

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)

A+J Moving Co

- 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)

A+J Moving Co.

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 7479164
(See checklist and indicate type of business entity registered)

DATE OF DEPOSIT

MAY 13 2024

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

Allan M. Watson / owner

6. Mailing Address

1205 W. Front St.
Street Address
S. Williamsport Pa 17702 17702 Lycoming County
City, State and Zip Code County
570-980-8033 or gandjmoving40@gmail.com
Telephone Number 570-974-4990 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.)

1205 W. Front St.
Street Address
S. Williamsport Pa 17702 Lycoming County
City, State and Zip Code County
570-980-8033 gandjmoving40@gmail.com
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

N/A
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. 4186295

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

We are a household moving company, we move heavy ^{hold} goods who specializes in heavy lifting ie safes/pianos
Examples: *We will move goods (household) throughout Pennsylvania*

- 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.

Allan M. Watson 5-10-2024
(Print Name)

Allan M. Watson 5-10-2024
(Signature) (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.

Allan M. Watson
Legal Name of Applicant

A & J Moving Co.
Trade Name, if any

1205 W. Front St. S. Williamsport Pa 17702
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.

Allan Watson / owner

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

NO current affiliation but I have worked with Allied Van Lines as a delivery driver/ carrier. I also assist Robert M. Sides in delivering their instruments and pianos

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 have worked for Robert M. Sides FMC for nearly 20 years delivering goods.

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.

We are a small moving Company. My wife keeps records of all incoming and outgoing receipts. We file our taxes with a professional accountant. I subcontract workers to assist w carrying items. Customers generally call us from word of mouth and we place business cards around the area. We do not store items. They are transported in a box truck

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.

I have no intentions of hiring an additional driver at this time
 I would require copy of license + driving record + review
 I would require background check and review
 I would run in the passenger seat for a minimum of 2 weeks as a training program
 We would require drug testing prior to and during this period time here with A+J Moving Co. Zero tolerance

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
2008	GMC	Savana	3	(1GDNH31R4Y1181764)	197,800
2017	FUZZU		3		
2016	Ford	F650-1	3	(1P0NFGAY5GDA06614)	

Don't know yet 3

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).

Our vehicles are kept up, oil changes + tune ups every 3,000 miles
 We will have all vehicles inspected for safety every 6 months + state inspections yearly

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

*I have Motor Carrier
Motor Cargo
Motor Auto Commercial and have been
paying over a year* *See attached*

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

Many years ago I made a poor decision and used a credit card of another person it was a misdemeanor

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.

Allan M. Watson
(Signature)
Allan M. Watson
(Name and Title, printed or typed)

5-10-2024
(Date)

Statement of Financial Position (Balance Sheet)

As of (date) _____

(Must be less than 6 months old)

ASSETS

Current Assets

Cash

APPROX \$7,000.00

Other Current Assets (specify)

Total Current Assets

Tangible Assets

Motor Vehicle Equipment

\$75,000 - \$100,000

Property (buildings, land, etc.)

Office Equipment

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

\$7,000

Credit cards/revolving credit

mortgage \$1200 per month

Other Liabilities (Attach schedule)

APPROX \$15,000 debit \$15,000 credit

Total Current Liabilities

Long-Term Liabilities (Due after one year of date)

Mortgage

\$1200.00

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

TOTAL LIABILITIES

The logo for Robert M. Sides is a stylized, handwritten-style name 'Robert M Sides' enclosed in a rectangular box with a thick black border. The box is tilted slightly to the right. The text is in a bold, black, sans-serif font.

Family Music Centers

May 10, 2024

I am writing to highly recommend Allan Watson, who served as the piano delivery lead man at **Robert M. Sides Family Music Centers** from March 28, 2007, until March 2024. Allan's dedication, professionalism, and expertise were invaluable during his tenure.

During his time at Robert M. Sides, Allan consistently demonstrated exceptional skills in handling delicate musical instruments, especially pianos. His attention to detail and commitment to ensuring safe and efficient piano deliveries were commendable. Whether it was a grand piano for a concert hall or an upright piano for a private residence, Allan approached each task with precision and care.

