BEFORE THE NORTH CAROLINA UTILITIES COMMISSION RALEIGH, NORTH CAROLINA

▼APPLICATION FOR CERTIFICATE OF EXEMPTIONTO TRANSPORT HOUSEHOLD GOODS▶

Docket No. 7-4906 Sub-0

APPLICATION OF:			
PZ CAPE FEAR, LLC dog PINIK ZEBIRA MOVI		910-500-155	
egal Name of Business (hereafter the "Applicant")	Т	elephone Numbe	er
1085 KERR AVE	MOTHINITIM	NC	28403
hysical Address Street	City	State	Zip
SO BOX 10340	WILMINGTON	NC	revoy
failing Address Street or Post Office Box	City	State	Zip
wilming tone pinkrepry moving com			
mail			
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- 3. That the Applicant has read and understands the following terms and conditions and certifies that Applicant has met or will meet such requirements prior to being issued a certificate of exemption. Indicate agreement by inserting a checkmark (✓).
- (✓) Applicant is fit, willing, and able to properly perform the service of household goods transportation within North Carolina, is familiar with the moving industry, has a reasonable and adequate knowledge of the rules and regulations governing the moving industry, including safety requirements as enforced by the North Carolina Division of Motor Vehicles (DMV), and has knowledge of and will abide by the tariff requirements as established by the Commission in Maximum Rate Tariff No. 1.
- (\checkmark) Applicant is financially solvent and able to furnish adequate service on a continuing basis by maintaining the required insurance protection and safe, dependable equipment and being able to settle any damage claims which may arise.
- (\checkmark) Applicant will maintain and has filed, or will soon file, with the DMV (or the Commission) the following minimum limits of liability and cargo insurance coverage:
 - (a) <u>Liability insurance coverage</u> Form E: \$100,000/\$300,000/\$50,000 for Gross Vehicle Weight (GVW) of 26,000 lbs. or less and \$750,000 for GVW of more than 26,000 lbs.
 - (b) <u>Cargo insurance coverage</u> Form H: \$35,000/\$50,000 i.e., \$35,000 for loss of or damage to household goods carried on any one motor vehicle and \$50,000 for loss of or damage to household goods occurring at any one time and place.

If Forms E and H are not on file with the DMV, Applicant will provide such forms to the Office of the Chief Clerk of the Commission.

In addition to the foregoing, Applicant will also maintain general liability insurance coverage in an amount not less than \$50,000 to compensate for loss or damage, to property of shipper or consignee, not otherwise covered under the requirements of subparagraphs (a) and (b) as set forth immediately above.

As proof of compliance with the Commission's three insurance coverage requirements as described above, Applicant has filed, or will soon file, a "certificate of insurance," issued by Applicant's insurance company, with the Office of the Chief Clerk. All insurance documents submitted should be clearly marked/stamped "CONFIDENTIAL", by the Applicant or the Applicant's insurance company, prior to providing such information to the Commission.

(\checkmark) Applicant will permit only persons possessing a valid driver's license to operate the motor vehicles that will be used for transporting household goods in compliance with the laws of the State of North Carolina.

(✓) The	following	information	will	be	provided	to	the	Office	of	the	Chief	Clerk	for	each
principal [see Iten	n 1 above f	for definition	of p	rinc	ipal]:									

- (a) A completed Fingerprint Card with fingerprints that have been taken and imprinted by a law enforcement agency such as a local police department, sheriff's office, or city/county bureau of identification. Fingerprint Cards are to be enclosed unfolded in a separate envelope do not fold Fingerprint Cards. The Applicant's name and address and the words "FINGERPRINT CARDS" should be typed or printed on the front of the envelope and the front of the envelope should be clearly marked/stamped "CONFIDENTIAL".
- (b) A completed "Authority for Release of Information" form signed by principal consenting to use of his or her fingerprints for a criminal history records check. The "Authority for Release of Information" form is included in this Application packet as Exhibit D. The form may be copied as needed.
- (c) A money order or cashier's check in the amount due for criminal history records checks (\$38.00 per principal), made payable to the "North Carolina Department of Commerce/Utilities Commission," to cover the Commission's direct cost of obtaining a criminal history records check. Money orders and cashier's checks received by the Commission are nonrefundable.

Principals' Fingerprint Cards and "Authority for Release of Information" forms will be treated in a "CONFIDENTIAL" manner upon receipt. The Commission will use the Fingerprint Cards and the "Authority for Release of Information" forms to obtain criminal history records checks from the State and National Repositories of Criminal Histories through the North Carolina Department of Justice.

Pursuant to North Carolina Department of Justice regulations, the Commission is prohibited, in large measure, from providing a **hard copy** of the results of a criminal history records check to any company principal. See Page 12, Paragraph 3(f)(3) of the Instructions for further information in this regard.

An Applicant will not automatically be denied a certificate of exemption solely on the basis of past criminal activity. The Commission will review and evaluate the information in the criminal record to determine if it is relevant to, or would call into question, the Applicant's fitness to possess a certificate of exemption.

