

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)

I MOVERS 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 7541075
(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).

Mina AKladios 50% - managing member/owner
Holly Pugh 50% - managing member/owner

6. Mailing Address

622 Cresta Circle
Street Address
West Palm Beach, FL 33413 Palm Beach
City, State and Zip Code County
609-432-3369 support@iwantmoving.com
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.)

140 S. Main St
Street Address
Manchester, PA 17345 York
City, State and Zip Code County
609-432-3369 support@iwantmoving.com
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)

N/A
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. 3327230

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 & Interstate

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.

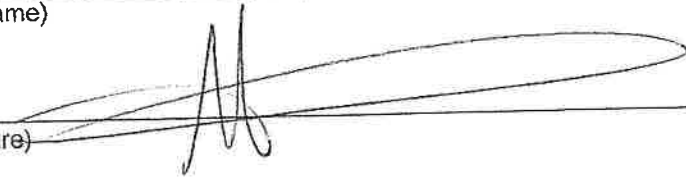
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Household Goods in Use; and acknowledges that failure to report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

Mina AKladiou
(Print Name)


(Signature)

7/13/22
(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).

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.

 Movers LLC
Legal Name of Applicant

Trade Name, if any

 1300 Old Congress Ave West Palm Beach FL 33413
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.

Mina AKLADIOS
 Managing Member
 622 Cresta Circle
 West Palm Beach, FL 33413 609-432-3369

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

Owner, Manager, Operations

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-).

See attached Resume

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.

Physical location - 140 S. Main St Manchester, PA 17345
 office machines are located at Principal Address Above
 140 S. Main St. is a warehouse with onsite parking to store our truck and common household goods.

App MCC Household Goods
 rev 12/6/21

we use 3 softwares for constant communication + real time info with our drivers/employees.

- 1.) Move It Pro 2.) Verizon Connect Reveal 3.) Quickbooks

Customer Requests are taken via email & phone and logged into Move It Pro

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.

1 truck will be operated with 1 CDL Driver and 1 helper, this is appropriate for our current business volume. We look for CDL Drivers with min 2yrs experience in the transportation industry, Background screening and random drug testing is required for all drivers. Upon hire all drivers must be accompanied by management to ensure all driver training standards are followed & met. Our insurance carrier is immediately notified with new hires and a driver abstract is obtained for driver license checks. We have a zero tolerance policy for alcohol & drug use.

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
2013	Hino	338	3	5PUNV85V3D452596	201,159

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).

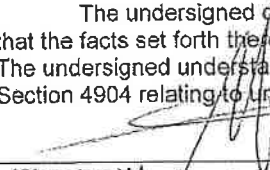
Vehicles are regularly inspected and maintained by qualified Diesel Mechanics.

Drivers are required to conduct an inspection prior to every job to ensure the vehicle and all equipment standards are functioning properly and comply with all applicable PA regulations.

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums. *We currently have active insurance and all premiums are paid up to date.*
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
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) *Mina Akladios* *President*

 (Name and Title, printed or typed)

7/13/22
 (Date)

Statement of Financial Position (Balance Sheet)
 As of (date) 3/31/22
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	85,901.51	
Other Current Assets (specify)	0	
Total Current Assets		85,901.50
Tangible Assets		
Motor Vehicle Equipment	280,000	
Property (buildings, land, etc.)	0	
Office Equipment		100,000
TOTAL ASSETS		465,901

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	60,000	
Credit cards/revolving credit	10,000	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		70,000
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		70,000

Shareholders Equity

Retained Earnings

395,901

Total liabilities & Retained Earning

465,901

MINA AKLADIOUS

CONTACT

609-432-3369
support@iwantmoving.com
iwantmoving.com

EDUCATION

FINANCE

Florida Atlantic University
2003-2005

FINANCE GENERAL

Stockton University
2000-2003

SKILLS

Problem Solving
Task Delegation
Time Management
Effective Communication

REFERENCES

Provided upon request.

SUMMARY

Detail-oriented, dedicated, and highly motivated Business Owner with in-depth research, analysis, and customer care experience. Solid analytical, communication, interpersonal, problem solving and critical thinking skills.

WORK EXPERIENCE

OWNER

iMovers, LLC
Mar. 2019-Today

- Founded iMovers, LLC.
- Responsible for handling all aspects of business operations.
 - Including: Marketing, Hiring, Training, Billing, Estimating.
- Profitable after first year in the business.

OWNER

Safebound Logistics
May 2016- Dec. 2018

- Founded Safebound Moving
- Responsible for handling all aspects of business operations.
- Oversaw all employees at location.