

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)

PINEAPPLE DELIVERY 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)

PINEAPPLE MOVERS

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 7124520
(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).

TRAVIS Regan 923 N. 4th St. Phila, PA 19123
Philip Jablon 812-814 Chestnut St. Phila, PA 19107

6. Mailing Address

1901 S. 9th St. (b01a)
Street Address

Philadelphia, PA 19148 Philadelphia
City, State and Zip Code County

215-882-0043
Telephone Number

PINEAPPLEMOVERS@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.)

456 N. Columbus Blvd.
Street Address

Philadelphia, PA 19123 Philadelphia
City, State and Zip Code County

215-882-0043
Telephone Number

PINEAPPLEMOVERS@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)

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. 3579435

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.

TRAVIS Regan

(Print Name)

Travis Regan

(Signature) 12-19-23

(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.

TRAVIS REGAN

Legal Name of Applicant

923 N. 4th St.

Trade Name, if any

Philadelphia PA 19123

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.

TRAVIS REGAN (CO-OWNER)

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

NONE

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 ATTACHED W 2 STATEMENTS LISTING TWO YEARS OF EMPLOYMENT WITH TWO OTHER LICENSED HOUSEHOLD GOODS CARRIER.

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.

Our facility is a trucking yard that contains a storage container with our supplies. We keep a shelf in the storage container that contains maintenance fluids and tools. Each truck contains a daily check list accompanying the days paperwork. All paperwork and checklists will be turned over at the end of each day for review by our office. All records will be stored indefinitely at our home office located at 1901 S. 9th St. (unit b01a) Philadelphia, PA 19148. We will receive potential client requests for transportation services of household goods via our website, word of mouth and flyers. We will book clients on first come first serve basis, based on the size of their job. Depending on the scope or size, they may be the only client of the day. We will only handle 1-3 clients per day. Drivers/Crew Leaders can notify the daily Dispatch Leader from 6:00am-11:00pm Monday thru Sunday if requesting truck service or information.

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. All potential applicants must submit a copy of their valid drivers license and social security number at the time of hiring.
- B. All applicants social security will be checked via an online criminal database for any felonies, tickets, or complaints
- C. All potential drivers must do a minimum of three "ride-alongs" for observation purposes only. All new drivers will be teamed with Senior Driver for two weeks. All drivers must a valid Medical Card.
- D. We request a DMV abstract from the DMV of the applicants state issued identification card.
- E. We have a Zero Tolerance Policy with Drugs and Alcohol in the workplace. All drivers are subject to random drug screenings administered by the same Doctor who does the company Medical Cards.

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
2005	Mitsubishi	Fuso	3	JL6AAG1S3SK00918	152,198
2017	Mitsubishi	Cantor	3	JL6BNK1A0H4C005493	43,231

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. Our current vehicle inspection revolves around a daily inspection plan of checking of the oil, DEF, transmission fluids, lights and tires before leaving the yard. We do Oil Changes after 10,000 miles or every 4 months. We keep records in the truck of maintenance and records in our office of issues.

B. We have a diagnostic code reader to help with the figuring out of all malfunctions or stoppages. All trucks are inspected through a licensed PA Inspection Station. All maintenance is performed by the same Garage.

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

We have taken out THREE POLICIES WITH the Selzer Company

- 1. General Liability
- 2. Commercial Auto
- 3. CARGO INSURANCE

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.

Travis Regan
 (Signature)
TRAVIS REGAN (CO-OWNER)
 (Name and Title, printed or typed)

12-19-23
(Date)

Statement of Financial Position (Balance Sheet)
 As of (date) Dec 19 2023
 (Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$ 25,346	
Other Current Assets (specify)	_____	
Total Current Assets		_____
Tangible Assets		
Motor Vehicle Equipment	\$ 58,000	
Property (buildings, land, etc.)	\$ 1,000	
Office Equipment	_____	
TOTAL ASSETS		<u>\$ 59,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	_____	
Credit cards/revolving credit	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		_____
Long Term Liabilities (Due after one year of date)		
Mortgage	_____	
Long term commercial loan	\$ 25,890	
Other Liabilities (Attach Schedule)	_____	
Total Long-Term Liabilities		_____
TOTAL LIABILITIES		<u>\$ 25,890</u>