

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)

Oler New Jersey LLC

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

Oler Relo Group

0. **Do you currently hold PUC Authority? ___NO Previous Authority? ___NO**

If YES, at PUC No. A-

1. **Are you a business entity registered with the PA Dept. of State?**
 YES

If YES, provide your PA Corporation Bureau Entity ID Number
(See checklist and indicate type of business entity registered)
0013767245

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

Nancy Oler, President
12337 Cutten Road
Houston, TX 77066

Bryan Oler Senior Vice President
12337 Cutten Road Houston, TX 77066

3. **Mailing Address**

4A Cranberry Road
Parsippany, NJ 07054
973-334-1300

4. Physical Address (if different from Mailing Address. Do not use a PO Box.)

Same as above

5. Attorney (if applicable)

**Andrew J. Horowitz, Esq.
Obermayer Rebmann Maxwell & Hippel LLP
525 William Penn Place, Ste. 1710
Pittsburgh, PA 15219
412-288-2461
andrew.horowitz@obermayer.com**

6. Does applicant have a USDOT Number?

Yes, at No. 77949

7. Describe the service area proposed by this application.

To transport household goods in use between points in Pennsylvania.

8. 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.

Nancy Olev
(Print Name)

Nancy Olev
(Signature)

3/28/24
(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.

Legal Name of Applicant: Oler New Jersey, LLC

Trade Name: Oler Relo Group

**4A Cranberry Road
Parsippany, NJ 07054
973-334-1300**

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.

**Nancy Oler, President
12337 Cutten Road
Houston, TX 77066
713-939-1448**

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

Applicant is an agent for United Van Lines and has offices in Houston, Texas and Parsippany, New Jersey

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 operated in Texas since 2000 and New Jersey since March 11, 2022.

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 is an agent for United Van Lines that specializes in relocations. Applicant receives orders from its own accounts and leads from United Van Lines. Applicant has a 44,000 SF warehouse in Parsippany, New Jersey with 3 loading docks and 1 drive up. Communications is handled by Applicant's sales representatives, customer service and dispatch/operations department. Applicant email, text, call as a source to communicate with our van operators. Records are kept electronically and paper as applicable.

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.

Applicant hires drivers in accordance and standards of the FMCSA and United Van Lines.

Applicant follows a safety policy.

Backgrounds are run through ClearStar or JD Palatine.

Drivers are required to complete a Van Operator Safety course (consists of 8 courses)

Applicant has the ability to run MVR's and UVL will run MVR yearly, with notification alerts monitoring.

Applicant follows a strict drug and alcohol policy which includes randoms (drivers are in a random pool)

Applicant will only hire drivers who are at least twenty-one years of age and will review their driver history from the appropriate agency of every state in which that person held a motor vehicle operator's license or permit during the preceding three years. Applicant will pull each driver's history every twelve months, from every state where the driver was licensed during that time period. Applicant will maintain a copy of each driver's license in their personnel file during their employment and for two years following termination.

Applicant will obtain and review a criminal history record from the Pennsylvania State Police and every other state in which the person resided for the last twelve months. Following receipt of the initial criminal history record, Applicant obtain and review a criminal history record for each driver operating under its authority from the Pennsylvania State Police every two years from the date of the last criminal history check. These criminal history records will be kept in the employee's personnel file for the duration of their employment and for three years following termination. Applicant will not permit a driver to operate a vehicle in service if they were convicted of a felony or misdemeanor to the extent that such conviction relates adversely to that person's ability to provide service safely and legally.

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	VEHICLE ID #	MILEAGE
			CAPACITY*		
2019	International	RH616	2	10R-626	151.470
2007	International	4300	3	870-626	347.244
2014	Freightliner	M2	3	839-626	246.870
2011	International	4300	3	840-626	185.323
1999	International	4700	3	813-626	493.629
2011	Freightliner	M2	3	833-626	402.703
2019	International	MV607	5	807-626	236.213

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. Drivers are to conduct daily pre/post trip inspections as required. Maintenance files are kept electronically.

B. Applicant's vehicles are inspected every 6 months, instead of the yearly requirements as required by the FMCSA. This gives Applicant the opportunity to correct anything in between inspections.

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

Applicant already carries the required insurance as it operates interstate and intrastate in other jurisdictions.

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

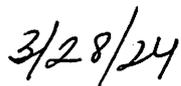
10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

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.


(Signature)

Nancy Oler, President

(Date) 

David

Statement of Financial Position (Balance Sheet)
As of (date) 12/31/2023
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	240,931	
Other Current Assets (specify)	572,813	
Total Current Assets		813,743
Tangible Assets		
Motor Vehicle Equipment	0	
Property (buildings, land, etc.)	0	
Office Equipment	0	
TOTAL ASSETS		813,743

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	210,581	
Total Current Liabilities		210,581
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	1,228,762	
Total Long-Term Liabilities		1,228,762
TOTAL LIABILITIES		1,439,343

Other Current Assets

Accounts Receivable - \$508,169
Prepaid Expenses - \$775
Goodwill - \$56,819
Security Deposit - \$7,050

Current Liabilities

Accounts Payable - \$54,489
Accrued Payroll - \$35,025
Accrued Expenses - \$29,317
Notes Payable - \$91,750
(driver escrow)

Long Term Liabilities

Intercompany Notes Payable - \$1,228,762