

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)

On-Point Movers 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)

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If YES, provide your PA Corporation Bureau Entity ID Number ~~92-2941898~~
(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).

Jamal Antoine

6. Mailing Address

129 iolite Ave
Street Address

Johnstown, PA 15901 Cambria
City, State and Zip Code County

814-254-9657 onpointmovers1@gmail.com
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.)

n/a
Street Address

n/a n/a
City, State and Zip Code County

n/a n/a
Telephone Number E-Mail Address

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.

Jamal Antoine
(Print Name)

Jamal Antoine 05-21-2025
(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.

Jamal Antoine

Legal Name of Applicant

On-Point Movers LLC

Trade Name, if any

129 iolite Ave

Johnstown

Pennsylvania

15901

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.

Jamal Antoine
Owner/Operator
129 iolite Ave Johnstown, PA 15901
814-254-9657

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.
Applicant is the 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)(iii)(A)(II)(-I-).

Attached, you will find 2 years of W2s for E.L. Dinges Moving and Storage.

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.

The company does not have a tangible building, as it is all mobile work. A home office is used for record keeping and computer work. No office machines are utilized, nor are there vehicles used/stored. All transportation to facilitate the moves, are rented through Penske. Some moves

do not require transportation at all, as it is only labor work. All necessary hard copies of records are stored in a locked filing cabinet in our home office. Any computer documentation is secured on a personal laptop, in a designated On-Point Movers folder. Customer requests for services are received through phone calls to a designated business phone, or by website submission forms. Once the deposit for the service is obtained, the owner drives a rented Penske (if applicable) to the job site, completes the loading process, transports the goods to the new location, and then completes the service as a whole. Once finished with the service, the Penske is then returned to the rental location.

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;
 - i **The only driver will be the owner, as the rentals are under his name.**
 - b. Your system for conducting criminal background checks;
 - i **The company utilizes Checkr Inc.**
 - c. Your driver training program;
 - i **This does not apply as there is only one driver, the owner.**
 - d. Your system for conducting driver license checks;
 - i **The company utilizes Checkr Inc.**
 - e. Your policies regarding alcohol and drug use by your drivers.
 - i **This does not apply as there is only one driver, the owner. However, the owner does not engage in the consumption of alcohol, except on special holidays. The business does not accept jobs on holidays.**

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.

****0 Vehicles due to the company renting Penske trucks for the moving services.**

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

7. Describe your vehicle safety program. Please include the following in your explanation:
 - a. Your periodic vehicle maintenance plan
 - i **The company is contracted with Penske who conducts all required maintenance checks.**
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).
 - i **The company is contracted with Penske who conducts all required maintenance checks, continuously.**

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

The company is insured through Teeter Group and also obtains Penske Auto Insurance for each job requiring the use of a truck.

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 X 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.

 Jamal Antoine
(Signature)

 05-21-2025
(Date)

 Jamal Antoine, owner/operator
(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)
As of (date) 05-21-2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$8201.07	
Other Current Assets (specify)	\$0	
Total Current Assets		\$8201.07
 Tangible Assets	 \$0	
Motor Vehicle Equipment	\$0	\$0
Property (buildings, land, etc.)		
Office Equipment		\$1,000 (dollies, hand trucks, bubble wrap, stretch wrap)
TOTAL ASSETS		\$1,000

LIABILITIES

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

U.S. POST
FCM LG
JOHNST
MAY 22,
\$2.11
S2324Y

Retail



17120



RDC 99

FROM:

Jamal Antoine

129 Doherty Ave

Johnstown, PA 15904

TO:

Secretary PA Public Utility

Commission, 400 North Street,

2nd Floor, Harrisburg, PA 17120