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APR 12 2012

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Application for Motor Common Carrier of Property

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership, LP, LLP, Corporation, or LLC)

Walls / Delaware Valley / Havertown Westtown Movers LLC.

2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

Fictitious name and Registration number (if applicable)

3. **Physical Address** (do not use PO Box)

203 OAKWYCKE RD.
Street Address

Broomall Pa 19008
City, State and Zip Code

(610) 325-7420
Telephone Number County

4. **Mailing Address** (if different from Physical Address)

Street Address Same as above

City, State and Zip Code

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing W/A
Attorney's Address

6. Does applicant currently hold or has ever held PA PUC authority?

Yes No (circle one)

If yes, PUC NO. A- 8910987

7. What type of commodity do you intend to transport?

Office Furniture, Washers, Dryers, Refrigerators
electronics

8. Are you one of the following? If yes, check below.

Individual

Partnership

9. Are you a business entity registered with the PA Department of State?

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership

Corporation Bureau Entity ID Number

Limited Liability Partnership

Corporation Bureau Entity ID Number

Limited Liability Company

26-4427116
Corporation Bureau Entity ID Number

Corporation – For Profit

Corporation Bureau Entity ID Number

Corporation – Nonprofit

Corporation Bureau Entity ID Number

Fictitious Name (if applicable)

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit)

- File for Articles of Incorporation

Foreign Corporations

- File for a Certificate of Authority

- PA Limited Partnerships,
Limited Liability Partnerships,
Limited Liability Companies - File for an Application of Registration
- Fictitious Name Registration - File **only if** Trade Name will be different
than the business name you register with
the Department of State

10. Attachment Checklist

- Individual: Certified Check, money order, or check from attorney
 Copy of Current Safety Rating (if available)
- Partnership: Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Company: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Members and Title of each
 Member (even if only one member)
 Copy of Current Safety Rating (if available)
- Corporation – For Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles, name of each
 Shareholder and distribution of shares
 Copy of Current Safety Rating (if available)
- Corporation – Non-Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles and those serving on
 Board of Directors
 Copy of Current Safety Rating (if available)

11. Certification

Applicant certifies that it is not now engaged in intrastate transportation of property for compensation between points in Pennsylvania without Pennsylvania Public Utility Commission authorization and will not engage in any transportation not previously authorized by the Pennsylvania Public Utility Commission unless and until such authorization is obtained.

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 Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

You must sign the following Verification of Application.

Verification of Application

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, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

I/we hereby state that the statements made in this application 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.

(Print Name)	Gonnie Matsko	
(Signature)	Gonnie Matsko	4-11-12
	(Date)	

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SAFETY FITNESS REVIEW

PUC-MOTOR CARRIER SERVICES & ENFORCEMENT DIVISION

P.O.BOX 3265, HARRISBURG, PA 17105-3265

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DATE 04/21/10 DISTRICT OFFICE PHILADELPHIA OFFICER ASSIGNED D. Adomaitis

SFR NO. 09-428-01

NAME OF CARRIER Walls/Delaware Valley Havertown/Westtown Movers LLC

**PHYSICAL ADDRESS - STREET/PO BOX.ROUTE NUMBER
1241 Bon Air Rd. Havertown PA. 19083**

PUC NUMBER A-8910987 US DOT NUMBER 691732 MC NUMBER 320614C

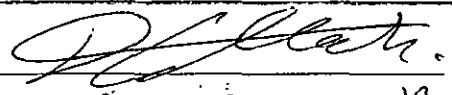
CONTACT NAME Constance Matsko TELEPHONE NUMBER 610-449-6528

REPORT SUMMARY

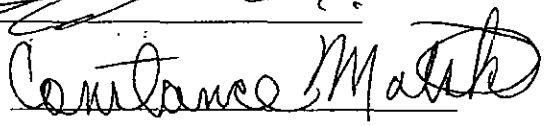
COMPANY INFORMATION	PAGE 1
QUESTIONS AND ANSWERS	PAGES 2 THRU 4
RECOMMENDATIONS	PAGE 5
CHECKLISTS	PAGES 6 THRU 9
RECEIPT PAGE	10 PAGE

Disclaimer; By signing below, I acknowledge that I have received a copy of this Safety Fitness Review and agree with the total number of pages indicated above. My signature does not imply agreement with the findings of the Safety Fitness Review; however, they have been discussed in detail with me.

REPORT PREPARED BY D. Adomaitis #17

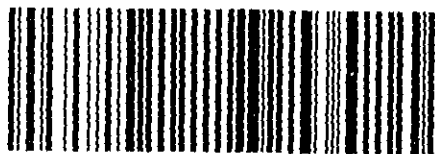


REPORT RECEIVED BY (Signature & Title)



WALLS/DELAWARE VALLEY
HAVERTOWN/WESTTOWN MOVERS, LLC
203 OAKWYNNE ROAD
BROOMALL, PA 19008

CERTIFIED MAIL™

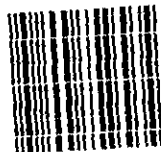


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UNITED STATES
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RETURN RECEIPT
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FIRST CLASS

Pa Public Utility Commission
P.O. Box 3265
Haverhill, Pa 17105-3265

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