

## 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.

RECEIVED

FEB 19 2019

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

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

AMERICAN TWIN MOVERS INC

- 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)

N/A

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** 6781790  
(See checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company please list members (LLC) or shareholders and officers (corporation).**

IZHAK LEVI

_____	_____
_____	_____
_____	_____
_____	_____

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

**325 SENTRY PKWY SUITE 200 BLDG 5 WEST**

Street Address

**BLUE BELL, PA 19422**

City, State and Zip Code

**301-235-0981**

Telephone Number

**MONTGOMERY**

County

The address entered here should be the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment.

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

**PO BOX 4482**

Street Address

**COLUMBUS, GA 31914**

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

No

Yes, at No. 2926018

- 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.**

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*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.

Ishak Levi  
(Print Name)

Izak Levi  
(Signature)

2/5/2019  
(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).

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

## 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.

### AMERICAN TWIN MOVERS INC

Legal Name of Applicant

Trade Name, if any

10125 COLESVILLE ROAD #219

Street Address (principal place of business)

SILVER SPRING

City or Municipality

MD

State

20901

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.

NAME: MICKI SANDERS

TITLE: COMPANY BOOKKEEPER

ADDRESS: PO BOX 4482, COLUMBUS, GA 31914

CONTACT #: 706-309-0140 EXT 402

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

The applicant, American Twin Movers, Inc, is a moving company based in the stated MD and operates solely as household goods carrier with no affiliations with any other company or carrier.

3. Please provide evidence of minimum of two-years' experience with a licensed household goods carrier as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-1-).

\*Resume attached

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SECRETARY'S BUREAU

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.

\* See Attached Forms

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:
- Your hiring standards for drivers;
  - Your system for conducting criminal background checks;
  - Your driver training program;
  - Your system for conducting driver license checks;
  - Your policies regarding alcohol and drug use by your drivers.

**\*See Attached Forms**

**\*See Attached Forms**

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.

<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SEATING CAPACITY*</b>	<b>VEHICLE ID #</b>	<b>MILEAGE</b>
2009	International	Box Truck	2 SEATS	1HTMMAAL79H158017	143,743

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
  - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

**\* See Attached Forms**

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

\* Certificate of Insurance Attached

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.

\* Form Attached

### 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.

Micki B. Sanders  
(Signature)

Micki Sanders, Bookkeeper  
(Name and Title, printed or typed)

2/5/2019  
(Date)

## IZHAK LEVI WORK EXPERIENCE KEY POINTS

**2002-2004 :** Worked as driver and lead foreman. Tasks included daily vehicle maintenance checks and driver assignments. Walking customers through the moving processes. Managing and strategizing moves to ensure efficiency. Managing 3-10-man crew.

**2005-2019:** Owner of American Twin Movers Inc. Initially worked as the driver/owner-operator, to build the business. Currently my responsibilities include, dealing with sales calls and providing over the phone customer service and sales quotes. Managing and operating dispatching of drivers daily. Interaction with 15-20 employees to ensure properly plan truck routing and issue daily assignments. Monitoring of log books, mileage and fuel reporting, drivers' hours services, and the collection of pre- and post-trip vehicle maintenance reports in accordance with DOT and FMCSA guidelines.

- Managing understaffing, disputes, employee terminations, and administrative disciplinary action procedures
- Processing and distributing of payroll for employees
- Negotiation of pricing with vendors regarding wholesale billing and marketing procedures
- Investigating and resolving customer inquiries and complaints in an empathic manner by listening and giving carefully formulated responses
- Providing staff training on operating procedures and company services
- Establishing and maintaining multiple vendor partnerships
- Completing quarterly performance reviews
- Communicating all emergencies, delays due to weather, and carrier schedule changes
- Forecasting labor requirements based on daily workload and company targets
- Monitoring warehouse costs and reduction of expenses when necessary
- Developing weekly schedules based on upcoming jobs and assignments



**AMERICAN TWIN MOVERS INC**

**ADDITIONAL ANSWERS TO PUC APPLICATION**

**Question #4**

Standard business operations will commence with the PA office located at 325 Sentry Pkwy Suite #200 Bldg. 5 West, Blue Bell, PA 19422 in the exact same manner as the home office, based in Silver Spring, MD.

All records; business and carrier, will be temporarily held at the home office location in Silver Spring until PA PUC has been approved and set-up for the PA office can commence.

All customer leads will be generated through the company website, google marketing, and a series of lead generation companies. Communication with the customers will be completed either in-person or via telephone, fax, or email.

