

## 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)  
Northeastern Movers, Inc.
2. **Trade Name** (Attach a copy of fictitious name registration if applicable)  
Not applicable
3. **Do you currently hold PUC Authority?** NO **Previous Authority?** NO
4. **Are you a business entity registered with the PA Dept. of State?**  
YES  
**If YES, provide your PA Corporation Bureau Entity ID Number: 6724600**
5. **If either a Corporation or Limited Liability Company, please list members (LLC) or shareholders and officers (Corporation).**  
  
Edward T. McKeon, sole shareholder
6. **Mailing Address**  
6103 Strickland Ave  
Brooklyn, NY 11234
7. **Physical Address** (if different from Mailing Address. Do not use a PO Box.)  
  
6103 Strickland Ave  
Brooklyn, NY 11234
8. **Attorney** (if applicable)  
  
Andrew J. Horowitz, Esq.  
Obermayer Rebmann Maxwell & Hippel LLP  
525 William Penn Place, Ste 1710  
Pittsburgh, PA 15219  
Andrew.horowitz@obermayer.com  
412-288-2461  
412-281-1530 (fax)
9. **Does applicant have a USDOT Number?**  
Yes, at No. 3271670
10. **Describe the service area proposed by this application.**

*To transport household goods in use between points in Pennsylvania.*

**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.

Edward T. McKeon, President

DocuSigned by:  
  
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\_\_\_\_\_  
(Signature)

2/20/2024

\_\_\_\_\_  
(Date)

## 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.

**Northeastern Movers, Inc.**  
**6103 Strickland Ave**  
**Brooklyn, NY 11234**

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.

**Edward T. McKeon, President**  
**6103 Strickland Ave**  
**Brooklyn, NY 11234**  
**646-707-9248**

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-).

**Applicant has held operating authority as a carrier of household goods in-use in New York state since 2020 and interstate operating authority since 2019. He is familiar with the industry, tariffs, and the rules under which moving companies operate. He understands and intends to comply with Pennsylvania's regulations.**

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.

**Applicant intends to maintain the records required by the PUC in locked file cabinets at its office and, where digital, on secure cloud-based servers. Applicant will maintain continuous contact with its drivers via mobile phone and communicate scheduling to drivers and crew members via phone and email. Applicant has a 2000 square foot office space to run its business operations and a 28,838 square foot warehouse for storage with parking adequate for its trucks and equipment.**

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.

**Applicant hires only divers who have clean state police background checks and driving records. Applicant also subjects its drivers to random drug and alcohol tests, road tests upon hire, and previous employer verification.**

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
2018	Ford	Econoline	2	1FDXE4FS6JDC14321	93k
2017	Ford	Transit	2	1FTYR2CM8HKA59381	135k
2017	Mitsubishi	FE	2	JL6CRK1A0HK002926	37k
2018	Hino	258/268	2	5PVNJ8JVXJ4S68916	230k
2018	Hino	258/268	2	5PVNJ8JV7J4S70185	205k
2020	International	MV607	2	3HAEUMML1LL899704	97k

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).

**Vehicles are subjected to pre-trip inspection on a daily basis. Applicant maintains a maintenance file on each vehicle, and conducts maintenance every 10,000 miles. All maintenance is conducted by licensed mechanics.**

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

**Applicant already holds operating authority from the NY Department of Transportation and FMCSA. Applicant therefore already maintains the required insurance policies.**

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.

**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.

DocuSigned by:

  
 77EF47BA48CD44A...  
 (Signature)

2/20/2024

(Date)

**Edward T. McKeon, President**

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

As of (date) 10/31/23  
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	<u>21,500</u>	
Other Current Assets (specify)	<u>79,608</u>	
Total Current Assets		<u>101,108</u>
Tangible Assets		
Motor Vehicle Equipment	<u>250,000</u>	
Property (buildings, land, etc.)		
Office Equipment		<u>1,000</u>
	<b>TOTAL ASSETS</b>	<b><u>352,108</u></b>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	<u>15,000</u>	
Credit cards/revolving credit	<u>40,591</u>	
Other Liabilities (Attach schedule)	<u>0</u>	
Total Current Liabilities		<u>55,591</u>
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan	<u>90,000</u>	
Other Liabilities (Attach Schedule)	<u>140,000</u>	
Total Long-Term Liabilities		<u>230,000</u>
	<b>TOTAL LIABILITIES</b>	<b><u>285,591</u></b>

Current Assets

    Checking / Brokerage Accounts  
    \$14,353                      \$65,255

Other Liabilities

    Truck Financing \$140,000