

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)

Apex 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- _____

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 3638797

(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).**

<u>Kyle Bianco</u>	_____
<u>Paul Imburgia</u>	_____
_____	_____
_____	_____

6. **Mailing Address**

222 Grant St
Street Address

<u>Parquesburg, Pa, 19365</u>	<u>Chester</u>
City, State and Zip Code	County
<u>484-301-0035</u>	<u>kyle@apex-hauling.com</u>
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
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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. 4052730

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.

Kyle Bianco

(Print Name)



(Signature)

7/1/25

(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.

Apex Hauling LLC

Legal Name of Applicant

Trade Name, if any

222 Grant St	Parkesburg	Pa	19365
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.

Kyle Bianco - Vice President Apex Hauling LLC 222 Grant St Parkesburg Pa 19365 484-301-0035

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

None

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).

Kyle Bianco - 2 Years Head of Logistics (deliveries) for Snyder's Furniture, 2.5 Years Vice President Apex Hauling LLC (donations & junk removal)

Paul Imburgia - 2 Years Mover (Moving) for 2 Men and a Truck, 2.5 Years President of Apex Hauling LLC (donations & junk removal)

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.

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.

Apex Hauling plans to begin operations with 2–3 drivers, which is appropriate for covering Southeastern Pennsylvania, including Chester, Delaware, and surrounding counties. This allows us to accommodate multiple moving and hauling jobs per day with scheduling flexibility.

- Hiring Standards: Drivers will be 21+, possess a valid PA license, have a clean driving record, and demonstrate physical capability and professionalism.
- Background Checks: We will use a third-party service (Checkr or similar) to perform state and federal criminal background checks prior to hiring.
- Driver Training: New hires complete onboarding covering vehicle safety, loading procedures, and customer service. Hands-on ride-alongs and quarterly refreshers are included
- License Checks: MVRs are reviewed before hire and annually thereafter, with ongoing monitoring as needed
- Drug & Alcohol Policy: We maintain a zero-tolerance policy, requiring pre-employment testing, random testing, and post-incident screening through a licensed clinic.

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
2020	Ford	Transit	2	1FTBW3X80LKB40868	88500

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).

Apex Hauling maintains a proactive vehicle safety program to ensure reliability and full compliance with Pennsylvania vehicle standards (67 Pa. Code, Chapter 175).

- Vehicle Maintenance Plan: All vehicles, owned or rented, are / will be inspected before each use for lights, tires, brakes, fluids, and tie-down equipment. In addition, we follow a scheduled maintenance plan based on manufacturer guidelines, including oil changes, brake inspections, and servicing at regular mileage intervals. A maintenance log is kept for each vehicle and trailer.
- Compliance with PA Standards: We perform pre-trip inspections and address any issues before vehicles are used. Annual PA state inspections are scheduled on time for all vehicles and trailers. Safety equipment (lighting, reflectors, tires, breakaway systems, etc.) is regularly checked to ensure ongoing compliance with 67 Pa. Code Chapter 175. Any defects are documented and resolved before vehicles return to service.

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

We have already secured general liability insurance for Apex Hauling. Our primary work vehicle — a van with a GVWR under 10,000 lbs — will be insured under a \$1m liability policy, which will exceed the PAPUC's minimum insurance requirement for household goods carriers, and allows for the addition of larger vehicles we may/will rent. This will be effective 7/15/25. We also carry a \$5k cargo insurance policy.

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.



(Signature)
Kyle Bianco - Vice President

(Name and Title, printed or typed)

7/1/25

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 7/1/25
(Must be less than 6 months old)

ASSETS

Current Assets			
Cash		<u>\$21,559.49</u>	
Other Current Assets (specify)		<u>\$10,027.71</u>	Receivables
Total Current Assets			<u>\$31,587.20</u>
Tangible Assets			
Motor Vehicle Equipment		<u>1 Van ~ \$30,000</u>	
Property (buildings, land, etc.)		_____	_____
Office Equipment		_____	_____
TOTAL ASSETS			<u>\$61,587.20</u>

LIABILITIES

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