The company will have (1) vehicle that will be dispatched from the PA office and remain on site and used only in the state of Pennsylvania. Communication between the company and the driver will take place via cellphone and/or email. The driver will be directed to only utilize either method of contact during non-drive time only. While in route, company will utilize a relay system "Voxer" that will allow the driver to hear verbal messages through his cellphone without the need to manipulate the device, allowing the companies observation of many state wide "hands-free" laws.

## **AMERICAN TWIN MOVERS INC**

### **ADDITIONAL ANSWERS TO PUC APPLICATION**

#### **Question #5**

American Twin Movers, Inc will utilize (1) driver for the PA location only. The decision to only have this one driver at the present time will allow an opportunity for our company to slowly build a positive reputation with our new clientele in the PA area, minus the pressure of having to maintain extensive sales to balance out labor cost. As the customer-base grows within this specific area we will intend to add additional drivers and units to ensure that our customer service remains at the superior level, matching that of our home office location.

#### **Question #5a**

The hiring requirements for any and all drivers for our company are as follows:

1. Minimum 2 years' experience, working within the household goods industry and driving commercially
2. Clean driving record
3. Completion and passing of a full background check

#### **Questions #5b**

All background checks will be completed by a 3<sup>rd</sup> party provider

#### **Questions #5c**

All training will be completed within a 1-week period. Each employee/driver will receive an initial orientation providing a detailed understanding of American Twin Movers Inc's policies and procedures for customer service, safety, and loading/unloading.

On the job training will continue for driver during the remaining training period, where he/she will observe a driver trainer while in operation and then will switch and drive while being observed. The trainer must sign off on the trainee understanding of all roadway laws and daily requirements that meet FMCSA/DOT regulations, authorizing him/her to operate on his/her own.

#### **Question #5d**

Any and all driver's will be required to have a Motor Vehicle Report pulled through their state Department of Motor Vehicles showing a 3-year driving history. No infractions will be permitted.

#### **Question #5e**

See Attached Alcohol and Drug policy

[Example]  
Question #5e

## **AMERICAN TWIN MOVERS INC**

### **SUBSTANCE ABUSE POLICY STATEMENT**

American Twin Movers Inc is committed to providing a safe work environment and to fostering the wellbeing and health of its employees. That commitment is jeopardized when any American Twin Movers Inc employee illegally uses drugs on or off the job, comes to work under the influence, possesses, distributes, or sells drugs in the workplace, or abuses alcohol on the job. Therefore, American Twin Movers Inc has established the following policy:

- (1) It is a violation of company policy for an employee to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job.
- (2) It is a violation of company policy for any employee to report to work under the influence or while possessing in his or her body, blood, or urine illegal drugs in any detectable amount.
- (3) It is a violation of company policy for any employee to report to work under the influence of or impaired by alcohol.
- (4) It is a violation of the company policy for any employee to use prescription drugs illegally, i.e., to use prescription drugs that have not been legally obtained or in a manner or for a purpose other than as prescribed. (However, nothing in this policy precludes the appropriate use of legally prescribed medications.
- (5) Violations of this policy are subject to disciplinary action up to and including termination.

It is the responsibility of the company's supervisors to counsel employees whenever they see changes in performance or behavior that suggest an employee has a drug problem. Although it is not the supervisor's job to diagnose personal problems, the supervisor should encourage such employees to seek help and advise them about available resources for getting help. Everyone shares responsibility for maintaining a safe work environment, and co-workers should encourage anyone who has a drug problem to seek help.

As a condition of employment, employees must abide by the terms of this policy and must notify American Twin Movers Inc in writing of any conviction of a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive, and drug-free environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs and the abuse of alcohol are incompatible with employment at American Twin Movers Inc.

\_\_\_\_\_ Employee Initial

[Example]

The company offers resource information on various means of employee assistance in our community, including but not limited to drug and alcohol abuse programs. Employees are encouraged to use this resource file, which is in our shop office at the front desk. In addition, we will distribute this information to employees for their confidential use.

#### **General Procedures**

An employee reporting to work visibly impaired will be deemed unable to properly perform required duties and will not be allowed to work. If possible, the employee's supervisor will first seek another supervisor's opinion to confirm the employee's status. Next the supervisor will consult privately with the employee to determine the cause of the observations, including whether substance abuse has occurred. If, in the opinion of the supervisor, the employee is considered impaired, the employee will be sent home or to a medical facility by taxi or other safe transportation alternative – depending on the determination of the observed impairment – and accompanied by the supervisor or another employee if necessary. A drug test may be in order. An impaired employee will not be allowed to drive.

