

240560

STATE OF SOUTH CAROLINA

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

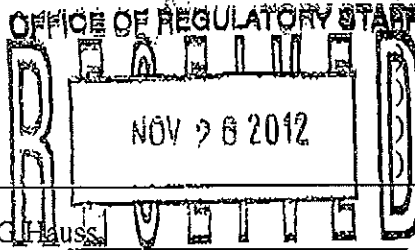
(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class E Charter Certificate from
Go Smooth Move, LLC dba Smooth Move

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2012 - 399 - T



If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Bradley G. Hauss

Telephone: 803-517-2459

Address: 983 Harbortowne Road

Fax:

Charleston, SC 29412

Other:

Email: Brad@Berlins.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- Application - Class A/A Restricted
- Application - Class C Taxi
- Application - Class C Charter
- Application - Class C Charter Bus
- Application - Class C Non-Emergency
- Application - Class C Stretcher Van
- Application - Class E Household Goods
- Application - Class E Hazardous Waste
- Application
- Request for Extension to Comply with Order
- Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- Request for Cancellation of Certificate
- Request for Suspension
- Request for Reinstatement
- Request for Name Change on Certificate
- Request to Amend Scope of Authority
- Request to Amend Tariff (rate increase, etc.)
- Request to Amend Passenger Limit
- Request
- Exhibit
- Late-Filed Exhibit
- Letter
- Proposed Order
- Publisher's Affidavit
- Reservation Letter
- Response
- Return to Petition
- Other: _____

Copy
Posted: lod
By: ORS/SA
Date: 11/27/12
Time: 10:34

RECEIVED
NOV 27 2012
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: November 15, 2012

E (HHG) - Household Goods

E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

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NOV 26 2012

**ORS
T,T,W,W/W**

Check one:

New Application

Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Go Smooth Move, LLC dba Smooth Move

983 Harbortowne Road, Charleston, SC 29412

Street Address of Applicant

SAME

Mailing Address of Applicant (if different from street address)

803-517-2459

Phone

FAX

Brad@Berlins.com

Email Address

RECEIVED

NOV 27 2012

PSC SO
CLERK'S OFFICE

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.) *See Attachments.*

3. Select Entity Type: (Check one)

- Individual Owner/Sole Proprietorship
 Partnership - List names and address of all person having an interest in the business.
 Corporation - List names and addresses of two principal officers.

Bradley G Hauss - 983 Harbortowne Road, Charleston, SC 29412

William A Horton - 983 Harbortowne Road, Charleston, SC 29412

4. Applicant proposes to operate service as follows: (Check one.)

- Intrastate Only Interstate Only Both

5. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- Yes No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- Yes No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- Yes No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
 Month November Year 2012

Assets:

Cash	19,750
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	250
Supplies on Hand	
Prepays and Other Assets	
Total Assets *	20,000
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	0
Capital Stock	20,000
Retained Earnings	
Total Equity	20,000
Total Liabilities and Equity *	20,000

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

2 Men and a Truck : \$70/hour***

3 Men and a Truck : \$90/hour***

Additional Men billed at \$30/hour

Time will be billed in 15 minute increments with a \$250.00 minimum per move

***\$85.00 fee for truck rental plus \$0.50/mile over 25 miles

NO ADDITIONAL CHARGE FOR HOLIDAYS/WEEKEND/OVERTIME. NO OTHER SURCHARGES. NO TRAVEL CHARGE.

■

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

Household Goods, as defined in R103-210(1)

Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

GO SMOOTH MOVE, LLC / DBA SMOOTH MOVE

Name of Applicant

983 Harbortowne Road, Charleston, SC 29412

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 2,100

Limits \$ 1,000,000

Cargo Insurance \$ 1,000

Limits \$ 20,000

* Attach Certificate of Insurance if available.

South Insurance Co via King Street Agency

Name of Insurance Company

557 King St - Suite D Charleston, SC 29403

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11/15/12

Date

[Signature]

Authorized Insurance Company Representative's Signature

* Form B and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Go Smooth Move, LLC dba Smooth Move
Name

2357653
U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes No Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

Satisfactory Conditional Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes No

3. Are there currently any outstanding judgment(s) against the Applicant?

Yes No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

Yes No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

Yes No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Bradley D. Ham
Applicant's Signature

President/Owner
Title of Applicant (e.g. President, Owner, etc.)


STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 21 day of NOV, 2012

Jamie Cromer
Notary Public

Commission Expires 1/4/2020

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE
Nov 14 2012
Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

121114-0113 Filed: 11/14/2012
GO SMOOTH MOVE, LLC
Filing Fee: \$110.00 ORIG

Mark Hammond South Carolina Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is GO SMOOTH MOVE, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is
983 HARBORTOWNE RD
Street Address
CHARLESTON SC 294124906
City Zip Code

3. The initial agent for service of process of the Limited Liability Company is
BRADLEY G HAUSS Electronically filed on SCBOS.
Name Signature
Signature not required.

and the street address in South Carolina for this initial agent for service of process is
983 HARBORTOWNE RD
Street Address
CHARLESTON SC 294124906
City Zip Code

4. The name and address of each organizer is
a) BRADLEY G HAUSS
Name
983 HARBORTOWNE RD
Street
CHARLESTON SC US 294124906
City State Zip Code

5. Check this box if the company is to be a term company. If so, provide the term specified:

6. Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

7. Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer

Electronically filed on SCBOS.
Refer to attached signature page.

Date 2012-11-14

Signature Page Attachment to South Carolina Business One Stop
(SCBOS) for the State of South Carolina Secretary of State

This page must be completed, scanned, and submitted as an attachment when filing on SCBOS.

Type of Filing: ARTICLES OF ORGANIZATION (Limited Liability Company)

As Of: November 14, 2012 10:17 AM

Name of Limited Liability Company:

GO SMOOTH MOVE, LLC

Signature of Each Organizer:

BRADLEY G HAUSS

Name

Bradley G. Hauss

Signature

Date

November 14, 2012

Upload this completed signature page through
SCBOS using one of the following file formats only:
Adobe PDF, GIF, or JPEG. Do not mail, email or
fax this document to the Secretary of State's office.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

GO SMOOTH MOVE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 14th, 2012, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 14th day of
November, 2012

A handwritten signature in cursive script that reads "Mark Hammond".

Mark Hammond, Secretary of State