Allan's interpersonal skills were equally impressive. He worked closely with our customers, ensuring that their pianos arrived in perfect condition. His friendly demeanor and willingness to go the extra mile made him a favorite among our clients. Allan's ability to communicate effectively with both customers and colleagues contributed significantly to the success of our piano delivery service.

In March 2024, Allan decided to pursue his entrepreneurial dream with his own moving business, **A&J Moving**. While we were sad to see him go, we understood that this was an exciting opportunity for him and now Robert M. Sides employs his company for our moving services.

In summary, Allan Watson is a reliable, skilled, and personable professional. I wholeheartedly recommend him for any position related to piano delivery, logistics, or customer service. His dedication and passion for his work are truly commendable.

Please feel free to contact me if you require any further information or have additional questions about Allan's performance.

Sincerely,

Shawna Shaner, Controller, Robert M. Sides Family Music Centers

APPLICATION CHECKLIST
Motor Common Carrier or Motor Contract Carrier
Of Household Goods in Use

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at www.puc.pa.gov)
- Applicant's Verified Statement.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania;"
- Application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2ND FLOOR, HARRISBURG, PA 17120

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at www.dos.state.pa.us/corps on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

General Information for Preparing and Filing the Application for Motor Common/ Contract Carrier of Household Goods in Use.

1. 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.
2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance. This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must exactly match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at www.nicinsurancefilings.com. You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Bodily Injury - The liability of the insurance company on each motor vehicle operated in common or contract carrier service shall be in amounts not less than \$300,000 per accident for a vehicle with a manufacturer's gross vehicle weight rating of 10,000 pounds or less, in the case of a single vehicle, or a manufacturer's gross combination weight rating of 10,000 pounds or less, in the case of an articulated vehicle. The liability of the insurance company on each motor vehicle operated in common or contract carrier service shall be in amounts not less than \$750,000 per accident for a vehicle with a manufacturer's gross vehicle weight rating over 10,000 pounds, in the case of a single vehicle, or a manufacturer's gross combination weight rating over 10,000 pounds, in the case of an articulated vehicle. Insurance coverage of motor carriers of household goods shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).

Cargo - \$5,000 for loss or damage to cargo being transported.

A+J Moving Co
1205 W. 4th St.
S. Williamsport Pa
17702

Secretary PA
Public Utility Commission
400 North St. 2nd floor
Harrisburg Pa 17120

RECEIVED

MAY 14 2024

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

Retail



17120

U.S. POSTAGE PAID
PME
WILLIAMSPORT, PA 17701
MAY 13, 2024

\$30.45

R2304H109415-93

RDC 07

PRIORITY MAIL XPRESS

FLAT RATE ENVELOPE

ONE RATE ■ ANY WEIGHT



PRIORITY MAIL XPRESS



EI 507 947 282 US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE ()

A&J Moving Co.
Allan M Watson
1205 W. Front St
S. Williamsport PA 17702

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT) PHONE ()

Secretary PA
Public Utility Commission
400 North St, 2nd floor
Harrisburg PA 17120

ZIP + 4® (U.S. ADDRESSES ONLY)
17120

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code: 17702 Scheduled Delivery Date (MM/DD/YYYY): 5-11-24 Postage: \$ 30.45

Date Accepted ()

5/13

Time Accepted

10:2

Special Hand

\$

Weight

DELIVER

Delivery /

Delivery

LABEL

CMPC

717-285-1252

RECEIVED

MAY 14 2024

To: PUC MASTER

Agency: PUC

Floor:

External Carrier: PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU

EXPRESS

5/14/2024 8:56:06 AM

EI507947282US

To schedule free Package Pickup, scan the QR code.



USPS.COM/PICKUP

PS10001000006

EP13F July 2022
OD: 12 1/2 x 9 1/2

PEEL FROM THIS CORNER

