

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)

Roadway Movers, Inc.

- 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 1001635619
(See checklist and indicate type of business entity registered)

7585203 - anc

DATE OF DEPOSIT

JUN 13 2022

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

Raz Sapir _____

6. **Mailing Address**

1135 Bronx River Ave
Street Address
Bronx, NY 10467 Bronx
City, State and Zip Code County
212-812-5240 ross@roadwaymoving.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.)

325-41 Chestnut Street Suite 800
Street Address
Philadelphia, Pennsylvania
City, State and Zip Code County
212-812-5240 ross@roadwaymoving.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)

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. 1854436

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 from points in Philadelphia County to 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.

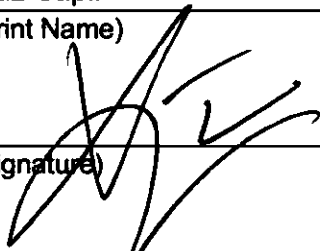
Verification of Application

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.

Raz Sapir

(Print Name)



(Signature)

5/3/2022

(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).

DATE OF DEPOSIT

JUN 13 2022

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

JUN 13 2022

VERIFIED STATEMENT OF APPLICANTPA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

Roadway Movers, Inc.

Legal Name of Applicant

Roadway Moving

Trade Name, if any

1135 Bronx River Ave Bronx, NY 10472

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.

I Raz Sapir the president of Roadway Movers, Inc. with a principal place of business located at 1135 Bronx River Ave, Bronx NY 10472; (212) 812-5240 is the person making the verified statement.

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

Roadway Movers, Inc. is not affiliated with any other carrier.

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)(-).

please see attached

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.

Roadway Movers, Inc. facility locations are in the perfect location for moving & storage. The locations have sufficient access to customers workers and third party companies. Roadway functions with a Formal Communication network placing alot of struction into our organizational chart and passing information amongst eachother through memos, intranet and and our CRM. We use our CRM to manage and organize all record maintenance and PUC records. Due to this form of communication our office location only requires laptops. All customer requests and communication are recived either via email or through our cloud-based phone system. Our dispatchers who directly oversee the movers communicate with our drivers via the cloud-based phone system, vehcile GPS systems and via our CRM to ensure airtight transparency during the moving process.

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; 2
 - b. Your system for conducting criminal background checks; goodhire platform is used to perform background checks.
 - c. Your driver training program; roadtest are given before start
 - d. Your system for conducting driver license checks; MVR are done on all drivers during onboarding
 - e. Your policies regarding alcohol and drug use by your drivers. No tolerance policy

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
2022	FREIGHTLINER	M2 106	2	3ALACWD25NDNB7304	20,888

7. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan Every 15,000 miles or every 6 months
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Roadway Movers, Inc. has a safety department that continuously stays up to date on all compliance requirements per state and communicates any changes to the proper managing departments.

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

Roadway Movers, Inc. Pennsylvania will be a new branch expanding from our NYC location which is currently fully insured and accounts funded.

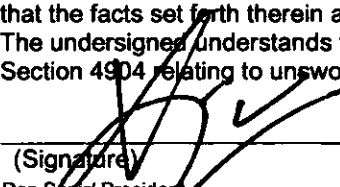
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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)
Raz Sapir/ President

(Name and Title, printed or typed)

6/10/2022

(Date)

DATE OF DEPOSIT
JUN 13 2022
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Current Assets			
	Cash	\$1,174,193	
	Other CA	\$990,166	
	Total CA		\$2,164,360
Tangible Assets			
	Motor Vehicle Equip	\$673,643	
	Property	\$0	
	Office Equip	\$1,206,993	\$1,880,636
	Total Assets		\$4,044,996
Current Liab			
	Acct Payable	\$1,055,148	
	Credit Cards	\$91,205	
	Line of Credit	\$350,000	
	Insur Liability	\$451,958	
	Cust Deposits	\$328,696	
	Covid Deferred FICA	\$43,409	
	Total CL		\$2,320,417
LT Liab			
	Mortgage	\$0	
	LT Comm Loan	\$0	
	Vehicle Loans	\$486,034	
	Total LT Liab		\$486,034
	Total Liab		\$2,806,451

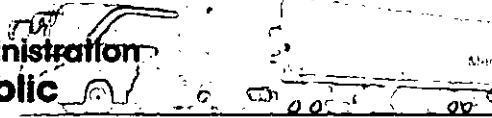
DATE OF DEPOSIT

JUN 13 2022

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



U.S. Department of Transportation
Federal Motor Carrier Safety Administration
Licensing and Insurance Public



Choose Menu Option ▾

**Authority History**

US DOT:	1854436	Docket Number:	MC00671325		
Legal Name:	ROADWAY MOVERS INC				
Sub	Auth Type	Original Action		Disposition	
	HOUSEHOLD GOODS COMMON CARRIER	REINSTATED	06/04/2019		
	HOUSEHOLD GOODS COMMON CARRIER	REINSTATED	10/12/2011	REVOKED	05/28/2019
	HOUSEHOLD GOODS COMMON CARRIER	GRANTED	03/18/2009	REVOKED	04/11/2011

[Carrier Details](#)[Active/Pending Insurance](#)[Rejected Insurance](#)[Insurance History](#)[Pending Application](#)[Revocation](#)