#### **Opportunity to Contest or Explain Test Results**

Employees and job applicants who have a positive confirmed test result may explain or contest the result to the Company within five (5) working days after the Company contacts the employee or job applicant and shows him/her the positive test result as it was received from the laboratory in writing.

#### **Confidentiality**

The confidentiality of any information received by the employer through a substance abuse testing program shall be maintained, except as otherwise provided by law.

All job applicants at this Company will undergo testing for the presence of illegal drugs as a condition of employment.

Any applicant with a confirmed positive test will be denied employment. Applicants will be required to submit voluntarily to a specimen test at a laboratory chosen by the Company, and by signing a consent agreement will release this Company from liability.

If the physician, official or lab personnel has reasonable suspicion to believe that the job-applicant has tampered with the specimen, the applicant will not be considered for employment.

This Company will not discriminate against applicants for employment because of a prior history of drug abuse. It is the current abuse of drugs, preventing employees from performing their jobs properly, that this Company will not tolerate.

Individuals who have failed a pre-employment test may initiate another inquiry with the company after a period of not shorter than; six (6) months; but they must present themselves drug-free as demonstrated by urinalysis or other test selected by this Company.

\_\_\_\_\_ Employee Initial

[Example]

This Company has adopted testing practices to identify employees who use illegal drugs on or off the job or who abuse alcohol on the job. It shall be a condition of employment for all employees to submit to substance abuse testing under the following circumstances:

1. When there is reasonable suspicion to believe that an employee is using illegal drugs or abusing alcohol. 'Reasonable suspicion' is based on a belief that an employee is using or has used drugs or alcohol in violation of the employer's policy drawn from specific objective and articulable facts and reasonable inferences drawn from those facts considering experience. Among other things, such facts and inferences may be based upon, but not limited to, the following:
  - (A) Observable phenomena while at work such as direct observation of substance abuse or of the physical symptoms or manifestations of being impaired due to substance abuse;
  - (B) Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance;
  - (C) A report of substance abuse provided by a reliable and credible source;
  - (D) Evidence that an individual has tampered with any substance abuse test during his or her employment with the current employer;
  - (E) Information that an employee has caused or contributed to an accident while at work; or
  - (F) Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer's premises or while operating the employer's vehicle, machinery, or equipment.
2. When employees have caused or contributed to an; on-the-job injury that resulted in a loss of worktime, which means any period of time during which an employee stops performing the normal duties of employment and leaves the place of employment to seek care from a licensed medical provider. An employer may send employees for a substance abuse test if they are involved in on-the-job accidents where personal injury or damage to company property occurs.
3. As part of a follow-up program to treatment for drug abuse.
4. When a substance abuse test is conducted as part of a routinely scheduled employee fitness-for-duty medical examination that is part of the employer's established policy or that is scheduled routinely for all members of an employment classification or group.

Employees with a confirmed positive test result may, at their option and expense, have a second confirmation test made on the same specimen. An employee will not be allowed to submit another specimen for testing.

\_\_\_\_\_ Employee Initial

[Example]

If the physician, official, or lab personnel has reasonable suspicion to believe that the employee has tampered with the specimen, the employee is subject to disciplinary action up to and including termination.

An employee who is under the influence of alcoholic beverages at any time while on company business or at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not and whether on American Twin Movers Inc business or property or not, shall be guilty of misconduct and is subject to discipline up to and including termination.

An employee shall be determined to be under the influence of alcohol if the employee's normal faculties are impaired due to the consumption of alcohol,

Failure to submit to a substance abuse test is misconduct and shall be subject to discipline up to and including termination.

\_\_\_\_\_ Employee Initial

[Example]

## **AMERICAN TWIN MOVERS INC**

### **LETTER TO ALL EMPLOYEES**

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them. This Company is committed to creating and maintaining a workplace free of substance abuse without jeopardizing valued employees' job security.

To address this problem, our Company has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interests of all employees. Our policy formally and clearly states that the illegal use of drugs or abuse of alcohol or prescription drugs will not be tolerated. As a means of maintaining our policy, we have implemented pre-employment and active employee drug testing. This policy was designed with two basic objectives in mind:

1. Employees deserve a work environment that is free from the effects of illegal drug use or alcohol abuse and the problems associated with such, and
2. This Company has a responsibility to maintain a healthy and safe workplace. To assist us in providing a safe and healthy workplace, we maintain a resource file of information on various means of employee assistance in our community, including but not limited to drug and alcohol abuse programs. Employees are encouraged to use this resource file, which is located in our shop office at the front desk. In addition, we will distribute this information to employees for their confidential use.

