

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)

BIG4L LOGISTICS, 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 7592147

(See checklist and indicate type of business entity registered)

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.

CHRISTOPHER MORGAN

(Print Name)

C. Morgan

(Signature)

11.12.25

(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.

BIG4L LOGISTICS, LLC.

Legal Name of Applicant

Trade Name, if any

347 W SPRING AVENUE

ARDMORE

PA

19003

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.

CHRISTOPHER MORRGAN: OWNER/FOUNDER/OPERATOR

347 W SPRING AVENUE, ARDMORE, PA 19003
(610) 348.8688

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-).

n/a

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.

(1) 16' Box Truck (ISUZU)
(1) GARAGE STORAGE FACILITY W/ ATTACHED PARKING LOT
I HOLD TRUCKS IN PARKING LOT ATTACHED TO GARAGE UNIT
PLAN TO STORE RECORDS FOR PUC IN COMPUTER DATABASE (ONGOING)
CUSTOMER COMMUNICATION VIA. CELLULAR PHONE, EMAIL, WEBSITE OR SOCIAL MEDIA.
NO DISPATCH. ALL WORK IS PRIVATE RESIDENTIAL

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.

(1) CURRENT DRIVER: OWNER/OPERATOR
 STANDARD OPERATING PROCEDURE REGARDING BACKGROUND & TRAINING
 STANDARD TESTING

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
2019	ISUZU	NPR	(3)		131,250

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).

BI-WEEKLY MAINTENANCE
 OIL CHANGE (HIGH MILAGE) EVERY 4-6 WEEKS
 COMPLETE ALL CHECKS & BALANCES OF DAILY MAINTENANCE
 (AUGUST 2025) – NEW TIRES, NEW STARTER, NEW BRAKES

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

INSURANCE IS ACTIVE:

GEICO INSURANCE
POLICY 3#: 9300198804-00


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)

11/12/2025

(Date)

CHRISTOPHER MORGAN: OWNER/FOUNDER/OPERATOR

(Name and Title, printed or typed)

Statement of Financial Position (Balance Sheet)

As of (date) _____

(Must be less than 6 months old)

ASSETS

Current Assets			
Cash		_____	
Other Current Assets (specify)		_____	
Total Current Assets			<u>N/A</u>
Tangible Assets			
Motor Vehicle Equipment	(1) FORD TRANSIT VAN		
Property (buildings, land, etc.)		_____	
Office Equipment		_____	
	TOTAL ASSETS		<u><u>10,000</u></u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans	TRUCK CAR NOTE	_____	
Credit cards/revolving credit		_____	
Other Liabilities (Attach schedule)		_____	
Total Current Liabilities			<u><u>18,000</u></u>
Long Term Liabilities (Due after one year of date)			
Mortgage	N/A	_____	
Long term commercial loan	N/A	_____	
Other Liabilities (Attach Schedule)	N/A	_____	
Total Long-Term Liabilities			
	TOTAL LIABILITIES		<u><u>18,000</u></u>