

A-2024-3050562

- Driving a commercial motor vehicle under the influence of an amphetamine, a formulation of an amphetamine, or a derivative of a narcotic drug
- Transportation, possession, or unlawful use of a Schedule I identified controlled substance, amphetamine, narcotic drugs, formulations of an amphetamine, or derivatives of narcotic drugs while the driver is on duty
- Leaving the scene of an accident while operating a commercial motor vehicle
- A felony involving the use of a commercial motor vehicle

Docket # A-2024-3050562

E-Filed Amendment on 8/14/24

DATE OF DEPOSIT

AUG 16 2024

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

I, Michael Frank, 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).

*Michael Frank*

DATE OF DEPOSIT

AUG 16 2024

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

DATE OF DEPOSIT

A-2024-3050562

AUG 16 2024

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)

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)

ArrowTrack Transport 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)

Michael Frank

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- 2024-3048241

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 99-1958101  
(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).

Michael Frank

6. Mailing Address

537 N. Reading Ave.

Street Address

Boyerstown, PA 19512

City, State and Zip Code

Berks

County

610-662-3822

Telephone Number

Arrow+racktransport@gmail.com

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.)

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)

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

X Yes, at No.

4215665

**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.

Michael Frank  
(Print Name)

Michael Frank  
(Signature)

7/30/24  
(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).

DATE OF DEPOSIT

AUG 16 2024

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.

Michael Frank  
Legal Name of Applicant

ArrowTrack Transport LLC  
Trade Name, if any

537 N. Reading Ave.      Boyertown      PA      19512  
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.

Michael Frank

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)(ii)(A)(II)(+).

I worked at Crosstown Movers with Bekins in Eugene, OR From 2018 - 2019

I worked at Adam's Moving + Hauling Inc. in Norristown, PA From 2021 - 2024  
(WZ's Attached)

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.

(See attached)

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Page 5 Item #4

I will be taking calls and orders from my apartment located at 537 N Reading Ave. Boyertown, PA 19512. I have converted one bedroom into an office where I have a printer, scanner and work laptop. I keep all my necessary paperwork organized in a filing cabinet next to my desk.

My truck is located at 1920 W Marshall St. Norrisitown, PA 19403. On days that I am on a job and receive phone calls, I will take messages and return calls once the job is complete. If it were to get to the point of too many calls, I will hire someone to answer calls remotely until I can acquire a brick and mortar establishment.

I will be the only driver until my company gains momentum, at which point I will hire at least one driver and rent an office space with storage.

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SECRETARY'S BUREAU

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.

( See attached )

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
2014	Hino	ZG8A	3	5PUN187V6E45570 28	204,000

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).

( See attached )

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

I will be hiring two drivers, three workers and purchasing an additional truck in order to serve the Montgomery County and Berks County communities. I feel two trucks and two drivers will be sufficient to serve these areas due to the size of my company and the fact that I am not yet well-known in my community as I have yet to start advertising. However, with my experience and expertise in the industry, I am confident I can be successful in serving these areas.

a.) My hiring standards for drivers include an initial interview, application, background check, motor vehicle report, and drug and alcohol test. All drivers will be required to have a current PA driver's license and be at least 21 years of age.

b.) I will obtain and review a criminal history record from the Pennsylvania State Police and from any other state a prospective employee has resided in the last 12 months. In addition, a criminal history record will be obtained and reviewed for each employee every two years from the date of the last criminal check. Any prospective employee found to have been convicted of a felony or misdemeanor to the extent the conviction relates adversely to the prospect's suitability to provide service legally and safely shall be immediately disqualified from a position at my company. I will retain a record of criminal history for each employee for 3 years.

c.) For each prospective driver, a road test will be conducted by me to determine their driving sufficiency. A road test adequacy sheet will be signed by me and kept with their driver files.