An employee whose conduct violates this Company's Substance Abuse Policy will be disciplined up to and including termination.

I believe it is important that we all work together to make this Company a drug-free workplace and a safe, rewarding place to work.

Sincerely,

Izhak Levi  
President  
American Twin Movers Inc

\_\_\_\_\_ Employee Initial

[Example]

**AMERICAN TWIN MOVERS INC**

I hereby consent to submit to urinalysis and/or other tests as shall be determined by American Twin Movers Inc in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that \_\_\_\_\_  
(name of physician or clinic)

may collect these specimens for these tests them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current use of illegal drugs that prohibits me from being employed at this Company.

I further agree to hold harmless the company and its agents (including the above-named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:  
Print Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Applicant:  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

\_\_\_\_\_ Employee Initial



[Example]

**AMERICAN TWIN MOVERS INC**

**ACTIVE EMPLOYEE CERTIFICATE OF AGREEMENT**

I do hereby certify that I have received and read the American Twin Movers Inc Substance Abuse and Testing Policy and have had the Georgia Worker's Compensation Drug-Free Workplace certification program (O.C.G.A. 34-9-410) explained to me. I understand that if my performance indicates it is necessary, or in the case of random testing, I will submit to a substance abuse test. I also understand that failure to comply with a substance abuse test request, or a positive result may lead to termination of employment and denial of unemployment benefits. I understand that failure to submit to a substance abuse test, or a positive test result may affect my right to obtain Workers' Compensation benefits. I further agree to and hereby authorize the release of the results of said tests to the company. Nothing in this consent form is to be construed as a contract between the parties.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Employee Initial

**AMERICAN TWIN MOVERS INC**

**ADDITIONAL ANSWERS TO PUC APPLICATION**

**Questions #7a**

The driver will be required to complete a pre- and post-vehicle maintenance check ensuring that all necessary equipment is fully function and in good working order per, USDOT regulations. The form will be completed daily and will be submitted at the end of each work day signed by the driver. The driver will be required to report any equipment defects to a member of management immediately.

American Twin Movers Inc will also ensure that an annual inspection is completed for all vehicles within their fleet. This inspection will be completed by a licensed/certified inspection facility. The company will ensure that all operating parts within all vehicles is replaced within the standard time frame recommended by the inspection mechanic and the vehicle manufacturer.

**Question #7b**

Please see the attached Daily Driver Vehicle Inspection Report that will be used for this location. As previously stated, this form will be required for both pre- and post-trip vehicle checks. The driver will be required to submit this form before and after his/her shift.

[Example]  
Question #7b

### Driver's Daily Vehicle Inspection Report

As required by the Federal Motor Carrier Safety Regulations for Commercial Drivers

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Vehicle #: \_\_\_\_\_ Speedometer Reading: \_\_\_\_\_

**Check any defective item and give details under "Remarks".**

**(Car operators need only to inspect items with an asterisk "\*\*")**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Air Compressor    | <input type="checkbox"/> Horn                   | <input type="checkbox"/> *Safety Equipment                     |
| <input type="checkbox"/> Air Lines         | <input type="checkbox"/> *Lights                | <input type="checkbox"/> *Fire Extinguisher (if applicable)    |
| <input type="checkbox"/> *Battery          | <input type="checkbox"/> *Head                  | <input type="checkbox"/> *Reflective Triangles (if applicable) |
| <input type="checkbox"/> Body              | <input type="checkbox"/> *Tail                  | <input type="checkbox"/> *Spare Bulbs                          |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> *Stop                  | <input type="checkbox"/> *Spare Fuses                          |
| <input type="checkbox"/> *Brakes           | <input type="checkbox"/> *Dash                  | <input type="checkbox"/> *Back-up Alarm (if applicable)        |
| <input type="checkbox"/> Clutch            | <input type="checkbox"/> *Turn Indicators       | <input type="checkbox"/> *Seatbelts                            |
| <input type="checkbox"/> Defroster         | <input type="checkbox"/> *Emergency Flasher     | <input type="checkbox"/> Springs                               |
| <input type="checkbox"/> Drive Line        | <input type="checkbox"/> *Mirrors               | <input type="checkbox"/> Starter                               |
| <input type="checkbox"/> *Engine           | <input type="checkbox"/> Muffler-Exhaust System | <input type="checkbox"/> *Steering                             |
| <input type="checkbox"/> Fifth Wheel       | <input type="checkbox"/> *Oil Pressure          | <input type="checkbox"/> Tachograph                            |
| <input type="checkbox"/> Front Axle        | <input type="checkbox"/> Placards               | <input type="checkbox"/> *Wheels and Lugnuts                   |
| <input type="checkbox"/> *Fuel Tanks       | <input type="checkbox"/> *Radiator              | <input type="checkbox"/> Transmission                          |
| <input type="checkbox"/> Generator         | <input type="checkbox"/> *Rear End              | <input type="checkbox"/> *Windows                              |
| <input type="checkbox"/> Heater            | <input type="checkbox"/> *Reflectors            | <input type="checkbox"/> *Windshield Wipers                    |
|  |   | <input type="checkbox"/> Other _____                           |

