

Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://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)

BEST US MOVING INC

- 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** 13585910

(See checklist and indicate type of business entity registered)

**FOR-PROFIT CORPORATION**

DATE OF DEPOSIT

OCT 11 2023

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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

MYKHAYLO GRYGORIYCHUK - PRESIDENT - 100% OF SHARES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Mailing Address**

1076 B PARK RD  
Street Address

BLANDON, PA 19510  
City, State and Zip Code

County

484-550-7945  
Telephone Number

Bestusinc@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 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)

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.   3359524

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 any two points located in the state of Pennsylvania

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*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.

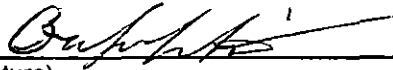
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Household Goods in Use; and acknowledges that failure to report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

MYKHAYLO GRYGORIYCHUK  
(Print Name)

  
(Signature)

09/12/2023  
(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).

DATE OF DEPOSIT  
OCT 11 2023  
PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

## 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.

<b>BEST US MOVING INC</b>			
<small>Legal Name of Applicant</small>			
<small>Trade Name, if any</small>			
<b>1076 B PARK RD</b>	<b>BLANDON</b>	<b>PA</b>	<b>19510</b>
<small>Street Address (principal place of business)</small>	<small>City or Municipality</small>	<small>State</small>	<small>Zip Code</small>

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.

**MYKHAYLO GRYGORIYCHUK - PRESIDENT**  
**1076 B PARK RD BLANDON, PA 19510**  
**484-550-7945**

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

**No affiliations with other carriers**

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-).

**The business has been operating as an interstate house hold goods mover with federal motor carrier license (MC) number MC01075579 and USDOT 3359524 since 12/30/2019**

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 are a moving company that specializes in relocations. We have 6 working vehicles at our disposal Our company receives orders from brokers, and we also have a website where clients can leave their information and get a free quote from us by phone or email. The dispatchers communicate directly with clients, drivers and provide quality support and updates to them on an ongoing basis.**

**DATE OF DEPOSIT**

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**UTILITY COMMISSION**

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.

We hire drivers in accordance with all the standards and minimum requirements established by the FMCSA in CFR Parts 350-399. We conduct background and driver license checks by obtaining the MVR through a third party and researching the courts in the drivers state of residence.

We hire drivers that have at least 2 years of experience and for the first week or two we put all new drivers as a team with a current more experienced driver in order to establish consistent behaviors for all our drivers.

We do not allow any use of alcohol or drugs while on-duty and there is zero tolerance for this. Also, we prohibit drug or alcohol use within 4 hours of coming on-duty.

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.

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SEATING CAPACITY*</b>	<b>VEHICLE ID #</b>	<b>MILEAGE</b>
2021	MERCEDES	SPRINTER	2	101	137981
2021	MERCEDES	SPRINTER	2	102	141604
2021	MERCEDES	SPRINTER	2	103	51561
2021	INTL	MV607	2	104	142581
2021	INTL	4000	2	105	143143
2021	FRHT	CASCADIA 125	2	106	525879

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).

Our vehicles are maintained regularly due to the following:

- All drivers conduct daily pre/post trip inspection reports as required by FMCSA.
  - Any defects are noted and reported to company officials to have action taken prior to re-dispatching the vehicle.
- Our vehicle maintenance schedules are tracked using a third party consultant - WIX CONSULTING LTD. They have an online application that notifies us on a weekly basis if any vehicles are due for scheduled service based on regular date intervals.
- Our vehicles are inspected at least once a year by a qualified mechanic to obtain the annual inspection report form as required by FMCSA regulations.

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

We already have active insurance policy listed publicly with the FMCSA to operate interstate.

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.

We are trying to continue growing our business as we have expanded from 1 to 6 vehicles over the last 2 years and consequently would like to service customers intrastate as well as interstate.

### 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)

09/12/2023

(Date)

MYKHAYLO GRYGORIYCHUK - PRESIDENT

(Name and Title, printed or typed)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 08.31.2023**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	\$18 000.00	
Other Current Assets (specify)	0	
Total Current Assets		\$18 000.00
Tangible Assets		
Motor Vehicle Equipment	\$275 000.00	
Property (buildings, land, etc.)	0	275 000
Office Equipment		
TOTAL ASSETS		\$293 000.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$122 146.07	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		\$122 146.07
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule) LEASE	\$61 237.00	
Total Long-Term Liabilities		
TOTAL LIABILITIES		183,383.07



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PA PUBLIC UTILITY COMMISS  
SECRETARY'S BUREAU

TO: *Secretary PA*

*Public Utility Commission*

*400 North Street 2nd floor*

*Harrisburg, PA 17120*

Label 226, March 2016

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