June 10, 2022

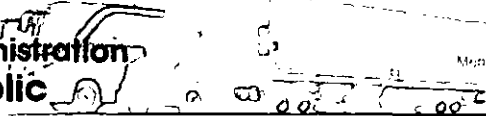
[FMCSA Home](#) | [DOT Home](#) | [Feedback](#) | [Privacy Policy](#) | [USA.gov](#) | [Freedom of Information Act \(FOIA\)](#) | [Accessibility](#) | [OIG Hotline](#) | [Web Policies and Important Links](#) | [Plug-ins](#) | [Related Sites](#) | [Help](#)



Federal Motor Carrier Safety Administration
 1200 New Jersey Avenue SE, Washington, DC 20590 • T-800-832-5860 • TTY: 1-800-377-8333 • [Field Office Contacts](#)



**U.S. Department of Transportation
Federal Motor Carrier Safety Administration
Licensing and Insurance Public**



Choose Menu Option

60

Motor Carrier Details

US DOT:	1854436	Docket Number:	MC00671325	
Legal Name:	ROADWAY MOVERS INC			
Doing-Business-As Name:	ROADWAY MOVING			
Business Address	Business Telephone and Fax	Mail Address	Mail Telephone and Fax	Undeliverable Mail
1135 BRONX RIVER AVENUE NEW YORK NY 10472	(212) 812-5240 Fax: (540) 966-2175		(212) 812-5240 Fax: (540) 966-2175	NO
Authority Type	Authority Status		Application Pending	
Common	ACTIVE		NO	
Contract	NONE		NO	
Broker	NONE		NO	
Property	Passenger	Household Goods	Private	Enterprise
NO	NO	YES	NO	NO
Insurance Type	Insurance Required		Insurance on File	
BIPD	\$300,000		\$1,000,000	
Cargo	YES		YES	
Bond	NO		NO	

BOC-3: YES

Blanket Company: AMERICAN TRUCKING ASSOCIATIONS

[Web Site Content and BOC-3 Information Clarification](#)

- [Active/Pending Insurance](#)
[Rejected Insurance](#)
[Insurance History](#)
[Authority History](#)
[Pending Application](#)
[Revocation](#)

June 10, 2022



[FMCSA Home](#) | [DOT Home](#) | [Feedback](#) | [Privacy Policy](#) | [USA.gov](#) | [Freedom of Information Act \(FOIA\)](#) | [Accessibility](#) | [OIG Hotline](#) | [Web Policies and Important Links](#) | [Plug-ins](#) | [Related Sites](#) | [Help](#)

Federal Motor Carrier Safety Administration
 1200 New Jersey Avenue SE, Washington, DC 20590 - 1-800-832-5660 - TTY: 1-800-377-8339 - [Field Office Contacts](#)

DATE OF DEPOSIT

JUN 13 2022

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

View/Print Label

1. **Ensure there are no other shipping or tracking labels attached to your package.** Select the Print button on the print dialogue box that appears. Note: If your browser does not support this function, select Print from the File menu to print the label.

2. **Fold the printed label at the solid line below.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. GETTING YOUR SHIPMENT TO UPS

Customers with a scheduled Pickup

- Your driver will pickup your shipment(s) as usual.

Customers without a scheduled Pickup

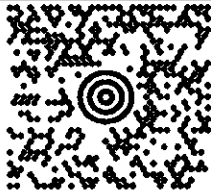

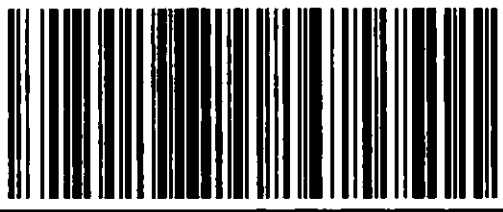

- Schedule a Pickup on ups.com to have a UPS driver pickup all of your packages.
- Take your package to any location of The UPS Store®, UPS Access Point™(TM) location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. To find the location nearest you, please visit the 'Locations' Quick link at ups.com.

UPS Access Point™
ACTIVE WIRELESS
1074 E 165TH ST
BRONX NY 10459-2589

UPS Access Point™
SOUTHERN PHARMACY
1301 SOUTHERN BLVD
BRONX NY 10459-1504

UPS Access Point™
DANNY'S PHARMACY
1632 BRUCKNER BLVD
BRONX NY 10473-4553

FOLD HERE

CARL THOMPSON 2128125240 530 ROADWAY MOVING 1135 BRONX RIVER AVE BRONX NY 10472	5 LBS	1 OF 1
SHIP TO: SECRETARY PA PUBLIC UTILITY COMMISS SECRETARY PA PUBLIC UTILITY COMMISS 2ND FLOOR 400 NORTH STREET HARRISBURG PA 17120		
	PA 171 9-20 	
UPS GROUND TRACKING #: 1Z 9R2 955 03 9208 5482 		
BILLING: P/P <div style="text-align: right;">  </div> <p style="font-size: small; text-align: center;">XQL 22.05.57 NV45 25.0A 06/2022*</p>		

RECEIVED
 JUN 15 2022
 PA PUBLIC UTILITY COMMISSION
 SECRETARY'S BUREAU