

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)

NORTHEASTERN 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

(See checklist and indicate type of business entity registered)

6724600

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

EDWARD T. MCKEON

6. **Mailing Address**

105 W MARKET ST.
Street Address

SCRANTON PA 18508 LACKAWANNA
City, State and Zip Code County

646 707-9248
Telephone Number

EDWARDTMCKEON@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 no 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. 3271670

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.

EDWARD T. MCKEON

(Print Name)

Ed McKeon

(Signature)

09/16/2022

(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).

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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.

EDWARD T. MCKEON
Legal Name of Applicant

NORTHEASTERN MOVERS INC ↑
Trade Name, if any

mm Sec Bureau 9/15/2022

105 W. MARKET ST SCRANTON PA 10585
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.

EDWARD T. MCKEON - 646-707-9248
PRESIDENT 105 W. MARKET ST SCRANTON, PA 18508
NORTHEASTERN MOVERS, INC

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

EDWARD T. MCKEON - PRESIDENT

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 HOLD A NYS DOT # T-40709 CERTIFICATE TO TRANSPORT HOUSEHOLD GOODS IN NYS. I HAVE PROVEN MYSELF FIT TO OPERATE LOCAL & NATIONALY.

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 RUN A LEGIT MOVING & STORAGE COMPANY LICENCED BY NEW YORK STATE & THE USDOT. I HAVE WAREHOUSES, 8 TRUCKS, OFFICES FULLY STAFFED I HAVE PASSED AUDITS - NYS DOT & USDOT.

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.

THERE IS A GREAT DEMAND COMING FROM THE PUBLIC IN PENNSYLVANIA THAT ARE IN NEED OF PROFESSIONAL MOVERS. DRIVERS WILL BE HELD TO A VERY HIGH STANDARD. RANDOM DRUG & ALCOHOL TESTING, BACKGROUND CHECKS, ROAD TEST, PREVIOUS EMPLOYER VERIFICATION, AND MUR REPORTS TAKEN. YEARLY REVIEWS & DRIVER QUALIFICATION FILES.

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 #	ALL APPX MILEAGE
1997	INTER	4700	3	# 97	200K
2017	FREIGHT	M2 106	3	# 80	100K
2017	FORD	250	3	# 10	50K
2017	MITSUBISHI	FUSO	3	# 17	20K
2018	FORD	E 450	3	# 36	50K
2018	HINO	280	3	# 18	100K
2015	FREIGHT	M2 106	3	# 22	150K
2017	12424	NPR	3	# 33	125K
2018	HINO	280	3	# 44	100K

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).

DAILY PRE TRIP INSPECTIONS, MAINTENANCE FILES ON ALL VEHICLES, MAINTANENCE BEFORE & AFTER EVERY 10,000 MILE MARK. USE OF LICENCED MECHANICS. ALL EQUIPMENT INSPECTED ON TIME ON A REGULAR BASIS.

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

I HAVE BEEN MAINTAINING CONTINUOUS COVERAGE FOR THE PAST FEW YEARS.

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.

WE HAVE BEEN GROSSING CLOSE TO 2 MILLION DOLLARS CONSISTANTLY FOR THE PAST 2 YEARS.

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.

Ed McKeon
(Signature) EDWARD T. MCKEON PRESIDENT
(Name and Title, printed or typed)

09/06/2022
(Date)

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Statement of Financial Position (Balance Sheet)

As of (date) 8/31/22

(Must be less than 6 months old)

ASSETS

Current Assets

Cash

1,000

Other Current Assets (specify)

43,965

Total Current Assets

44,965

Tangible Assets

Motor Vehicle Equipment

30,000

Property (buildings, land, etc.)

Office Equipment

TOTAL ASSETS

74,965

LIABILITIES

Current Liabilities (Due within one year of date)

Loans - FROM OWNER

10,000

Credit cards/revolving credit

34,563

Other Liabilities (Attach schedule)

Total Current Liabilities

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan TRUCK FINANCED

200,000

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

TOTAL LIABILITIES

244,563

NORTHEASTERN MOVERS
1051 W MARKET ST
SCRANTON, PA 10585

LEHIGH VALLEY PA 180

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SECRETARY PA PUBLIC UTILITY
COMMISSION
400 NORTH STREET 2ND FLOOR
HARRISBURG, PA 17120

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