

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)

Alien Home 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)

Alien 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 _____ 93-2549887

(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).**

Carson Williams

6. **Mailing Address**

3045 Richmond St., Apt 207
Street Address

Philadelphia, PA 19134 Philadelphia
City, State and Zip Code County

610-994-3870 cwilliams@alienmover.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 no use a PO Box.)

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 Yes, at No. 4201616

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.

Carson Williams

(Print Name)



(Signature)

03/02/2024

(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.

Alien Home Services LLC

Legal Name of Applicant

Alien Movers

Trade Name, if any

3045 Richmond St	Philadelphia	PA	19134
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.

Carson Williams
Owner, 484-347-6213

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

Owner

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 a manager and mover for Hired Hands, a moving company based in Ithaca, NY for 2 years
- Delivered mattresses for Flex-A-Bed, an adjustable bed carrier for 1 year
- Provided labor help to people loading/unloading their trucks or rental trucks advertised on Craigslist, Thumbtack, and other social media for 2+ years.

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.

Alien Mover's facilities includes a central at-home office for administrative tasks, currently we do not have a storage facility or offer short-term storage. The maintenance plan involves regular inspections of trucks and equipment to ensure they meet safety standards. The inspections can be uploaded in order for the PUC to maintain records. Customers are able to request transportation of household goods by phone, the company website, and lead sources such as Angi's List, Thumbtack etc. The communication network includes an online software, MoveitPro, for real-time updates between movers, dispatchers, and customers, enabling Alien Movers to fulfill the transportation request.

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. Our hiring standards include a in-person interview, valid drivers license, drug test and previous moving experience

B. Use background software including Checkr, felons wont be permitted to be drivers or movers

C. For 26ft trucks we would provide a physical and on road testing. For trucks under 26ft we would have on road testing

D We would use Checkr for Driver License Check , Also check driving report

E. Any prior DUI's will not be permitted, Will check employees background information and also

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
2007	Ford	Econline E-45-	3	1fdxe45s37da76103	190,000

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. Periodic vehicle maintenance plan: Perform oil changes every 5,000 miles or as recommended by the manufacturer. Inspect and replace air filters every 12,000 miles. Check tire pressure monthly and rotate tires every 10,000 miles. Conduct brake inspections every 20,000 miles or as needed. Schedule a full vehicle inspection annually. Keep records of maintenance tasks, repairs, and dates for future reference.

B. Ensure registration and insurance is up-to-date and bi-annual inspections are completed

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

To determine the type of insurance needed, I have assessed the nature of my operations, considered the factors such as the value of transported goods that customers generally request and risks. I have consulted with insurance experts such as those employed at (EZ Insurance) can help identify specific coverage requirements. To assess affordability, I have analyzed our budget/expenses, compared insurance quotes, and explore options for customized plans that align with my financial ability.

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.



(Signature)

Carson Williams

(Name and Title, printed or typed)

2/2/2024

(Date)

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

ASSETS

Current Assets			
Cash	20,000		
Other Current Assets (specify)			
Total Current Assets			
Tangible Assets			
Motor Vehicle Equipment	truck - \$9,000		
Property (buildings, land, etc.)			
Office Equipment			
TOTAL ASSETS			\$29,000

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans	\$7,000- Credit Card		
Credit cards/revolving credit			
Other Liabilities (Attach schedule)			
Total Current Liabilities			7,000
Long Term Liabilities (Due after one year of date)			
Mortgage	0		
Long term commercial loan			
Other Liabilities (Attach Schedule)			
Total Long-Term Liabilities			
TOTAL LIABILITIES			7,000



To Whom This May Concern,

My name is Ryan Ferrier and I am proud to offer my recommendation of Carson Williams with Alien Movers to whom I have personally known as a professional moving labor provider.

During my relationship with Carson, I have experienced an individual who puts his employees and clients first, works hard, and carries himself in a polite, respectable manner.

