

## 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)

Jose Moving & Handyman Services, 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)

Jose Moving & Handyman Services, LLC

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  ~~83-3218258~~

(See checklist and indicate type of business entity registered)

error 8/7/23  
L → 0013542386

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

Jesse R Ortiz  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

1463 MEADOWVIEW DRIVE  
Street Address  
Pottstown, PA 19464 Montgomery  
City, State and Zip Code County  
267-978-5627 mousecasper@yahoo.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 not use a PO Box.)

1463 MEADOWVIEW DRIVE  
Street Address  
Pottstown, PA 19464 Montgomery  
City, State and Zip Code County  
267-978-5627 mousecasper@yahoo.com  
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)

N/A  
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. 3238299

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

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.

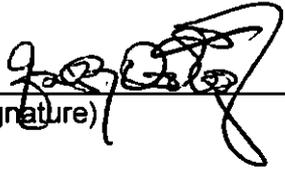
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Household Goods in Use; and acknowledges that failure to report 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.

Jose R Ortiz  
(Print Name)

  
(Signature)

8/2/23  
(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.

JOSE R ORTIZ  
 Legal Name of Applicant

JOSE MOVING & HANDYMAN SERVICES, LLC  
 Trade Name, if any

1463 MEADOWVIEW DR.      POTTSTOWN, PA      19464  
 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.

JOSE R. ORTIZ - OWNER - JOSE MOVING & HANDYMAN SERVICES LLC  
1463 MEADOWVIEW DRIVE  
POTTSTOWN, PA 19464 - TEL# 267-978-5627

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

OWNER OF JOSE MOVING & HANDYMAN SERVICES, LLC

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-).

Sleep Number - 2009 ELMWOOD AVE #101B  
SHARON HILL, PA 19078  
↳ TEL# 201-954-4864 - ROB NEIL - DIRECTOR WHILE I WORK THERE  
I AM NOW WORKING ON MY OWN, WORKED SLEEP NUMBER 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.

WILL KEEP MY 10 FT BOX TRUCK AT MY HOME AT 1463 MEADOWVIEW DR POTTSTOWN, PA 19464, RECORDED MAINTENANCE PLAN W/ SIMPLE WISE APP & MY CALENDAR ON IPHONE 12 PLUS, COMMUNICATE W/ IPHONE 12 PLUS, I HAVE WIRELESS PRINTER, SOX MACHINES, HAND TRUCK, DOLLY, BARS, BLANKETS IN TRUCK & MY HOUSE  
RECEIVE CALLS THRU GOOGLE MY BUSINESS, FACEBOOK, RECALL, ALL APPTS ON CALENDAR & SEND TEXT TO 2 HELPERS WHEN RECEIVED CALL & CONFIRM DAY BEFORE

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.

Owner is only driver for my 16 ft Boxtruck  
 I have 2 current helpers - I do criminal checks before hiring & check previous employers, I provide on the job training & checking on those work regularly to ensure safety. Currently my helpers don't require driver's license since I do all the driving. My policy regarding D/A Use - will not tolerate any helpers to be using before or during work hours or they will be fired

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
2017	Ford	Transit	3	PLATE # 2GZ1435	176,494

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).

I have folder w/ every oil change, tire change, regular maintenance required, inspections up to date  
 I keep all maintenance required log on paper & on my calendar on my phone w/ reminders

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

Vehicle Insurance - Policy # 03805298 - thru Progressive Insurance - Issued: 6/11/23, exp: 6/11/24 - <sup>per</sup> monthly  
Business Insurance - Traco - Policy # NPP1602487  
Issued: 9/24/22 to 9/24/24 - paid in full

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.

I have no business debts, other than credit card for \$2,000, & home equity loan - \$55,000. My truck & equipment is paid off.

**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.

  
(Signature)  
Jose R. Ortiz - Owner  
(Name and Title, printed or typed)

8/2/23  
(Date)

**Statement of Financial Position (Balance Sheet)**

As of (date) 8/1/23  
 (Must be less than 6 months old)

ASSETS

Current Assets

Cash 7,000  
 Other Current Assets (specify) -  
 Total Current Assets 7,000

Tangible Assets

Motor Vehicle Equipment 50,000 PAID OFF  
 Property (buildings, land, etc.) 440,000 PAID OFF  
 Office Equipment 5,000 PAID OFF  
 TOTAL ASSETS 495,000

LIABILITIES

Current Liabilities (Due within one year of date)

Loans -  
 Credit cards/revolving credit 2,000  
 Other Liabilities (Attach schedule) -  
 Total Current Liabilities 2,000

Long Term Liabilities (Due after one year of date)

Mortgage - House - Home Equity Loan 55,000  
 Long term commercial loan N/A  
 Other Liabilities (Attach Schedule) N/A  
 Total Long-Term Liabilities 55,000