(✓) Applicant's principals [see Item 1 above for definition of principal] are either United
States citizens or non-United States citizens. The names and titles of the principals who are Unite States citizens are as follows:
COMEISON CIRAWFORD COLLLOW

The nar authorization follows:	mes and titles of the principals, who are non-United States citizens, with employment ation documents demonstrating legal authority to work within the United States, are as
	NONE
NOTE: authorize authorize the Chie	ation documents demonstrating legal authority to work within the United States. Employment ation documents should be marked/stamped as "CONFIDENTIAL" and sent to the Office of
4.	That there is attached to and made a part of this Application:
	(a) Exhibit A, which is a statement of the approximate cost of the property of all kinds (including vehicles, pads, dollies, hand trucks, etc.) which the Applicant proposes to use in the transportation of household goods, including a list of the locations at which the Applicant proposes to establish and maintain terminals, if any, and a list of the year, make, body type, and GVW of the motor vehicles the Applicant proposes to use in the business.
	(b) Exhibit B, which is a current balance sheet showing in detail the Applicant's assets, liabilities, and net worth. In lieu of the foregoing, a separate balance sheet with the same information may be attached.
	(c) Exhibit C, which details the Applicant's experience in the moving industry.
	(d) Exhibit D, which is the "Authority for Release of Information" form. A separate Exhibit D must be completed and submitted for <u>each</u> principal. Exhibit D may be copied as needed.

APPLICANT'S ATTORNEY:

Printed Name of Applicant's Attor	ney: Thomas S. Bakel
Signature of Applicant's Attorney:	JA DML
Date of Signature of Applicant's A	ttorney: 11/17/2022
Address of Applicant's Attorney:	Pauls Hartman Wight Llt
	Wilmasten, NC 28404
Email: TSBBBBB	WLEGAL COM

NOTE: APPLICATIONS FILED ON BEHALF OF A CORPORATION, AN ASSOCIATION, OR AN LLC SHALL BE FILED BY AN ATTORNEY LICENSED TO PRACTICE IN THE STATE OF NORTH CAROLINA IN ACCORDANCE WITH RULE R1-5 OF THE COMMISSION'S RULES AND REGULATIONS.

VERIFICATION UNDER OATH REGARDING THE ACCURACY OF THE INFORMATION PROVIDED

Under the penalty of perjury,	
am an Applicant, Sole Proprietor, Principal, Partner, or I company and I state and attest that the information on the filed on my behalf and all of the information provided on and complete; and that copies of any documents prinformation are genuine. This certification is made und best of my knowledge, information, and belief, all of the accurate and true, no material information or fact has I Providing false information to the Commission is punish N.C.G.S. 62-310 and N.C.G.S. 62-326.)	this Application and the attached information is this Application and attached is true, correct, esented to the Commission as part of this er oath and under penalty of perjury. To the information contained herein and attached is been knowingly omitted or misstated. (Note:
Signature of Person Making Verification (Affiant)	11/16/22 Date Signed
Title of Person Making Verification (Affiant)	Date orgined
Subscribed and sworn before me this the	Movember , 20 22
My Commissio	n Expires:
	OTAP OUBLIC S

EXHIBIT A

▼PROPERTY, EQUIPMENT, AND VEHICLES

The approximate cost or present value of the property/equipment/vehicles of all kinds to used in the operation is \$_190,000								
Applicant proposes to establish and maintain terminals at the following location(s):								
=======================================								
ne vehicles to be u	sed in the operation are	listed below.						
YEAR	MAKE	BODY TYPE	<u>GVW</u>					
2018	FREGHTLINE?	Box	24,000					
2070	FREIGHTUNER	Box	24,000					
								
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							

EXHIBIT B

◆ASSETS, LIABILITIES, AND NET WORTH

NOTE: If Applicant is a sole proprietorship or partnership, the financial information provided below should be that of the proprietorship or partnership. If Applicant is a corporate entity (i.e., a corporation or LLC) the financial information provided should be that of the corporate entity.

Applicant's assets, liabilities, and net worth are as follows:

<u>ASSETS</u>		LIABILITIES			
Real Estate	\$ ø	Liens of Real Estate	\$		
Vehicle Equipment	170,000	Liens on All Equipment	136,000		
Other Equipment	30,000	Other Outstanding Loan	ns		
Cash on Hand		Judgments			
Cash in Bank	31,684	Other Liabilities			
Other Assets	45,000				
TOTAL ASSETS	\$ 276,684	TOTAL LIABILITIES	\$136,000		
NET WORTH (Total As	ssets – Total Liabilities) \$ <u> </u>	uo,७६५ EXHIBIT C			
	 ■APPLI	CANT'S EXPERIENCE▶			
Please explain the Applicant's experience with respect to the transportation of household goods, including the number of years of experience acquired. For example, please indicate whether you have supervised crews, prepared estimates, loaded and unloaded trucks, and/or prepared bills of lading.					
MANINGIEMENT FOR APPLICANT HAS CYCIC TO YEARS COMPINED IN TRANSPORTATION + COGNSTICS.					
PZ CAPE PEOIZ, LLC IS A FRANCHISE FOIR PINK REBRA MOVING					
PINK ZETSIZA MOUING HAS PROVIDED MULTIPLE RESOURCES TO AUTOMATE ESTIMATES AND MANAGE GROWS.					
MANIACIEMENT WAS MANIA VERILL UCINA COGISTICAL SOFTLIARE: PEOPUSUET, TOWAR NET, TOWAR					
. Wowdassulfal Hill	POISTICIPATO MANAGOS 4	SMEENIRED BOTH ROBYING 4 MIN	onding of trucks for		

FURNITURE STORES, BIG BOY TETRIC, NOW HATARDEST LIQUID AND ROUTAL EQUIPMENT.