

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
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)

Browns Moving and Storage 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)

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 7431260

(See checklist and indicate type of business entity registered)

#7431260

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

N/A

6. Mailing Address

7929 STEUBENVILLE PIKE
Street Address

Imperial PA 15126
City, State and Zip Code

Allegheny
County

412-339-0912
Telephone Number

brownsmovingpittsburgh@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.)

N/A same as mailing
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)

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

X

Yes, at No.

3795686

10. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

Transport house hold goods within U.S.A.
Mainly within PA

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.

Derek Brown

(Print Name)

Derek Brown

(Signature)

2/20/24

(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.

Derek Brown
Legal Name of Applicant

Browns Moving and Storage LLC
Trade Name, if any

7929 Steubenville Pike Imperial PA 15126
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.

Derek Brown CEO Same as above
412-339-0912

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

Owner / CEO

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-).

Worked as the General Manager for
Moving Ahead Services LLC out of
Willoughby, OH

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.

1) Garage with 2 bays and a small home office. All paperwork is filed at the end of each day attached with all applicable forms. I keep all of my completed job orders by date in my filing cabinet. I will be taking phone calls to gain customers primarily. We all have cell phones used to communicate with each other for business.

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.) CURRENTLY I am the only driver we will be using. In the near future we will add more drivers as demand increases. All drivers will have a MVR screen + insurance approval before driving. B) All drivers will be background checked before starting training using a background checker. C) Must have 100 hrs driving locally before going out of state. Must take driver fitness test. D) Periodically will ask my agent to run their license to ensure validity. E) zero tolerance drug + Alcohol policy with Random testing

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
2000	Ford	F650	3	3FDNF65Y3Y2 MA 54693	118,087

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) Daily truck inspection if being used for a job. We have a check list and image to include any issues or damages. PA Requires yearly vehicle safety inspections. B) Every 3 months having it serviced by a diesel tech to do maintenance + lube service.

Statement of Financial Position (Balance Sheet)

As of (date) 2/20/2024

(Must be less than 6 months old)

ASSETS

Current Assets

Cash

\$ 800

Other Current Assets (specify)

\$ 8000

Total Current Assets

Bank + Savings Act
for Business

Tangible Assets

Motor Vehicle Equipment

\$ 9000

Property (buildings, land, etc.)

Office Equipment

TOTAL ASSETS

5000
\$ 22,800

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

2000

Credit cards/revolving credit

N/A

Other Liabilities (Attach schedule)

NA

Total Current Liabilities

Cargo Insurance
↓ 1000

2000

Long Term Liabilities (Due after one year of date)

Mortgage

N/A

Long term commercial loan

N/A

Other Liabilities (Attach Schedule)

N/A

Total Long-Term Liabilities

TOTAL LIABILITIES

\$ 2000