

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)

PITTSBURGH MOVING PGM 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 #73112116
(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).

BRIAN ERDMAN _____

6. Mailing Address

206 RIDGEWAY DR. _____
Street Address

BADEN, PA 15005 BEAVER _____
City, State and Zip Code County

(412) 498-5562 _____
Telephone Number

pittsburghmoverspgha@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 than mailing address. Do not use a post office box.)

1049 WILLIAM FLYNN HWY _____
Street Address

GLENSHAW, PA 15116 ALLEGHENY COUNTY _____
City, State and Zip Code County

(412) 498-5562 _____
Telephone Number

pittsburghmovingpgha@gmail.com
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. Do you have a USDOT Number?

No

Yes, at No. DOT 3901080

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.

BRIAN ERDMAN
(Print Name)

Brian Erdman
(Signature)

10/31/22
(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.

PIITTSBURGH MOVING PGH LLC

Legal Name of Applicant

Trade Name, if any

1049 WILLIAM FLYNN HWY GLENSHAW PA 15116

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.

• BRIAN ERDMAN - (412) 498-5563

• OWNER

• 1043 WILLIAM FLYNN HWY GLENSHAW PA 15116

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

None/Affiliation

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).

Alex (BRIAN) WORKED FOR A FULL SERVICE MOVING COMPANY CALLED BELLHOPS FOR 3 YRS. HE WAS A LOADER, UNLOADER, MOVER, DRIVER, & SUPERVISOR - OPERATIONS DIRECTOR. HE THEN STARTED HIS OWN LABOR SERVICE COMPANY & HAS HAD IT FOR 2 YRS.

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.

WE HAVE A LEASED WAREHOUSE ON A 4 YR. TERM. WE STORE ALL EQUIPMENT THERE. WE HAVE 2 TRUCKS THAT WE LEASE THROUGH ENTERPRISE. THEY ARE STORED AT THE WAREHOUSE. WE HAVE A DOT/MC HR RECORDS, TRUCK MAINTENANCE REPORTS, A REVENUE REPORTS ARE SECURED IN OFFICE IN FILING CABINETS AT THE OFFICE. WE HAVE

Computers, Tablets, logbooks, Dash Cams, CRM moving software that provide estimates, BOLS, contracts, valuation, tariff rates.

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; → WE USE ON BOARDING FOR NEW HIRES
- b. Your system for conducting criminal background checks; → WE USE OUR APP WORKFORCE
- c. Your driver training program; → MVR ONLINE
- d. Your system for conducting driver license checks; → MVR ONLINE
- e. Your policies regarding alcohol and drug use by your drivers. → NO TOLERANCE.

We do
Skill tests
have a
week
TRAINING
PROGRAM +
90 DAY
Production
Period.

- ① We plan to hire 4-5 total drivers to run crews as we only service 2-3 moves per day.
- ② We run MVR Reports, have phone interviews, then in person interviews, do background & drug screens. We only hire drivers with clean MVR Reports.
- ③ We keep EDLS as well as dashcams & Geo tabs.

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	ISUZU	NPRX	3	TVK1MF	32,000
2021	ISUZU	NRR	3	TVY1TB	47,000
2018	International	NV Cummins	3	7PF3W9	98,000

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).

A. We have a weekly truck inspection with daily walk arounds. We lease our trucks so Enterprise schedules all truck maintenance. Enterprise is alerted through Geo TAB if maintenance is due. Enterprise is required to comply with PA vehicle equipment standards & provide regular & emergency maintenance to all vehicles.

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums. WE CARRY \$1,000,000 IN PHYSICAL DAMAGE, \$1-\$2 million GENERAL LIABILITY COVERAGE, & \$100,000 IN CARGO
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.

Brian Erdman
 (Signature)
BRIAN ERDMAN OWNER
 (Name and Title, printed or typed)

10/31/22
 (Date)

Statement of Financial Position (Balance Sheet)

As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets			
Cash		\$26,000	
Other Current Assets (specify)			
Total Current Assets			\$26,000
Tangible Assets			
Motor Vehicle Equipment		\$50,000	\$50,000
Property (buildings, land, etc.)			\$2,500
Office Equipment			
	TOTAL ASSETS		\$52,500

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		-	
Credit cards/revolving credit		-	
Other Liabilities (Attach schedule)		-	
Total Current Liabilities			0
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		0

Continued

#5 TRAINING PROCESS which includes DOT safety, moving safety, Driver Assessment Tests, ROAD tests, Classroom Hours, + three days on the job TRAINING. We have a ZERO Drug + Alcohol Tolerance which is outlined in our employee handbook + signed by all new employees. Random Drug tests are administered + if an accident would occur driver is required to immediately get tested. We pay W2 Employees only through ADP WEEKLY and hire NO SUBCONTRACTORS

Continued

#4 we receive call, emails, + quote forms on our website. We provide a written estimate in our CRM and if customer books we send BOI CONTRACT (+ Add. to valuation. We provide FAIR PRICING with no hidden fees. We schedule ONLY DOT CERTIFIED DRIVERS to vehicles and we schedule through our CRM. We have an app on our CRM to communicate with crews at any and all times.