

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.

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)

Search 1 Media 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)

Move Up Movers

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 6885580

(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).**

William Grenaway _____

6. **Mailing Address**

1946 W 26th St. STE 17
Street Address

Erie, PA 16508 _____
City, State and Zip Code County

814-403-8820 _____
Telephone Number 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 no 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 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).

The proposed service area includes the transportation of household goods within a 50-mile radius of Erie, Pennsylvania, entirely within the state.

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.

William Grenaway

(Print Name)

William Grenaway

(Signature)

12/25/2024

(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.

Search 1 Media LLC Legal Name of Applicant			
Move Up Movers Trade Name, if any			
1946 W 26th St. STE 17 Street Address (principal place of business)	Erie City or Municipality	PA State	16508 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.

The Verified Statement is being made by William Grenaway, a Member of Search 1 Media LLC, operating under the trade name Move Up Movers. William Grenaway can be reached at the business address, 1946 West 26th St, STE 17, Erie, PA 16508, or by telephone at 814-403-8820

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

I, William Grenaway, as the applicant and a Member of Search 1 Media LLC, operating under the trade name Move Up Movers, have no affiliations as an owner, manager, or controller with any other carrier. Our business operates independently and has no connections or partnerships with other transportation carriers.

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).

See 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

- See Attached** 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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

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

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

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.

William Grenaway

(Signature)

William Grenaway, Member

(Name and Title, printed or typed)

12/25/2024

(Date)

Statement of Financial Position (Balance Sheet)

As of (date) _____

(Must be less than 6 months old)

ASSETS

Current Assets

Cash	<u>50,000</u>	
Other Current Assets (specify)	<u>20,000 (Paid Autos)</u>	
Total Current Assets		<u>70,000</u>

Tangible Assets

Motor Vehicle Equipment	<u> </u>	
Property (buildings, land, etc.)	<u>140,000</u>	
Office Equipment		<u>5,000</u>

TOTAL ASSETS 215,000

LIABILITIES

Current Liabilities (Due within one year of date)

Loans	<u>1500</u>	
Credit cards/revolving credit	<u> </u>	
Other Liabilities (Attach schedule)	<u> </u>	
Total Current Liabilities		<u> </u>

Long Term Liabilities (Due after one year of date)

Mortgage	<u>64,000</u>	
Long term commercial loan	<u> </u>	
Other Liabilities (Attach Schedule)	<u> </u>	
Total Long-Term Liabilities		<u> </u>

TOTAL LIABILITIES 65,500

Page 5, Question 3

Response

Question

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-).

Response

I, William Grenaway, confirm that our team at Move Up Movers includes experienced professionals. Robert Jones, my cousin and manager, has over two years of logistics experience with Lifestyle Home Furnishing. Johnathan Ferguson, my brother and Operations Assistant, brings extensive expertise from his years at JH Bennett. Their roles and experience ensure the company's capability to deliver quality household goods moving services.

Page 5, Question 4

Response

Question

Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include 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.

Response

Search 1 Media LLC, operating as Move Up Movers, operates from 1946 West 26th St, STE 17, Erie, PA 16508 within the United Business Center. The office is equipped with essential equipment, including desktop computers, laptops, printers, scanners, copiers, telephones, and high-speed internet to support daily operations. A rear lot at the facility provides ample parking space for housing our transportation vehicles.

Records required by the PUC, such as customer contracts, invoices, driver logs, and vehicle maintenance reports, will be securely maintained in a cloud-based storage system, ensuring accessibility, security, and compliance. Hard copies of essential records will also be organized in labeled filing cabinets at the office.

Customer requests for transportation services will be received through phone calls, emails, and online inquiries via the company website. Vehicles will be dispatched directly from the office using phone calls, text messages, and fleet management software for route planning and updates. Continuous communication with drivers will be maintained through mobile phones for calls and texts, GPS-enabled fleet management apps for real-time tracking, and instant messaging tools for quick updates.

At this time, Move Up Movers does not operate additional storage facilities for household goods.

Page 6, Question 5

Response

Question:

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.

Response:

We intend to start operations with one driver, Robert Jones, who will serve the initial territory of a 50-mile radius of Erie, Pennsylvania. This is appropriate for the size of our startup operations, allowing us to efficiently schedule and fulfill transportation requests while delivering high-quality service.

Our hiring standards require drivers to have a valid standard driver's license, prior experience in household goods transportation, and a clean driving record. We will conduct criminal background checks through a reputable third-party service to ensure the safety and security of our customers and their belongings.