In addition, Carson has always presented himself with level headedness and is extremely passionate about the moving industry.

Carson is not afraid to ask for advice or guidance from other professionals and continues to make every effort to further educate himself on evolving industry practices in keeping his business practice standards high.

His operations and business practice have exceeded many of his current competitors and his reputation for providing great service is well-known in the community.

Please do not hesitate to contact me if you require any further information.

Sincerely,

Ryan Ferrier
Founder
Packhorse Moving®
610-787-0782
info@packhorsemoving.com
PAPUC: A-8923623

March 1, 2024

To whom it may concern:

Alien Movers was introduced to our company by a customer that received very subpar service from a white glove agent that we had contracted. While I was working with the contracted agent to remedy the situation, the customer reached out to Alien Movers which was a local company to them that I had never heard of. Alien Movers were out there to the customer's home within an hour of the call and completed perfectly what my contracted agent had botched. The customer called me to inform me that everything had been taken care of and to praise the service from Alien Movers and suggest them as a potential delivery/setup company for me. The customer also called the dealer whom sold the bed to them to praise Alien again. The dealer then requested that all of their orders be handled by Alien. We started working directly with Alien around August 2023 and I think they have completed close to a dozen delivery and setups in their local area and some have been with very specific requirements. They have provided excellent service each time. The customers will even call myself or their dealer to compliment the team that made the delivery. They deliver our product to the customer very quickly and with the utmost professionalism. If you need anymore information regarding my experience with them, feel free to reach out to me at 1-800-648-1256 or danielle@flexabed.com.

Sincerely,

Danielle Humphrey

Customer Service/Shipping of Flex-A-Bed



Subject: Application for Mover's License

Dear Sir/Madam,

I am writing to apply for a mover's license in Pennsylvania. With five years of experience in the moving industry, including two years with Hire Hands in Ithaca, NY, and two years running my own labor-only company, I am eager to continue serving communities and providing for my growing family.

My experience also includes assisting Flex a Bed in delivering beds to senior citizens and physically impaired individuals. I am committed to upholding the highest standards of professionalism and service excellence.

I believe my background and dedication make me a deserving candidate for a mover's license in Pennsylvania. I am eager to contribute to the industry and uphold the regulations set by the Pennsylvania Public Utility Commission.

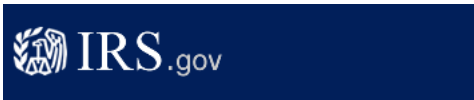
Thank you for considering my application. I am available for any further questions or discussions regarding my qualifications.

Sincerely,

Carson Williams
Founder
Alien Movers

610-994-3870

Cwilliams@alienmover.com



EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EIN Assigned: **93-2549887**

Legal Name: **ALIEN HOME SERVICES LLC**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

Continue >>

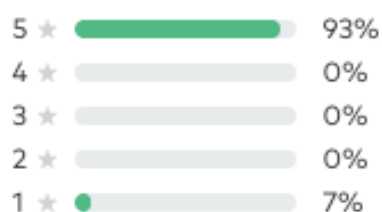
Help Topics

[? Can the EIN be used before the confirmation letter is received?](#)

Great 4.7



27 reviews



Your trust means everything to us. [Learn about our review guidelines.](#)

Most relevant ▼

Read reviews that mention:

- move · 16
 - company · 8
 - efficient · 4
 - items · 3
 - careful · 3
 - apartment · 2
 - furniture · 1
 - truck · 1
 - belongings · 1
 - wrapped · 1
-

Alien Movers Philly

 Write a review

4.7  75 reviews 

People often mention

- All
- bedroom 9
- team 7
- price 7
- truck 6
- +6

Sort by

- Most relevant
- Newest
- Highest
- Lowest



Syanese

5 reviews · 1 photo



 a week ago **NEW**

Alien Movers did a fantastic job. As a single woman living alone with two kids, moving was a very stressful ordeal. Carson and his team took great care of my belongings and didn't even leave a scratch!

