

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)

## 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)

Lian's Movers LLC

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- 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)

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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** 33-3347741

(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>Andres Santos</u>	_____
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

4031 Kilmer Ave  
Street Address

<u>Allentown, PA, 18104</u> City, State and Zip Code	<u>Lehigh Valley</u> County
<u>610-721-2025</u> Telephone Number	<u>tank@liansmovers.com</u> 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?**

  x   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 applicant proposes to provide household goods moving services within the Commonwealth of Pennsylvania, with operations primarily focused on local and intrastate moves

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*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.

Andres Santos

(Print Name)



(Signature)

01/27/2026

(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.

Lian's Movers LLC

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Legal Name of Applicant

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Trade Name, if any

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4031 Kilmer Ave	Allentown	PA	18104
<b>Street Address (principal place of business)</b>	<b>City or Municipality</b>	<b>State</b>	<b>Zip Code</b>

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.

I, Andres Santos, Owner of Lian's Movers LLC business, am the person making the Verified Statement on behalf of the applicant.

Business Address: 4031 Kilmer Ave, Allentown, PA 18104

Telephone Number: 610-721-2025

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

Lian's Movers LLC does not have any ownership, management, control, or other affiliation with any other motor carrier.

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-).

Lian's Movers LLC meets the experience requirements through the combined experience of its ownership and management. Andres Santos, Owner, has two years of hands on household goods moving experience with licensed carriers. Andrew Santos, Manager, has over eight years of experience with licensed moving companies outside Pennsylvania. Prior employers are no longer in operation; sworn affidavits and supporting information can be provided upon request.

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.

Lian's Movers LLC operates from 4031 Kilmer Ave, Allentown, PA 18104, which serves as its administrative office. The office is equipped with standard business equipment, including a computer, printer/scanner, telephone, and internet access. Lian's Movers does not provide household goods storage. All required PUC and business records are maintained in electronic and paper format at the business office.

Customer requests are received by phone, email, and online inquiries, with dispatch and continuous driver communication handled directly via mobile phone.

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.

Lian's Movers LLC intends to operate with one (1) to two (2) drivers, which is appropriate for the size of the service territory and allows for safe, closely supervised operations. Drivers must hold a valid license with an acceptable driving record and meet reliability and professionalism standards. Criminal background and driver license checks are conducted prior to hire and periodically thereafter. All drivers receive training in safe driving, proper handling of household goods, customer service, and regulatory compliance. Lian's Movers maintains a zero-tolerance policy regarding alcohol and illegal drug use.

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.

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

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).

Lian's Movers LLC will maintain a vehicle safety program to ensure all vehicles are safe and compliant prior to and during operation. Vehicles will be inspected and maintained on a regular schedule, including checks of brakes, tires, lights, steering, and safety equipment, with maintenance documented. All vehicles will be inspected and maintained in compliance, and required Pennsylvania inspections will be kept current.

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

Lian's Movers LLC has contacted insurance providers that specialize in household goods carriers to review coverage requirements and obtain premium estimates. Based on these discussions, Lian's Movers has determined that the required insurance is available and that the premiums can be paid and maintained.

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.



\_\_\_\_\_  
(Signature)

Andres Santos/ Owner

\_\_\_\_\_  
(Name and Title, printed or typed)

01/27/2026

\_\_\_\_\_  
(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 01/27/2026**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	0	
Other Current Assets (specify)	40,000	
Total Current Assets		40,000
Tangible Assets		
Motor Vehicle Equipment	0	
Property (buildings, land, etc.)	0	0
Office Equipment		0
TOTAL ASSETS		40,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		0
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		0
TOTAL LIABILITIES		40,000