

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)

A + M FRIENDLY MOVERS NC 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 0013888838
(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).

Amber Hallaman Managing Member
MATTHEW TREHARN MANAGING MEMBER

6. Mailing Address

4200 W. Carmen St.
Street Address

TAMPA FL. 33609 HILLSBOROUGH
City, State and Zip Code County

717-916-8307
Telephone Number

amber@amfriendlymovers.
E-Mail Address com

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.)

2986 Old Dutch Lane
Street Address

YORK PA 17402 YORK County
City, State and Zip Code County

717-434-6711
Telephone Number

info@amfriendlymovers.
E-Mail Address com

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)

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. 4053629

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.

Amber Hallaman 7/15/24
(Print Name)

Amber Hallaman 7/15/24
(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.

A+M FRIENDLY MOVERS NC LLC
Legal Name of Applicant

Trade Name, if any

903 Pineclaire Drive CAIABASH NC 28467
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.

AMBER HALLAMAN - (Managing Member/owner).
(717)-916-8307
4250 W. CARMEN ST. TAMPA FL. 33609

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

N/A

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-).

A+M friendly movers NC is currently licensed in the state of NC and FL. We opened in 2019 and I set up all policies for employees, All safety manuals, All employee training programs, All software systems, insurance

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.

A+M friendly Movers NC LLC has a location set up in PA at 141 Baltimore Pike Nottingham PA 19362. At this office location we store all employee new hire packets in a locked filing cabinet (which includes application, background check, MVR

3 continued.

needed to be fully licensed and insured.
I hire and onboard all employees,
do 90 DAY Reviews, & TRACK All employees.
I DO weekly TRAINING SESSIONS ON
Safe DRIVING moving processes, ect.
I lease all vehicles, keep detailed logs of
EDLs, DRIVE HOURS, Reports, vehicle, and
maintenance. I answer all calls with Matthew,
Bid all Jobs, ensure all paperwork
required by NC is signed on every
move. I handle All DOT inspections,
NC Public utilities Commission Audits
and I got US licensed in NC And FL.
I have done consulting for other moving
companies assisting with implementation
of DRIVER Safety, policies, vehicle maintenance,
and have assisted with several PUC audits.
meeting with the inspector and owner.
I have also been on 6 month commercial
jobs ensure safe moving. I am responsible
for ensuring the my company provides
exceptional service, exceptional work place
environment, and adheres to All state,
local, & federal LAWS for our industry.

#9 reports + Authorization, Driving Tests for All Drivers, Signed employee handbook + Driver handbook, as well as yearly Reviews.

- All vehicles are on a 3yr lease through Ryder which has in our Ryder Glyde sty tem the yearly DOT inspection, Registration, + Daily Driver Prev Reports from FSMCA Documents.
- We have EDL's + Dashcams in all vehicles as well as an incase of Emergancy Driver's SOP in every truck with all current Driver's DOT CARDS. We also have electronic log books + Tablets in each truck.
- We have all DOT/MC RECORDS, HR RECORDS, Truck Maintenance Reports, Review Reports in a locked filing cabinet.
- We use a system called Smart moving CRM which we use to send estimates, BOLs, contracts, Valuation, TARRIF Rates in accordance with the NC utilities Commission + All federal Regulations.
- Crews are dispatched From the CRM CREW app, as well as tracked through SAMSARA. They communicate with our customers through the app.
- We Recieve CALLS, emails, and quote Requests on our website. We provide a written estimate. When they book we require a BOL, contract, + Addendum to Valuation. We have no hidden fees OR non binding Long Distance moves.

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: (10 DRIVERS - WE PLAN TO RUN 4-5 TRUCK LOCALY) AS WE SERVICE 2-3 MOVES DAILY.
- 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.

A. we have a phone interview, in person, interview then ~~we do~~ hire we do background check, DRUG test, Run MVR Report, Reference check, DRIVER'S SKILL assessment test, we only HIRE DRIVERS WITH CLEAN MVR REPORTS,
 B. WE USE ADP WORK FORCE
 C. WE HAVE 5 DAYS OF SKILLED DRIVING TESTS

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
2022	International	FRIUMV	3	3HAEUMML6N	600923
2022	International	FRIUMV	3	3HAEUMML3N	600927
2019	International	FRI	3	3ALACWFC	KDL P009

→ 87,000
 → 110,000
 → 195,599

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).

A. we do daily Pre trip check and inventory report. we have a weekly Full truck checklist done by DRIVER OR OPERATIONS manager.
 B. OUR VEHICLES ARE LEASED so Rydcar Glyde alerts us of all maintenance issues and OR preventive managed maintenance Requests.
 C. Rydcar Complys with All PA + FEDERAL Vehicle Equipment STANDARDS and provides REGULAR + emergancy maintenance on All vehicles.

#5 continued

We also have A TRAINING Program which includes a series of lessons and quizzes from FMSCA on Safe Driving, A REVIEW of our safety manual and safe driving STANDARD OPERATING PROCEDURES, a REVIEW of employee and DRIVER handbooks covering things such as 0 tolerance drug and Alcohol policy, cell phone policies, DRIVER hours of SERVICE, ect. ~~also~~ ^{We} ~~also~~ have an on the job shadowing PERIOD as well as a 90 day Probation PERIOD and REVIEW. We have a point system to hold all employees accountable as well as a bonus SYSTEM to REWARD them. They ARE Required to Report Accidents immediately as well as get drug tested. We D. MVR online pay through ADP PAYROLL weekly and NO sub CONTRACTORS.

E. We have A 0 tolerance Drug + Alcohol Policy which each employee signs at time of HIRE.

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums. We currently have insurance to meet NC. Public Utilities Commission & DOT (Fed.) Regulations as we are licensed.

1. CARGO: \$100,000 3. WORKER'S COMP: 1 MILLION
2. GENERAL LIABILITY: 1 MILLION / 2 MILLION 4. PHYSICAL DAMAGE 1 MILLION

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. In 2005 I WAS CONVICTED OF A FELONY. I have since completed treatment, YES NO been sober since 2015 as an active member of the Recovery Community & set on a path to

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.

Amber Hallaman
(Signature)

7/15/24
(Date)

Amber Hallaman (owner
(Name and Title, printed or typed)

MANAGING
members)

#9. to show others that Struggled OR Parents of Addicts that we can recover, have A normal life, be a productive members of our community, and have families, businesses, and children that have never seen us Drink.

I have changed my life in the last 20 years so much that the girl from 2005 while sorry for her actions is unrecognizable. As, I have grown into a woman that owns 4 moving company locations and plans to open 10 more this year. Our company is a vessel to allow our family to help others, give back to the community as well as participate and sponsor many non-profit events.

Statement of Financial Position (Balance Sheet)

As of (date) _____

(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$30,000	
Other Current Assets (specify)	_____	
Total Current Assets		\$30,000
Tangible Assets		
Motor Vehicle Equipment	\$50,000	
Property (buildings, land, etc.)	_____	\$50,000
Office Equipment	_____	\$5,000
		\$85,000
	TOTAL ASSETS	

LIABILITIES

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