

JAN 7 2023

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**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)

Point B Moving 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)

~~Point B Moving MC~~ per email 1/26/23 dw

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)

~~92 0793312~~
3351404

1/26/23 dw

480071

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

Michael A Curcio

6. Mailing Address

213 Stump Road
Street Address

North Wales PA 19454 Montgomery
City, State and Zip Code County

267 595 7402
Telephone Number

move-me@pointbmaing.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 not use a PO Box.)

Same as above
Street Address

City, State and Zip Code County

Telephone Number

mikecursh@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)

Jon A Thielen, Esq. Direct 484-325-5658
Attorney's Name & Telephone Number for this Filing main 484-325-5660

2 Bala Plaza Suite 300 jthielen@companycounsel.law
Attorney's Address Bala Cynwd, PA 19004 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. 3996154

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.

Michael A. Curcio

(Print Name)

Michael A. Curcio

(Signature)

1/6/2023

(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.

DATE OF DEPOSIT

Point B Moving LLC
1/26/23/aw
Michael A. Curcio
Legal Name of Applicant
JAN 7 2023
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU
Point B Moving MC
Trade Name, if any
213 Stump road
Street Address (principal place of business)
North Wales
City or Municipality
PA
State
19454
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.

Michael A. Curcio, owner of Point B moving LLC

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

owner

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 attachment

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.

see attachment

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.

(See attachment)

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
2009	FORD	ECONOLINE	3	1FDXE45S09DA08442	
					179,869

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).

(See attachment)

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

See attachment

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.

See attachment & documents

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.

Michael A. Curcio

(Signature)

Michael A. Curcio

(Name and Title, printed or typed)

1/6/2023

(Date)

DATE OF DEPOSIT

JAN 7 2023

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Statement of Financial Position (Balance Sheet)
 As of (date) 1/6/23
 (Must be less than 6 months old)

ASSETS

Current Assets			
Cash		\$ 5,623.00	
Other Current Assets (specify)	Honda Civic	\$ 1,000.00	
Total Current Assets			\$ 6,623.00
Tangible Assets			
Motor Vehicle Equipment	Box truck	\$ 9,000.00	
Property (buildings, land, etc.)		\$ 1,000	
Office Equipment			\$ 10,000
TOTAL ASSETS			\$ 16,623

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		N/A	
Credit cards/revolving credit		\$ 7,895.00	
Other Liabilities (Attach schedule)	monthly bills	\$ 500.00	
Total Current Liabilities			\$ 8,395.00
Long Term Liabilities (Due after one year of date)			
Mortgage		N/A	
Long term commercial loan		\$ 8,500.00	
Other Liabilities (Attach Schedule)	child support	\$ 447 (month)	
Total Long-Term Liabilities			\$ 5,364.00 (year total)
TOTAL LIABILITIES			\$ 22,259.00

Verified Statement of Applicant
Elaboration Page

JAN 7 2023

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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3. From March 2020 until August 29, 2022 I operated as a partner in a Moving Company named Reliable Relocations-- which meets the two year experience requirement.

The PUC contacted me to warn me about licensure for Reliable Relocations on August 29, 2022. When I was made aware of our failed licensure, Reliable Relations was terminated by myself. Due to my partners inability to cooperate with legitimizing our business, I have now started my business (without my former partner) under a different name- Point B Moving LLC. I am acquiring all the proper certifications, permits and insurances required by the State of Pennsylvania. I have been credibly educated by: an officer at the PUC, an experienced attorney, an insurance agency, agents with the FMCSA/DOT, as well as veteran moving company business owners.

Page 5

4. Office is a Residence until more vehicles are obtained. Security system is installed. A business line was created via AT&T for communications involving the company. A computer, printer and scanner will be used at residential office. No storage facilities—NA. All certifications, permits, and licensure are filed in locked filing cabinet for record maintenance purposes. I have looked into several CRMs, however, I have decided upon using QuickBooks Pro for the sake of customer service, having a business database, bookkeeping, and scheduling/dispatching.

Page 6

5. As of right now, I have myself and another driver. I intend to hire more employees as business grows.
- a. Hiring standards for drivers will be compliant with insurance agency requirements. There will also be policies regarding harassment, drug/alcohol, and company procedure that employees will have to sign.
 - b. PA Police Background Check will be completed for every employee. They will also have to attest to their current criminal background on the employment information form.
 - c. Employees have to obtain a DOT Medical Examiner's Certificate (MCSA-5876) and they will have to be supervised by a trainer until the trainer has approved their capabilities. Driver training log form requires trainer's signature and date upon completion.
 - d. Drivers of company vehicles will need verified and current PA Driver's License—Driver's records can be found via the DOT.
 - e. As stated above, there is a drug/alcohol policy that employees will have to sign. It is a no tolerance policy.
- 7) a. Monthly safety inspection; employee must sign off to the clearance height of truck. Employees must fill out mileage, date and complete a safety checklist that includes physical inspection of the vehicle, checking engine fluids, and starting vehicle to ensure proper functionality. Emergency kit will be available on the truck.

Verified Statement of Applicant
Elaboration Page

b. Oil changed 4x per year or as needed. Tires checked for wear and tear; windshield wiper fluid checked, windshield wipers checked for wear. Ensures all lights are working properly.

8) Throughout many weeks, I was in constant communication with United Risk Management. I was able to obtain General Liability Insurance with The Burlington Insurance Company, Commercial Auto Insurance through Progressive, Motor Truck Cargo Insurance through Great American Insurance Company and Workers Comp Insurance through Encova/ Brickstreet Mutual.

