

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)

Wellknown Moving & Storage 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 14795116

(See checklist and indicate type of business entity registered)

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.

Ruslan Sydykov

(Print Name)

Ruslan Sydykov

(Signature)

6/8/2026

(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.

Wellknown Moving & Storage LLC

Legal Name of Applicant

Trade Name, if any

501 E GIRARD AVE, APT 309

PHILADELPHIA,

PA

19125

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.

My name is Ruslan Sydykov, and I am the Owner and Managing Member of Wellknown Moving & Storage LLC. Business Address: 501 E GIRARD AVE APT 309, PHILADELPHIA, PA 19125, Telephone: 857-390-4277. As Owner and Managing Member, I am responsible for the daily operations of the company, including customer service, dispatching, employee management, regulatory compliance, safety oversight, and financial management.

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

The Applicant is not affiliated with any other household goods carrier, motor carrier, transportation company, or public utility.

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).

I have more than two years of experience in the household goods moving industry.

Prior to forming Wellknown Moving LLC, I worked in the household goods transportation business performing residential and commercial moving services, including packing, loading, transportation, unloading, storage coordination, customer service, dispatching, estimating, crew supervision, and operational management.

Through this experience, I gained extensive knowledge of household goods transportation, customer protection requirements, vehicle safety procedures, claims handling, storage operations, and compliance with applicable transportation regulations.

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.

Company vehicles are parked and maintained at 7425 State Rd., Philadelphia, PA 19136. The company maintains records electronically and in hard-copy format, including customer contracts, bills of lading, estimates, invoices, insurance records, employee records, vehicle maintenance records, safety records, and driver qualification files.

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.

The Applicant currently intends to utilize one driver, who is also the owner and manager of the company.

At the present time, one driver is sufficient to meet the anticipated demand for services.

a. Hiring Standards

Any future drivers will be required to possess a valid driver's license, maintain a satisfactory driving record, demonstrate safe driving practices, and meet company hiring requirements.

b. Criminal Background Checks

Criminal background checks will be conducted on prospective employees before hiring, as permitted by law.

c. Driver Training Program

Any future drivers will receive training regarding vehicle operation, safety procedures, household goods handling, customer service, and company policies.

d. Driver License Checks

Driver licenses will be verified before employment and periodically thereafter.

e. Alcohol and Drug Policy

The Applicant maintains a zero-tolerance policy regarding alcohol and illegal drug use while

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
2022	Isuzu	NPR	3	1	112,000

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).

The Applicant maintains a vehicle safety program designed to ensure all vehicles remain in safe operating condition.

a. Maintenance Program

Vehicles are inspected daily by drivers before use and receive routine preventive maintenance according to manufacturer recommendations. Maintenance records are maintained for all vehicles.

b. Compliance Program

Vehicles are maintained in compliance with all applicable Pennsylvania laws and regulations, including Pennsylvania vehicle inspection requirements and applicable equipment standards. Deficiencies identified during inspections are repaired promptly 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.

The Applicant has consulted with licensed insurance professionals regarding the insurance requirements applicable to household goods carriers operating within Pennsylvania.

The Applicant has obtained insurance quotations and has budgeted sufficient funds to obtain and maintain all required insurance coverage, including automobile liability insurance, cargo insurance, workers' compensation insurance, and any additional insurance required by the Pennsylvania Public Utility Commission.

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.

Ruslan Sydykov
(Signature)
Ruslan Sydykov, owner

(Name and Title, printed or typed)

6/8/2026
(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 6/8/2026
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash		
Other Current Assets (specify)	\$12,000	
Total Current Assets		\$54,000
Tangible Assets		
Motor Vehicle Equipment	\$40,000	
Property (buildings, land, etc.)	\$2,000	
Office Equipment		
TOTAL ASSETS		

LIABILITIES

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