TOTAL LIABILITIES

~~55,000~~ 55,000 *error*

**From:** no\_reply@pa.gov  
**Subject:** Department of State Business Filing System - Business  
Filing Approved  
**Date:** Aug 2, 2023 at 4:49:29 PM  
**To:** mousecaspers@yahoo.com

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## Initial Business Filing Approval

08/02/2023

**Entity / Record Name:** Jose Moving & Handyman Services, LLC  
**Entity / Record Type:** Domestic Limited Liability Company  
**Entity / Record ID.:** 0013542386  
**Document Type:** Certificate of Organization Limited Liability Company  
**Document ID:** 0013542386  
**File Date:** 08/03/2023

Congratulations! The above referenced document has been accepted for filing by the Department of State, Bureau of Corporations and Charitable Organizations. To access the filed documents, go to [file.dos.pa.gov](https://file.dos.pa.gov). The documents can be found in the "My Work Queue" section and will remain available for 60 days.

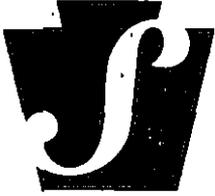
For further assistance, contact us at [888-659-9962](tel:888-659-9962) / [717-787-1057](tel:717-787-1057) or visit <https://file.dos.pa.gov/>.

Tell us how we did.



Thank you for using the Pennsylvania Department of State Business Filing System for online filings, searches, business records, and additional resources.

***Important:*** Do not reply to this message. Replies will be routed to an unmonitored email box.



**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](http://dos.pa.gov/BusinessCharities)

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August 2, 2023

Jose Moving & Handyman Services, LLC  
1463 MEADOWVIEW DRIVE  
POTTSTOWN, PA 19464

**Entity Name:** Jose Moving & Handyman Services, LLC  
**Entity File Date:** August 3, 2023  
**Entity Number:** 0013542386  
**Filing Type:** Domestic Limited Liability Company

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.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit [www.pa100.state.pa.us](http://www.pa100.state.pa.us) to register for business taxes with the Department of Revenue and the Department of Labor and Industry. You may also visit [www.Business.pa.gov](http://www.Business.pa.gov) to find resources for businesses through all stages of development.

Beginning in 2025, annual reports are required for all domestic filing entities, limited liability general partnerships and registered foreign associations. More information will be forthcoming from the Bureau. However, to ensure that you receive notice of how and when to make annual reports, keep all information on file with the Bureau up-to-date, particularly registered office address.



0013542386

B0590-2227 08/03/2023 8:00 AM Received by Pennsylvania Department of State



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**CERTIFICATE OF ORGANIZATION -**  
**LIMITED LIABILITY COMPANY**  
 Fee: \$125

Pennsylvania Department of State  
**-FILED-**  
 File #: 0013542386  
 Date Filed: 8/3/2023

**DSCB:15-8821 (rev. 2/2017)**

In compliance with the requirements of 15 Pa.C.S. § 8821 relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

Limited Liability Company Type

Filing type Domestic Limited Liability Company  
 Limited liability company subtype Limited Liability Company

Limited Liability Company Name

Entity name Jose Moving & Handyman Services, LLC

Effective Date

The filing shall be effective when filed with the Department of State

Registered Office

The address of this limited liability company's proposed registered office in this Commonwealth is  
 1463 MEADOWVIEW DRIVE  
 POTTSTOWN, PA 19464  
 MONTGOMERY

Organizers

Name of individual or organization	Address
Jose R Ortiz	1463 MEADOWVIEW DRIVE POTTSTOWN, PA 19464

Additional provisions, if any

Additional provisions

Electronic Signature

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.

Jose R Ortiz

08/02/2023

Jose R Ortiz

Date



**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](http://dos.pa.gov/BusinessCharities)

Receipt Date: 08/02/2023

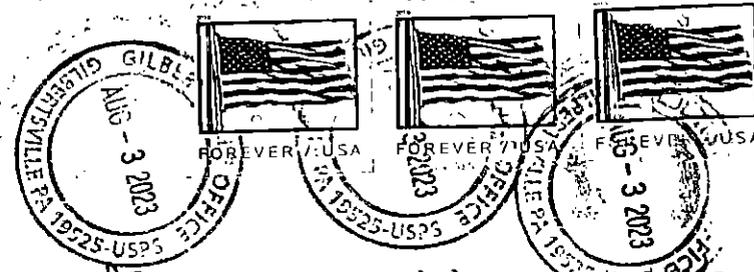
Receipt No.: 630590

### Receipt Detail

Receipt Item	Description	Check/Ref#	Amount
Expedite Same Day	Expedite Same Day	13542386	-\$100.00
Limited Liability Company Certificate of Organization	Jose Moving & Handyman Services, LLC	13542386	-\$125.00
Payment - Web Credit Card		97eea8a-18cc-4649-8	\$225.00

Balance: **\$0.00**

Jose Reinaldo Ortiz  
1463 Meadowview Drive  
Pottstown, Pa 19464



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

1712030202 0000

