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)
   T7 Moving and Transportation Ltd. (Sean M Keehn)

- 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?** ___X___NO **Previous Authority?** ___X___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 0007621803
   (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).**

Sean M Keehn (100% Ownership)

6. **Mailing Address**

1388 South Keim Street

Street Address

Pottstown, Pennsylvania, 19465 — Chester County

City, State and Zip Code — County

(484) 300 - 0203 — SeanMKeehn@gmail.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 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 X Yes, at No. 4002501

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

South-Eastern Pennsylvania (Mainly Chester, Montgomery, Berks, Bucks, Delaware County, and Philly.

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.

Sean M Keehn

(Print Name)

SMK

07/28/2023

(Signature) (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.

Sean Michael Keehn

Legal Name of Applicant

Trade Name, if any

1388 S Keim St	Pottstown	PA	19465
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.

   Sean Michael Keehn, Owner, 1388 S Keim Street (Pottstown, PA 19465), 484 - 300 - 0203

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

   No Separate Carrier Affiliations.

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)(-l-).

   I will be filing with the Equivalent:
   Peter H. Mccann is to be General Manager of T7 Moving and Transportation Ltd.,
   He possesses 45+ Years Experience in Driving Household Goods.

   I will be attaching two years of W-2's along with this application submission, as well as his pension details as a teamster mover. He is working on gathering his notified letter of 2 years experience, which I am confident he will provide. He will try Clemmer Moving and Storage first, and if not them then his son's company. It seems like a sure thing, so I will be happy to provide this in the coming days if required as additional proof.

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.

   Facilities: 1000+ Square Foot Storage Area (for OUR moving supplies - not paid storage). Parking Space for 3+ Trucks (Mcadam). Working Solar-Powered Cameras.
   Maintenance Plan: Maintain Diligence to Regular Truck Inspection, Inspect Trucks 2 Times per Week. Ensure Drivers know the proper pre-trip and post-trip inspections steps. Budget 10% revenue for truck repairs.
   Communication Network: Cell Phones, GPS, Text, Email for team. Office Computer (Email) and Cell Phone (Call, Text) for DOT, PUC, Customer, and all other necessary communications.
   We will maintain necessary records and files through organizational files addressed to individual government agencies, businesses, customers, etc..

We will receive customer requests through their method of choice: Call, Text, Email, Website Submission, Social Media, mail, or wherever else they may wish to contact us from. Vehicles will be dispatched with the help of cell phones and subsequently in-person guidance, to DOT Medically Certified Drivers (we will operate under 26,000 lbs.) who will greet the customer under are company name, and to our standard of professionalism. Communication will be maintained with our drivers via text (depending on scenario), call, gps, and by checking in with customers as well (which IS a message to drivers and workers).

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.

    A) Drug Testing, MVR's, Character Evaluations, Background Checks, Leadership Capability Evaluations, Previous Experience, Perceived Open-mindedness and Willingness to Learn and Grow, Etiquette Checks.

    B) Our current system of choice seems to be Checkr. That is our plan to conduct criminal background checks. MVR's will also expand on recent driving history, and Drug Testing will expand on recent activity --- whether or not it is shown in a background check.

    C) We will consistently work to expand opportunities for help that proves to be open-minded into more challenging positions --- through pre-trip and post-trip inspection testing, road knowledge testing, character evaluations, and documented claim / damage reports for individual drivers. Drivers will be motivated to grow with the company with monetary incentives --- to reward safe driving and safe handling practices with higher pay. Our GM will walk through the dangers of ignorant, intoxicated, fatigued, lackadaisical etc. driving of commercial vehicles with all drivers, and will set expectations as well as consequences within the company --- as well as advise and teach of the many legal complications that could occur for the driver and company should drivers not follow regulations. New drivers will begin driving with others who have a proven, safe driving record.

    D) E-Verify.Gov

    E. No Use of Schedule 1 Drugs. No use of any drugs while on duty that will affect driving ability, and which have not been approved for safe driving by a doctor. No alcohol consumption 6 hours before shift begins. Surprise, random drug and alcohol tests. No drinking on the job, of course (for anyone in fact).
    Supervisors must take the DOT's Reasonable Suspicion Course and pass with knowledge they can demonstrate.

