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)

   New Beginnings Moving & Hauling LLC

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

   Not 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 YES, provide your PA Corporation Bureau Entity ID Number:** ~~85-0778534~~
7044504 - anc

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

Terrence Carroll, sole member
611 Foxcroft Circle
Royersford, PA 19468

6. Mailing Address

Street Address
611 Foxcroft Circle

City, State and Zip Code
Royersford, PA 19468 County Montgomery

Telephone Number (484)940-7755

E-Mail Address: info@newbeginningsmovingandhauling.com

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)

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?

No

10. **Describe the service area proposed by this application.**

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.

rev 12/6/21

4889-0259-3080 v1
4889-0259-3080 v2

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.

Terrence Carroll

10/17/22

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).

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.

Legal Name of Applicant

New Beginnings Moving & Hauling LLC

Street Address (principal place of business) City or Municipality State Zip Code **611 Foxcroft Circle**
Royersford, PA 19468

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.

   Terrence Carroll, sole member
   611 Foxcroft Circle
   Royersford, PA 19468

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-).

   Applicant has hired John Tassi, II as its Operations Manager. Mr. Tassi has nearly five years of experience as a crew lead at Lee's Moving & Storage. In this role, Mr. Tassi completed PUC-required paperwork with customers, handled troubleshooting of customer issues such as estimate overages, payment disputes, and property damage claims, and supervised a crew. He is familiar with the safe, efficient, and legal operation of a moving company in Pennsylvania. Mr. Tassi has agreed to sign an employment agreement requiring him to provide thirty days' notice of resignation, and Applicant will hire a new manager with at least two years' of experience during that time.

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.

   Applicant has leased space in a parking lot in Conshohocken, PA to park its trucks. Dispatch will take place from this lot. Otherwise, it will maintain a remote workplace. It's records will be stored electronically in secure cloud storage. Applicant subscribes to RingCentral for its phone system and a software package called Smartmoving for database management and communication with customers. Applicant will be in constant communication with its move crews via mobile phone.

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 intends to use three drivers initially, which Applicant believes to be sufficient to reliably service its anticipated number of jobs. Applicant will hire drivers who are able to get a DOT medical card (requiring drug testing), have clean driving records, and are customer-service oriented. Applicant will conduct PA State Police criminal record checks. Applicant will have a zero tolerance policy for drug use (to maintain medical card eligibility) and for being under the influence of alcohol while at work. Applicant will personally train drivers through a combination of on-road exercises, shadowing, and observation.

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
2002	Isuzu	NQR	3	JALE5B149279 00 828	215000
1997	Ford	E350	2	1FDKE37FXVH A5 8711	187000

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 perform pre-trip inspections each day a vehicle is used and park the vehicle if there are any defects rendering the vehicle unsafe. Periodic maintenance will be conducted by a license mechanic according to manufacturer maintenance schedules.

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

Applicant has obtained price quotations from an insurance agent and is prepared to pay the premiums.

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 __X___ 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.

10/17/22

Terrence Carroll, Sole Member

(Name and Title, printed or typed)7

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Statement of Financial Position (Balance Sheet)
As of (date) October 17, 2022_
(Must be less than 6 months old)

ASSETS

Current Assets

Cash: $35,000
Other Current Assets (specify)
Total Current Assets: $35,000

Tangible Assets

Motor Vehicle Equipment: $20,000
Property (buildings, land, etc.)
Office Equipment
TOTAL ASSETS: $55,000

LIABILITIES

Current Liabilities (Due within one year of date)

Loans: 0
Credit cards/revolving credit: $7500
Other Liabilities (Attach schedule)
Total Current Liabilities: $7,500

Long Term Liabilities (Due after one year of date)

Mortgage
Long term commercial loan
Other Liabilities (Attach Schedule)
Total Long-Term Liabilities $0
TOTAL LIABILITIES: $7,500