*		
2017	Chevrolet	Express Cargo Van	2	1GCWGAFG1H1107029	143000

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).**

Applicant will conduct regular vehicle inspections before and after deliveries, and have monthly maintenance checks conducted by a licensed mechanic as well as all required DOT inspections. No vehicle will be used that has an identified issue making it unsafe to drive until it is fixed by a licensed mechanic.

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

Applicant has been quoted insurance at a reasonable rate and is in the process of purchasing same.

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.

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)

Jared Fetrow, sole member

(Name and Title, printed or typed)

(Date)

7.5.22

Jared Fetrow
Owner

Statement of Financial Position (Balance Sheet)
As of July 5, 2022
(Must be less than 6 months old)

ASSETS

Current Assets

Cash \$200,000

Other Current Assets (specify)

Total Current Assets

Tangible Assets

Motor Vehicle Equipment \$20,000 (cargo van)

Property (buildings, land, etc.)

Office Equipment \$6000

TOTAL ASSETS \$226,000

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