232330

STATE OF SOUTH CAROLINA

(Caption of Case)
Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

RECEIVED
SEP 19 2011
ORS
T,T,W,W/W

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2011 - 386 - 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: Coastal furniture Delivery
Address: Moving 1100 Commons Blvd #1210
Myrtle Beach sc 29572
Telephone: 843-855-1095
Fax: 843-281-2334
Other:
Email: c_snipes76@yahoo.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
- [x] 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- [ ] Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded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: _____

RECEIVED
2011
PSC SC
MAIL / DMS

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

Good

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

RECEIVED
SEP 19 2011
ORS
T,T,W,W/W

Date: 8-22-11

Select Class: (Check one)

- [x] 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.

Check one:

- [x] New Application
- [ ] Amended Scope of Authority

Current Scope: (list counties) ~~[illegible]~~

Amended Scope: (list counties)

Titus Gaston d/b/A

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

Coastal furniture Delivery + Moving Co. (Sole Proprietorship)

1008 Hwy 17 N Little Rivers SC 29564
Street Address of Applicant

1100 commons Blvd unit 1210 Myrtle Beach SC 29572
Mailing Address of Applicant (if different from street address)

843 855-1095 Phone

843-281-2334 FAX

r_snipes76@Yahoo.com
Email Address

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.)

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3. Select Entity Type: (Check one)

- [x] 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.

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.

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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 _____ Year _____

Assets:	
Cash $10,000	
Receivables	
Real Estate None	
Buildings and Equipment (Net)	
Motor Vehicles (Net) $20,000	
Garage Equipment (Net) $ 2,000	
Machinery and Tools (Net) $ 2,000	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets * $ 24,000	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity *	

* Total Assets = Total Liabilities and Equity

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PROPOSED RATES AND CHARGES FOR SERVICE

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

Furniture Delivery Rats Start at 40.00 A delivery
And end At 150.00

Rate's will be 80.00 hrly for Two
men and a truck $10.00 an hr added ON
for each addlational man,
Max Charg will be 100.00 hrly
fuel charge / Base Rate above 25 miles 1.00 Per one way

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

Commodities to be Transported: (Check one)

- [x] 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.

[ ] Abbeville	[ ] Cherokee	[ ] Florence	[ ] Lee	[ ] Saluda
[ ] Aiken	[ ] Chester	[x] Georgetown	[ ] Lexington	[ ] Spartanburg
[ ] Allendale	[ ] Chesterfield	[ ] Greenville	[ ] Marion	[ ] Sumter
[ ] Anderson	[ ] Clarendon	[ ] Greenwood	[ ] Marlboro	[ ] Union
[ ] Bamberg	[ ] Colleton	[ ] Hampton	[ ] McCormick	[ ] Williamsburg
[ ] Barnwell	[ ] Darlington	[x] Horry	[ ] Newberry	[ ] York
[ ] Beaufort	[ ] Dillon	[ ] Jasper	[ ] Oconee	
[ ] Berkeley	[ ] Dorchester	[ ] Kershaw	[ ] Orangeburg	[ ] Statewide
[ ] Calhoun	[ ] Edgefield	[ ] Lancaster	[ ] Pickens	
[x] Charleston	[ ] Fairfield	[ ] Laurens	[ ] Richland	

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DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Ford	2004 E350	1FDWE35L X 4HA91135	11,550

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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:

Coastal Furniture Delivery + Moving Co.
Name of Applicant

1008 Hwy 17 N Little River SC 29566
Address of Applicant

Amount of Premium:		Limits Quoted: (See Below)	
Liability Insurance	$ 2452.00	Limits	$1,000,000
Cargo Insurance	$ 1462	Limits	$15,000

* Attach Certificate of Insurance if available.

$1,000,000

Zurich / Century
Name of Insurance Company

P.O. Box 6549 Louisville, Ky 40206
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.

9-16-2011
Date

Authorized Insurance Company Representative's Signature

* Form E 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	$ 2,000
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 http://www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Name

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 worker's 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 point limits.)

   ✓ Yes ○ No

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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.

Applicant's Signature

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

STATE OF SOUTH CAROLINA)
COUNTY OF Horry County)

SWORN TO BEFORE ME
This 24 day of August 2011

Notary Public

Commission Expires 04-21-18

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Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Titus Gaston
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

○ Yes ☑ Not Applicable

Exempt Applicants – If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

○ Yes ☑ Not Applicable

I, Titus Gaston, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 24 day of AUGUST, 2011

Donna D. Rosa-Heis
Notary Public

Commission Expires 04-21-2018

Applicant's Signature

Print Application

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FAX TRANSMITTAL SHEET
Office of Regulatory Staff
1401 Main Street Suite 900
Columbia, SC 29201

(803) 737-0578 Phone
(803) 737-0815 Fax (direct to my desk)
Email: (cchauvi@regstaff.sc.gov

From: Carole Chauvin, Transportation Department

RECEIVED
SEP 19 2011
ORS
T.T.W.W/W

Date: 8-22-11

Please Deliver Immediately To:
Coastal Furniture Delivery & Moving

Fax Number: 843-281-2334

Subject: Class E Household Goods Certificate Application

Number of Pages (including this cover sheet): 14

☐ For Review ☐ Please Reply ☐ Urgent

Attached is a Class E HHG Certificate application. Officer Jon Teeter asked me to fax it to you.

Thanks,
Carole

Attorney-Client Privileged Communications FOIA Exempt pursuant to S.C. Code Ann. § 30-4-40(a)(7) The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original message to us at the address above via the United Sates Postal Service.