Before operations begin, Robert Jones will complete a training program focused on safe driving practices, proper handling, loading, and unloading of household goods, customer service standards, and compliance with PUC regulations. We will also perform driver license checks through the Pennsylvania Department of Motor Vehicles (DMV) to ensure compliance with legal requirements.

We enforce a strict zero-tolerance policy regarding alcohol and drug use. All drivers, including Robert, will undergo pre-employment drug and alcohol testing, with random testing to follow throughout employment to ensure safety and compliance with company policies.

Page 6, Question 6 Response

Question

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.

Response

We plan to start our business with **one vehicle**, which is appropriate for providing reasonable and efficient service within the **50-mile radius of Erie, Pennsylvania** that we intend to serve. With one vehicle, we can meet the needs of our initial customer base while maintaining manageable operating costs and ensuring high-quality service. As demand for our services grows, we will expand our fleet to accommodate increased transportation needs.

Page 6, Question 7 Response

Question

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).

Response

a comprehensive vehicle maintenance plan and adherence to Pennsylvania vehicle equipment standards as outlined in 67 Pa. Code, Chapter 175.

Our vehicle safety program is designed to ensure the safety, reliability, and compliance of our fleet. It includes a. Periodic Vehicle Maintenance Plan:

We will implement a routine maintenance schedule to ensure vehicles are always in optimal condition. This includes:

- Weekly inspections to check fluid levels, tires, brakes, lights, and other key components.
- Monthly checks for more detailed inspections of systems such as steering, suspension, and exhaust.
- Quarterly professional servicing to address preventative maintenance needs, including oil changes, filter replacements, and system diagnostics.
- All maintenance activities will be documented to track the vehicle's service history and ensure timely repairs.

b. Ensuring Compliance with Pennsylvania Vehicle Equipment Standards:

To continuously comply with 67 Pa. Code, Chapter 175, we will:

- Perform regular inspections to ensure all vehicle equipment, such as lights, brakes, tires, and safety devices, meet state standards.
- Use certified mechanics to complete annual safety inspections as required by Pennsylvania law.
- Maintain detailed records of inspections, maintenance, and repairs to verify compliance with state regulations.
- Address any identified issues immediately to ensure our vehicles remain safe and roadworthy.

This program ensures our vehicles remain in compliance with Pennsylvania's safety standards, providing safe and reliable service to our customers.

Page 7, Question 8 Response

Question

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

Response

I have already confirmed with my current insurance provider, who handles the coverage for Search 1 Media LLC, that I can easily adjust our existing policy to include the required insurance for household goods transportation once licensed. I have reviewed the PUC insurance requirements and verified that our provider can offer the necessary liability and cargo coverage. Additionally, I have ensured that the company has the financial capability to pay the required premiums, so we are prepared to activate the adjusted policy immediately upon licensing.

Page 7, Question 9 Response

Question

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.

Response

Fifteen years ago, I, William Grenaway, was convicted of a misdemeanor (M3 offense) for simple assault due to an altercation. As part of the resolution, I was ordered to complete anger management classes, which I successfully fulfilled. Since then, I have maintained a clean record and am fully committed to running my business with professionalism and integrity.



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

December 19, 2024

MOVE UP MOVERS
1946 W 26TH ST #17
ERIE, PA 16508

Entity Name:	MOVE UP MOVERS
Entity File Date:	December 16, 2024
Entity Number:	0014034934
Filing Type:	Fictitious Name

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.



0014034934



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
REGISTRATION OF FICTITIOUS NAME
 Fee: \$70

Pennsylvania Department of State

-FILED-

File #: 0014034934
Date Filed: 12/16/2024

B0763-3940 12/16/2024 11:55 AM Received by Pennsylvania Department of State

DSCB: 54-311 (rev. 2/2017)

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

Fictitious Name

Fictitious name MOVE UP MOVERS

Additional Information

A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Moving company

The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):

Address 1946 W 26TH ST #17
ERIE, PA 16508
Erie

Individuals interested in the business

Full Name	Address
None Entered	

Associations interested in the business

Name of organization	Form of Organization	Formation Locale	Principal Office	Registered Office Address
SEARCH 1 MEDIA LLC Domestic Limited Liability Company Registered Office Address 1946 W 26th St, #17, ERIE, PA 16508 State or Country of Origin PENNSYLVANIA			None	None

Agents

Full Name
None Entered

Additional provisions, if any

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed.

William Grenaway

12/16/2024

SEARCH 1 MEDIA LLC

Date