

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)
Affordable Guys Moving, 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
8918809

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)

~~47-1807675~~

If YES, provide your PA Corporation Bureau Entity ID Number 4292167 (anc)
(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).**

Jerel Robinson

6. **Mailing Address**

614 Bishopthorpe St

Street Address
Bethlehem, Pa 18015

City, State and Zip Code
484.893.0080

Telephone Number
Northampton

County
Agminfo610@gmail.com

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.)

614 Bishopthorpe St

Street Address
Bethlehem Pa 18015

City, State and Zip Code
484.893.0080

Telephone Number
Northampton

County
Agminfo610@gmail.com

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. 2597298

10. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

100 mile radius from Bethlehem

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.

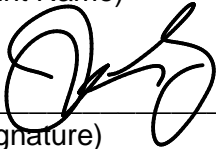
Verification of Application

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.

Jerel Robinson

(Print Name)



4/30/26

(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.

Jerel Robinson

Legal Name of Applicant			
Trade Name, if any			
614 Bishopthorpe St	Bethlehem	Pa	18015
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.

Jerel Robinson 484.893.0080
Owner
614 Bishopthorpe St Bethlehem, Pa 18015

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).

We have been in business for 10+ years. This is not a new company.

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.

Our vehicles are kept in a secured lot. We maintain records in a database.

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.

Please 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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2018	Freightliner	M2	3	3ALACWFCXJDJS0661	392,783
2018	Freightliner	M2	3	3ALACWFC7JDJH5404	293,710
2018	International	4000	3	1HTMMMML2JH544362	151,614

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).

Routine PMs on all trucks and daily inspections of each truck before and after use.

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

Insurance is already obtained, we have had it since the start of the business and has continuously remained in good standing.

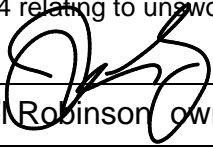
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ 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)
Jerel Robinson owner

(Name and Title, printed or typed)

4/30/26

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$30,000	
Other Current Assets (specify)		
Total Current Assets		\$30,000
Tangible Assets		
Motor Vehicle Equipment	\$75,000	
Property (buildings, land, etc.)	\$1,000,000	
Office Equipment		
TOTAL ASSETS		\$1,075,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$40,000	
Credit cards/revolving credit	\$35,000	
Other Liabilities (Attach schedule)		
Total Current Liabilities		\$75,000
Long Term Liabilities (Due after one year of date)		
Mortgage	\$340,000	
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		\$340,000
TOTAL LIABILITIES		\$1,520,000

5. Number of Drivers and Territory Justification

Our moving company employs 6 workers/drivers to adequately serve our designated service territory. This number of drivers ensures that we can handle multiple customer requests per day, maintain timely delivery schedules, and provide adequate coverage for peak moving seasons without overextending our workforce. It also allows for coverage during driver absences due to vacation, illness, or training, ensuring consistent service and compliance with hours-of-service regulations under FMCSA standards.

a. Hiring Standards for Drivers

We maintain strict hiring standards to ensure safe and reliable operation, including:

Valid driver's license

At least 3 years of verifiable driving experience, preferably in moving or freight transportation.

A clean driving record with no major violations in the past 3 years.

Ability to pass a DOT physical examination and meet FMCSA medical requirements.

Strong work ethic, customer service orientation, and adherence to company safety policies.

b. System for Conducting Criminal Background Checks

All potential drivers undergo comprehensive criminal background checks through a reputable third-party provider. The check reviews federal, state, and local records to identify any convictions or pending charges that could compromise safety or security. Records are evaluated in compliance with FMCSA guidelines, and any candidate with disqualifying offenses (e.g., violent crimes, certain theft or fraud convictions, or serious drug-related offenses) is not hired.

c. Driver Training Program

Our driver training program includes:

Orientation: Company policies, FMCSA regulations, customer service expectations.

Safety and Defensive Driving: Vehicle inspection, load securement, defensive driving techniques, accident prevention.

Hands-On Training: Mentorship with experienced drivers to practice safe driving, customer interactions, and proper handling of household goods.

Ongoing Education: Refresher courses on FMCSA updates, safety seminars, and periodic skills assessments.

This ensures every driver meets both federal safety standards and company expectations before handling customer moves independently.

d. System for Conducting Driver License Checks

We conduct thorough pre-employment and ongoing checks of driver licenses using state DMV records or third-party service.

Checks confirm:

Valid license

No suspensions, revocations, or serious violations.

Compliance with FMCSA regulations, including regular monitoring throughout employment.

Any issues discovered trigger immediate review, retraining, or suspension from driving duties until resolved.

e. Policies Regarding Alcohol and Drug Use

Our company strictly prohibits the use of alcohol or controlled substances while on duty or prior to driving. Key policies include:

Pre-employment drug and alcohol screening in compliance with DOT regulations.

Random, post-accident, and reasonable suspicion testing as required by FMCSA.

Clear disciplinary action for violations, including termination for positive tests.

Mandatory referral to rehabilitation programs for employees who voluntarily report substance use issues.

These measures ensure our fleet operates safely, responsibly, and in full compliance with FMCSA standards.