10) I have all the insurances and applied for all my licenses. I own a box truck. I also have moving equipment that I purchased including; hand truck, furniture dolly, moving blankets, shrink wrap, tape and ratchet straps.



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

January 6, 2023

Point B Moving MC
213 STUMP RD
NORTH WALES, PA 19454-1903

Entity Name:	Point B Moving MC
Entity File Date:	December 9, 2022
Entity Number:	0003549569
Filing Type:	Fictitious Name

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.



0003549569



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
REGISTRATION OF FICTITIOUS NAME
 Fee: \$70

Pennsylvania Department of State
-FILED-
 File #: 0003549569
 Date Filed: 12/9/2022

B0470-8852 12/09/2022 3:15 PM Received by Pennsylvania Department of State

DSCB: 54-311 (rev. 2/2017)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name
 Fictitious name **Point B Moving MC**

Additional Information
 A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: **Mover of home goods**

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address **213 STUMP RD
 NORTH WALES, PA 19454-1903
 MONTGOMERY**

Individuals interested in the business

Full Name	Address
Michael A Curcio	213 STUMP RD NORTH WALES, PA 19454-1903

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
None Entered				

Agents

Full Name
None Entered

Electronic Signature
 IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

Michael A Curcio  **12/09/2022**

Michael A Curcio _____ Date _____

Please pass this expiration date on this form when you are preparing the Information Collection Request that includes this form with the Office of Management and Budget. This requirement to collect information is requested on this form to meet our public reporting burden estimate of 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-90A, 1200 New Jersey Avenue SE, Washington, DC, 20590.



U.S. Department of Transportation
Federal Motor Carrier Safety Administrator

Medical Examiner's Certificate
For Commercial Driver Medical Certification

I certify that I have examined Last Name: CURCIO First Name: MIKE in accordance with (please check only one):
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) DR
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
 Wearing corrective lenses Accompanied by a waiver/exemption (specify type): _____ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
 Grandfathered from State requirements (State): _____

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
7/18/2023

MEDICAL EXAMINER INFORMATION
 Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: (215) 947-5005 Date Certificate Signed: 7-21-2022
 Medical Examiner's Name (please print or type): DAN S. WAGMAN, PA-C
 MD Physician Assistant Advanced Practice Nurse
 DO Chiropractor Other Practitioner (specify): _____
 Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State: PENNSYLVANIA National Registry Number: _____

CMV DRIVER CERTIFICATE
 Driver's Signature: [Signature] Driver's License Number: _____ Issuing State/Province: PA
 Driver's Address: 213 STUMP RD City: N. WALES State/Province: PA Zip Code: 19454 CLP/CDL Applicant/Holder
 Street Address: _____ City: _____ State/Province: _____ Zip Code: _____ Yes No



services.state.pa.us



PA Child Support Program
 Bringing what's best for families together

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PA STATE AGENCIES ONLINE SERVICES

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Payment Information Scheduled Events Docket Information Job Recommendations Submit Employment Information

Amount Due
 As of Tuesday May 29, 2018

Your Amount Due

- Case Id: 817112140
- Wattenmaker, Jennifer A. vs Curcio, Michael A.

The Amount of your Support Order 2012DR00923 is \$447.00 Monthly, and the ordered on arrears is \$45.00 Monthly. The order effective date is Wednesday, March 27, 2013.

The current account balance on your case as of Tuesday May 29, 2018 is a credit of (\$31.11).

You may mail additional payments to the following address:

Pennsylvania SCDU
 P O Box 69110
 Harrisburg, PA 17106-9110.

* Please be sure to include your Member Id: 8090102365 OR SSN with the payment. Otherwise the processing of the payment may be delayed.

[Return to View Payment Information](#)

This amount due monthly is still accurate.

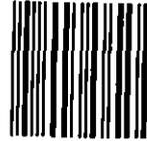
447.00 - monthly amount
No arrears are due as of

1/6/23

Michael Curcio



PRESS F11



RDC 07

17120

U.S. POSTAGE PAID
PME 1-Day
LANSDALE, PA
19446
JAN 07 23
AMOUNT

\$27.90

R2304E106059-66

SCANNED



PRIORITY
MAIL
EXPRESS®



EI 154 723 225 US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE ()

Michael Curcio / Point B Moving LLC
213 Stump road
North Wales PA 19454

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day

2-Day

Military

DPO

PO ZIP Code

19446

Scheduled Delivery Date (MM/DD/YY)

1-9-23

Postage

\$ 27.90

Date Accepted (MM/DD/YY)

1-7-23

Scheduled Delivery Time

6:00 PM

Insurance Fee

\$

COD Fee

\$

Time Accepted

11:34

AM
 PM

Return Receipt Fee

\$

Live Animal Transportation Fee

\$

Special Handling/Fragile

\$

Sunday/Holiday Premium Fee

\$

Total Postage & Fees

27.90

Weight

4 lbs. 10 ozs.

Flat Rate

Accepted Employee Initials

JM

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time

AM
 PM

Employee Signature

Delivery Attempt (MM/DD/YY) Time

AM
 PM

Employee Signature

RECEIVED

JAN 10 2023

PA PUBLIC UTILITY COMMISSION

SECRETARY'S BUREAU

TO: (PLEASE PRINT)

PHONE ()

Secretary PA Public Utility Com.
400 North Street 2nd Floor
Harrisburg, PA 17120

ZIP + 4® (U.S. ADDRESSES ONLY)

17120

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.

LABEL 11-B, MAY 2021

PSN 7680-02-000-9996

PEEL FROM THIS CORNER