

Wissahickon Moving Company

Application Updates/Revisions

Docket Number: A-2023-3043367

In this updated application is attached a letter from the moving company I currently work for to satisfy the requirement for proof of 2 years experience in the moving industry.

BROAD STREET MOVERS

800 W Jefferson St
Philadelphia, PA 19122
May 9th, 2023

Employment Verification Letter
Miles Coulahan
429 W Sedgwick St
Philadelphia, PA 19119

To whom it may concern,

This letter is to verify that Miles Coulahan is a current employee in good standing with Broad Street Movers LLC. He is employed as a driver at an hourly rate of \$26.00 per hour. He has been employed with Broad Street Movers LLC since 5/8/2021. Since Mr. Coulahan is in good standing with Broad Street Movers LLC; his future employment is not in question.

Please feel free to contact me with any questions regarding Mr. Coulahan's employment. I can be reached at 215-275-1924 or via email at hr@broadstreetmovers.com

Best regards,



Jesse Jones
Co-Owner

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)

Wissahickon Moving Company

- 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)

NA

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 0013593201
(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).**

Miles Coulahan

429 W. Sedgwick St. Phila. PA. 19119

Walter Foley

208 Carpenter St., Real, Philadelphia, PA. 19147

Michael Ramoni

1 Fox Run Newtown Square PA. 19073

6. **Mailing Address**

429 W. Sedgwick St.

Street Address

Philadelphia, PA, 19119

Philadelphia County

City, State and Zip Code

County

815-988-6436

wissahickonmoving@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 not use a PO Box.)

Same as above

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)

NA

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. _____

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 between points in Pennsylvania,
as well as out of state relocation moves.

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.

Miles Coulahan

(Print Name)

Miles Coulahan

(Signature)

09/26/2023

(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.

~~Miles Coulahan~~ - Wissahickon Moving Company
Legal Name of Applicant

Wissahickon Moving Company
Trade Name, if any

429 W. Sedgwick St. Philadelphia PA 19119
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.

Miles Coulahan - Co-owner.

429 W. Sedgwick St. Philadelphia PA. 19119.

815-988-6436

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

Employee at Broad St. Movers LLC. for over two years

I have worked at this company and fill the role of Senior Driver.

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)(+).

two W-2s attached at the end of application.

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 will have a company phone and email to maintain a communication network

- Upon starting operations we will lease a moving truck until we purchase our own, it will be stored at the rental facility. Upon purchasing our own we will lease a parking space from a storage facility.

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.

1. we will have 3 drivers, each Co-owner will drive (we all have experienced driving trucks)

- we will only hire drivers w/ prior experience.
- hiring of 3rd party to conduct background checks.
- 2-week long training conducted by our most senior driver.
- license records will be kept + every driver will be required to complete a driver DOT medical card to ensure license status and fitness
- we will conduct drug tests on all new drivers and ensure oversight to avoid drinking on the job.

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
NA						

we will use 2 trucks to ensure we can adequately fit all household belongings on even the largest of moves.

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).

- we will schedule regular maintenance checks from our mechanic.
- inspection will be done on the required basis, as well as whenever it needs to be looked at by a mechanic.

- In addition to these two points, drivers will be required to complete driver vehicle inspection reports each day to ensure the truck is safe to use.

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

we have received multiple quotes from different companies and estimated our cost. This has successfully ensured we can afford the premiums offered.

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.

Miles Coulahan

(Signature)

Miles Coulahan - Co-owner

(Name and Title, printed or typed)

09/26/2023

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) 09/26/2023

(Must be less than 6 months old)

ASSETS

Current Assets			
Cash		\$ 30,000.00	
Other Current Assets (specify)		\$ 0.00	
Total Current Assets			\$ 30,000.00
Tangible Assets			
Motor Vehicle Equipment		\$ 0.00	
Property (buildings, land, etc.)		\$ 0.00	
Office Equipment			\$ 1,500.00
	TOTAL ASSETS		\$ 1,500.00

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		\$ 0.00	
Credit cards/revolving credit		\$ 0.00	
Other Liabilities (Attach schedule)		\$ 0.00	
Total Current Liabilities			\$ 0.00
Long Term Liabilities (Due after one year of date)			
Mortgage		\$ 0.00	
Long term commercial loan		\$ 0.00	
Other Liabilities (Attach Schedule)		\$ 0.00	
Total Long-Term Liabilities			\$ 0.00
	TOTAL LIABILITIES		\$ 0.00

The three of us have successfully saved over the last two years and now we ~~are~~ are confident we have enough money to start up ~~the~~ operations and still be financially secure individually.