

DATE OF DEPOSIT

AUG - 8 2024

Docket No. A-2024-3050191  
Samuel W Smith Moving and Hauling LLC

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Request for Information

- 1.) Please note, there is a balance of \$271 owed for outstanding assessments accrued while owning the Certificate of Public Convenience at A-00111095. As such, before we can issue a new certificate this balance needs to be paid.
- 2.) For Question #10 of the application you said, "Philadelphia, Bucks, Montgomery counties plus surrounding counties." All counties that you wish to originate or terminate service must be identified. As such, please identify all areas that you wish to originate and terminate service. Please be aware that these area(s) must have clear and defined boundaries that can be easily identified on a map, such as a county.
- 3.) You failed to answer Question #4 of Verified Statement of Applicant. Please 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.
- 4.) You failed to answer Question #5 of the Verified Statement of Applicant. 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.
- 5.) Question #6 of the application asks you 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.
  - a. Are you planning on only using the two vehicles listed, and if so why is that number appropriate for the territory you will be serving.
  - b. You failed to provide the model, VIN, and mileage for the vehicles listed.

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

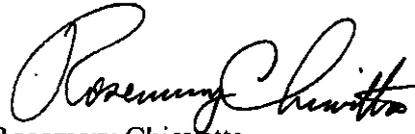
I, Herbert B. Smith hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to David Canzoneri, Bureau of Technical Utility Services at (717) 346-9738. Faxed or emailed filings are **not** accepted.

Sincerely,



Rosemary Chiavetta  
Secretary

Enclosure

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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Secretary  
Pennsylvania Public Utility Commission  
400 North Street, Second Floor  
Harrisburg, PA 17120  
717.787.3834  
[www.puc.pa.gov](http://www.puc.pa.gov)

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

### 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)

Samuel W Smith Moving and Hauling 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- A-00111095 Previous

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 7531237

(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).

Herbert B Smith  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Mailing Address

1728 Meadow St  
Street Address  
Phila. PA 19124 Philadelphia  
City, State and Zip Code County  
215-743 5562 5herb2.hs.hs@gmail  
Telephone Number 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.)

1728-32 Meadow St  
Street Address  
Phila PA 19124  
City, State and Zip Code County  
215 303 6774 5herb2.hs.hs@gmail.com  
215 743-5562 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)

\_\_\_\_\_  
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.

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

*County*  
Philadelphia PA Bucks County Chester County  
Delaware County Montgomery County

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.

Herbert B Smith Jr  
(Print Name)

Herbert B Smith Jr 8/5/24  
(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).

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

# 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.

Samuel W Smith Moving and Hauling LDC  
Legal Name of Applicant

1728 Meadow St Philadelphia PA 19124  
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.

Herbert B Smith Jr MANAGER 215 303 6774  
1728 Meadow St  
Phila PA 19124

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-).

Herbert B Smith over 50 years  
Curtis R Smith 40 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.

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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.

3-4 Drivers on Part Time basis  
 Must Have Clean PA Drivers license  
 Our Insurance Company Runs license check  
 All Driver worked at Smith Moving and Hauling  
 Previously or Part Time Currently  
 Drugs and Alcohol are not tolerated

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
2003	International	Straight	3/4	HTMMAAM 63H572048	128187
2001	International	Straight	3-4	HTMLAFL 17H375961	70279

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).

Truck are maintained by Scrappy Automotive  
 Langhorn PA  
 PM Serviced  
 Trucks are well maintained  
 Current Inspections

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

*We a 107 years old as a business  
Our insurance has always been maintained  
and current*

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.

*Please Note This is a business that is over  
107 years old, Survivor of many storms*

**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.

*Herbert B. Smith Jr*  
(Signature)  
Herbert B Smith Jr  
(Name and Title, printed or typed)

8/6/24  
(Date)

**Statement of Financial Position (Balance Sheet)**

As of (date) \_\_\_\_\_

(Must be less than 6 months old)

ASSETS

Current Assets			
Cash			
Other Current Assets (specify)	Equipment	4000	
Total Current Assets		<u>3000</u>	7000
Tangible Assets			
Motor Vehicle Equipment		8100.0	88,000
Property (buildings, land, etc.)		<u>5000</u>	
Office Equipment			<u>93,000</u>
	<b>TOTAL ASSETS</b>		<u>          </u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		80,000	
Credit cards/revolving credit		<del>10,000</del>	
Other Liabilities (Attach schedule)		<u>90,000</u>	
Total Current Liabilities			<u>          </u>
Long Term Liabilities (Due after one year of date)			
Mortgage			
Long term commercial loan			
Other Liabilities (Attach Schedule)			
Total Long-Term Liabilities			<u>          </u>
	<b>TOTAL LIABILITIES</b>		<u>100,000</u>

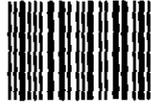
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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

20th  
ly LLC  
W St  
9/24

**Retail**

17120

**\$6.89**

U.S. POSTAGE PAID  
FCM LG ENV  
PHILADELPHIA, PA 19133  
AUG 08, 2024

RDC 99

S2324K502917-32

2ND FLOOR

Ms Rosemary Chiavetta  
 Penna P.U.C. Keystone Building  
 Commonwealth  
 400 North Street  
 HARRISBURG PA, 17120

RECEIVED

AUG 12 2024

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



**CMPC**  
717-705-1952

**To: CHIAVETA, R. PUC**

Agency: PUC  
 Floor:  
 External Carrier: PRIORITY

8/12/2024 9:35:23 AM



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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
PRIORITY MAIL