**(This section to be filled out by truck/trailer drivers only.)**

Trailer(s) #(s) \_\_\_\_\_

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Brake Connections   | <input type="checkbox"/> Hitch        | <input type="checkbox"/> Roof               |
| <input type="checkbox"/> Brakes              | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Springs            |
| <input type="checkbox"/> Coupling Chains     | <input type="checkbox"/> Lights—All   | <input type="checkbox"/> Tarpaulin          |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Placards     | <input type="checkbox"/> Tires              |
| <input type="checkbox"/> Doors               | <input type="checkbox"/> Reflectors   | <input type="checkbox"/> Wheels and Lugnuts |
|  |                                       | <input type="checkbox"/> Other _____        |

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition of above vehicle(s) is/are satisfactory  YES  NO

Driver's Signature: \_\_\_\_\_

Above defects corrected  YES  NO

Above defects need not be corrected for safe operation of vehicle  YES  NO

Mechanic's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Reviewing Repairs, Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Question #10

American Twin Movers  
Statement of Financial Position  
As of December 31, 2018

	<u>Assets</u>
<b>Current Assets</b>	
Cash	3,405
<b>Tangible Assets</b>	
Motor Vehicle Equipment	47,000
Less: Accumulates Depreciation	30,550
	16,450
<b>Total Assets</b>	<b>19,855</b>
<b>Total Assets</b>	<b>23,260</b>
<b>Liabilities and Stockholders Equity</b>	
<b>Stockholders Equity</b>	
Retained Earnings	23,260
<b>Total Liabilities and Equity</b>	<b>23,260</b>

## CORPORATION MEMBER LIST

**COMPANY NAME:** AMERICAN TWIN MOVERS INC

**PA ENTITY ID NUMBER:** 6781790

**SOLE OFFICER:** IZHAZ LEVI  
PRESIDENT

**HOME ADDRESS:** 808 North Belgrade Rd  
Silver Spring, MD 20902

**OWNERSHIP PERCENTAGE:** 100%

**RECEIVED**

FEB 19 2019

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206  
P.O.BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.PA.GOV

MICKI SANDERS  
PO BOX 4482  
COLUMBUS GA 31914

**RECEIVED**

FEB 19 2019

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU


AMERICAN TWIN MOVERS INC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT [www.dos.pa.gov/BusinessCharities](http://www.dos.pa.gov/BusinessCharities) OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT [www.corporations.pa.gov/Search/CorpSearch](http://www.corporations.pa.gov/Search/CorpSearch) .

ENTITY NUMBER : 6781790

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Document will be returned to the name and address entered below. <b>MICKI SANDERS</b>	<b>Foreign Registration Statement</b> DSCB: 15-412 (rev. 2/2017)  <b>412</b>
Name PO BOX 4482,	
Address COLUMBUS GA 31914	
City State Zip Code	

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$250.00

I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- Business Corporation       Limited Partnership       Business Trust  
 Nonprofit Corporation       Limited Liability (General) Partnership       Professional Association  
 Limited Liability Company       Limited Liability Limited Partnership

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

AMERICAN TWIN MOVERS INC

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

3. The jurisdiction of formation:

MD

4. The street and mailing address of the association's principal office.

10125 COLESVILLE ROAD,#219      SILVER SPRING      MD      20901

Number and street

City

State

Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

10125 COLESVILLE ROAD,#219      SILVER SPRING      MD      20901

Number and street

City

State

Zip

**F**

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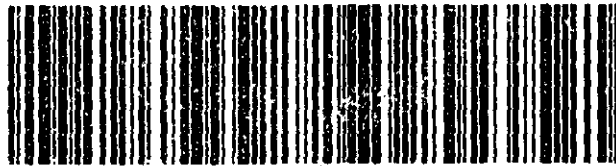
PRIORITY PAPER TRAIL  
PO Box 4482  
Columbus GA 31914

**0022**

**C000**

SHIP TO: Secretary, PA Public Utility Commission  
400 North Street Floor 2nd  
Harrisburg PA 17120-0202

**USPS TRACKING #**



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