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
2003	GMC	G3500 Express	2	224433	235,000 Mi
	Penske Rental				
	Penske Rental				
	Penske Rental				
	Penske Rental				
	Penske Rental				
	Penske Rental				

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) Drivers will perform full pre and post-trip inspections every day. Management will to do the same twice per week.
    Inspections will be kept up with in a timely manner. Drivers will be monitored for adherence to our drug and alcohol policies. Logs will be kept when long-distance trips are performed. Drivers are expected to give notice of any observations made that may require special attention in regards to maintenance (lights, strange noises, etc.).

    b) Vehicle inspections will be made by authorized locations as required by PA state law.
    T7 Moving and Transportation Ltd. will put forth its effort to remain up to date on state law in relation to vehicle equipment standards.
    Our pre and post-trip inspections, and management inspection's documents will reflect the requirements of PA state law.

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

   T7 Moving and Transportation Ltd. has insurance, please feel free to observe the following:
   Commercial General Liability --- Penn Patriot, Policy Number PAV0362164, Limit $750,000
   Automobile Liability --- United Financial Casualty Company, Policy Number 967223447, Limit $750,000
   Motor Truck Cargo --- Lloyds of London, Policy Number JAML22561, Limit $5,000

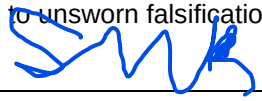
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

   _____ 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.

SMK  07/28/2023

(Signature) Sean M Keehn, Owner (Date)

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 07/28/2023
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	$8,000	
Other Current Assets (specify)		
Total Current Assets		$8,000
Tangible Assets		
Motor Vehicle Equipment	Box Truck, $8,000 ... Materials, $10,000	
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		$26,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	$10,000 (Car Loan)	
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		$10,000
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)	$6,000, Insurance	
Total Long-Term Liabilities		$6,000
TOTAL LIABILITIES		$16,000

We possess many five star reviews already on google (which is the pride of the company). We have made it thus far with interstate moves with trucks, and general moving labor in PA without trucks.

With all the liability those methods possess, we should be great to perform for local moves to a satisfactory manner (honestly better than most current companies --- in complete honesty --- employing crackheads and paying dimes to their employees). We pay our help well, and put growth and integrity as our priority. Our wages ensure that employees seek to grow with the company, and T7 Moving and Transportation's goal is to grow through continued satisfaction to our customers. We will charge competitive rates --- so as not to damage the industry --- but our work and professionalism will speak for itself, and will be the reason we acquire jobs as we grow and will apply to PA local moves with trucks that we will accept as well *once we are licensed!*

Teamsters Local 814 Pension Fund

810 Belmont Avenue, Suite 100 • North Haledon, NJ 07508-2396
Phone: 973.423.4565 • 800.250.3121 • Fax: 973.238.9878 • Email: pension@nnjtbp.org

May 18, 2023

Peter McCann
310 South Main Street
Sellersville, PA 18960

Please complete this form. **You will not receive your July 1, 2023 pension benefit or any future benefit payments until this form is completed, notarized, and filed at the Pension Fund Office.**

For your convenience, you may mail, fax or email the completed Affidavit. Our address and fax number are located on the top of this letterhead. Our email address is **pension@nnjtbp.org**. If you mail or fax your Affidavit, please call our office to ensure we received your Affidavit. If you sent the Affidavit by email, we will confirm receipt of your email.

Please keep in mind any change of address and telephone number must be submitted in writing. We do not accept change of address by telephone. You may mail, fax or email your change of address at any time.

Peter McCann
Pensioner's Name (print)

XXX-XX-1319 DOB: 04/30/1956
Pensioner's SSN / DOB

310 South main st
Pensioner's Address

201, 887 5776
Pensioner's Telephone Number

peterhmccann@icloud.com
Pensioner's email address (if available)

Peter M C
PENSIONER'S SIGNATURE

Shirley M Hangey
Notary Public (Signature and Stamp or Seal)

06/16/2023
Date

Commonwealth of Pennsylvania - Notary Seal
Shirley M. Hangey, Notary Public
Bucks County
My commission expires October 7, 2023
Commission number 1066250
Member, Pennsylvania Association of Notaries