Before hired, a driver shall be satisfactory in all of the following:

- Pre and post trip inspection
- Operation of vehicle
- Turning of vehicle
- Backing up, parking, and parallel parking vehicle
- Maneuvering vehicle both forward and reverse through serpentine obstacle
- Operating vehicle in traffic while passing other motor vehicles
- Breaking and slowing vehicle
- Knowledge of the use of vehicles controls and emergency equipment

d.) A driver's license check and motor vehicle report will be obtained and reviewed for each prospective driver and every 12 months thereafter. All motor vehicle reports will be kept in the driver qualification files for at least 3 years.

e.) There will be a pre-employment drug and alcohol test for all prospective employees as well as any worker who appears to be intoxicated. Any first offenders will be disqualified from driving for one year. Any subsequent offenders will be disqualified from driving for three years.

Disqualifying offenses are as follows:

- Driving a commercial motor vehicle with an alcohol concentration of 0.04 percent or more
- Driving under the influence of alcohol
- Refusal to undergo testing

- Driving a commercial motor vehicle under the influence of an amphetamine, a formulation of an amphetamine, or a derivative of a narcotic drug
- Transportation, possession, or unlawful use of a Schedule I identified controlled substance, amphetamine, narcotic drugs, formulations of an amphetamine, or derivatives of narcotic drugs while the driver is on duty
- Leaving the scene of an accident while operating a commercial motor vehicle
- A felony involving the use of a commercial motor vehicle

Page 6 Item #6

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Seat Capacity</u>	<u>Vehicle ID #</u>	<u>Mileage</u>
2014	Hino	268A	3	5PVNJ8JV6E4S57028	204,000

Page 6 Item #7

a.) All of my vehicles will be equipped with ELD's (GeoTab) by which they will be tracked by GPS and will require pre and post trip inspections of the truck. Any truck issues will be reported to me immediately and will be fixed before being sent on another job. I will have the oil changed every 10,000 miles. My truck will be inspected at Bergey's in Conshohocken, PA every March.

b.) To be sure I am compliant with PA's vehicle equipment standards I keep a chart in my office stating when each vehicle requires maintenance including oil changes, inspections, and my UCR updates.

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

I was able to obtain all required Insurances through Progressive and have been paying my premiums on time since March of this year.

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.

Michael Frank  
(Signature)  
Owner  
(Name and Title, printed or typed)

7/30/24  
(Date)

DATE OF DEPOSIT

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PA PUBLIC UTILITY COMMISSION  
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As of 8/14/24

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**ASSETS**

Current Assets:

Cash : Business Checking = \$10,488.01

Tangible Assets:

Motor Vehicle Equipment: 2014 Hino 268A = \$36,000

Pallet Jack = \$400

**TOTAL ASSETS = \$46,888.01**

**LIABILITIES**

Current Liabilities: (due within one year of date)

Truck Insurance (cargo, liability, auto) = \$1275/month

Truck Payment = \$973.54/month for 36 months

ELD (GeoTab) = \$25.00/month

**TOTAL LIABILITIES = \$2273.54/month**

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AUG 16 2024

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Retail



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BOYERTOWN, PA 19512  
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**CUSTOMER USE ONLY**

FROM: (PLEASE PRINT) **Michael Frank**  
537 N. Reading Ave  
Boyerstown PA 19512

PHONE: (610) 662-3822

**RECEIVED**

AUG 19 2024

PA PUBLIC UTILITY COMMISSION  
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**PAYMENT BY ACCOUNT (if applicable)**

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

**ORIGIN (POSTAL SERVICE USE ONLY)**

2-Day  Military  DPO

Scheduled Delivery Date Postage

**DELIVERY OPTIONS (Customer Use Only)**

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mail requires the addressee's signature; OR 2) Purchase additional insurance; OR 3) Purchase COD service; Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the address 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)**

**Secretary PA Utility Commission**  
400 North Street, 2nd Floor  
Harrisburg, PA 17120

PHONE ( )

ZIP + 4 (U.S. ADDRESSES ONLY)



To: PUC SECRETARY BUREAU

Agency: PUC  
Floor:  
External Carrier: EXPRESS

8/19/2024 8:32:25 AM



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PEEL FROM THIS CORNER

May 2020