

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.

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

Birdish 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)

TWO MEN AND A TRUCK of PRINCETON

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- 2019-3008925

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

6841970

(See checklist and indicate type of business entity registered)

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5. **If either a Corporation or Limited Liability Company please list members (LLC) or shareholders and officers (Corporation).**

BRITTANY ISHMAN

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

41 TWOSOME DRIVE SUITE #7

Street Address

MOORESTOWN, NJ 08057

City, State and Zip Code

856-533-5900

Telephone Number

BURLINGTON

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)

Street Address

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

 X

Yes, at No. 2908342

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

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.

Brittany Ishman

(Print Name)

Brittany Ishman

(Signature)

8/8/19

(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).

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.

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BIRDISH INC.

Legal Name of Applicant

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SECRETARY'S BUREAU

TWO MEN AND A TRUCK of PRINCTON

Trade Name, if any

41 TWOSOME DRIVE SUITE #7 MOORESTOWN, NJ

08057

Street Address (principal place of business)

City or Municipality

State

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.

BRITTANY ISHMAN, OWNER

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

NONE

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

WORKED FOR TWO MEN AND A TRUCK INTERNATIONAL, INC FOR FIVE YEARS AS HEAD OF SAFETY AND RISK MANAGEMENT.

HOLDS CURRENT HOUSEHOLD GOODS AUTHORITY IN NEW JERSEY FOR THE PAST TWO YEARS.

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.

HAVE 2000 SQ FEET OFFICE WITH A WAREHOUSE OF 5000 SQ FEET, ALL TRUCKS HAVE GPS AND TABLETS FOR FULL COMMUNICATION WITH DRIVERS, HAVE A SALES TEAM OF FOUR IN THE OFFICE AND THE FEILD.

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; **FULL BACKGROUND IS DONE BEFORE HIRING AS WELL AS DRUG SCREENS.**
 - Your system for conducting criminal background checks; **INTELLICORP**
 - Your driver training program; **A DRIVER MUST COMPLETE 30 DAYS OF MOVES AS A MOVER BEFORE BEING ELIGIBLE TO BECOME A DRIVER. ONCE PROMOTED TO DRIVER THEY HAVE A THREE DAYS ONLINE TRAINING AND A SEVEN DAYS TRAINING WITH A TEAM LEAD BEHIND THE WHEEL.**
 - Your system for conducting driver license checks; **WE GO THROUGH AN INSURANCE COMPANY TO RUN ALL MVRS AND THEY SEND US A COPY BEFORE THEY CAN DRIVE.**
 - Your policies regarding alcohol and drug use by your drivers. **NO TOLERANCE POLICY.**

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2016	FORD	STRAIGHT TRUCK	3	2	28,525
2017	FORD	STRAIGHT TRUCK	5	3	40,250
2018	INTERNATIONAL	STRAIGHT TRUCK	3	4	36,260
2018	INTERNATIONAL	STRAIGHT TRUCK	3	5	32,200
2018	FREIGHTLINER	STRAIGHT TRUCK	3	6	35,850
2018	INTERNATIONAL	STRAIGHT TRUCK	3	7	39,650
2018	INTERNATIONAL	STRAIGHT TRUCK	3	8	19,425

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan **WE HAVE A FULL MAINTENANCE BOARD AS WELL AS ONLINE PROGRAM THROUGH OUR E LOGS AND DVIR PROGRAM. ALL TRUCKS ARE INSPECTED BY THE STATE ONCE A YEAR AND ARE SERVICED EVERY 3-5K MILES**
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175). **ALL TRUCKS HAVE ANNUAL INSPECTIONS PER DOT. DVIRS ARE COMPLETED DAILY.**

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums. **CURANNTLY HAVE INSURANCE AND MEET ALL STANDERDS**

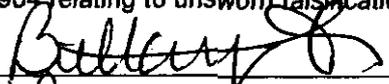
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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.

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.


(Signature)
President, Brittany Ishman
(Name and Title, printed or typed)

8/10/19
(Date)

Statement of Financial Position (Balance Sheet)
As of (date) JULY 31,2019

ASSETS

Current Assets			
Cash		125,000	
Other Current Assets (specify)		<u>120,000</u>	
Total Current Assets			<u>245,000</u>
Tangible Assets			
Motor Vehicle Equipment		700,000	
Property (buildings, land, etc.)		<u>0</u>	
Office Equipment			<u>10,000</u>
	TOTAL ASSETS		<u>955,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)			
Loans		50,000	
Credit cards/revolving credit		<u>30,000</u>	
Other Liabilities (Attach schedule)			
Total Current Liabilities			<u>80,000</u>
Long Term Liabilities (Due after one year of date)			
Mortgage		0	
Long term commercial loan		<u>525,000</u>	
Other Liabilities (Attach Schedule)		<u>0</u>	
Total Long Term Liabilities			<u>525,000</u>
	TOTAL LIABILITIES		<u>605,000</u>

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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

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SECRETARY'S BUREAU

Two Men And A Truck Of Princeton
41 Twosome Dr Suite 7
Morrestown NJ 08057

TWO MEN AND A TRUCK of Princeton

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 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.

ENTITY NUMBER : 6841970

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

<input type="checkbox"/> Return document by mail to: Name _____ Address _____ City _____ State _____ Zip Code _____	Registration of Fictitious Name DSCB:54-311 (rev. 7 2015)  TML190223MC0236
<input checked="" type="checkbox"/> Return document by email to: qc0477@twomen.com	

Read all instructions prior to completing. This form may be st

Fee: \$70

In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is:
TWO MEN AND A TRUCK of Princeton

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is:
Moving and Storage

3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable):
41 Twosome Drive, Suite 7, Moorestown, NJ 08057 - Burlington

Number and street	City	State	Zip	County
41 Twosome Drive, Suite 7	Moorestown	NJ	08057	Burlington

4. The name and address, including number and street, if any, of each individual interested in the business is:

Name	Number and Street	City	State	Zip
Brittany Ishman	41 Twosome Drive, Suite 7	Moorestown	NJ	08057

STATE OF NEW JERSEY
Certificate of Authority

DIVISION OF TAXATION
TRENTON, N.J. 08695



The person, partnership or corporation named below is hereby authorized to collect:
NEW JERSEY SALES & USE TAX

pursuant to N.J.S.A. 54:32B-1 ET SEQ.

This authorization is good ONLY for the named person at the location specified herein.
This authorization is null and void if any change of ownership or address is effected.

Acting Director, Division of Taxation

BIRDISH, INC
TWO MEN AND A TRUCK OF PRINCET
41 TWOSOME DR STE 7
MOORESTOWN NJ 08057

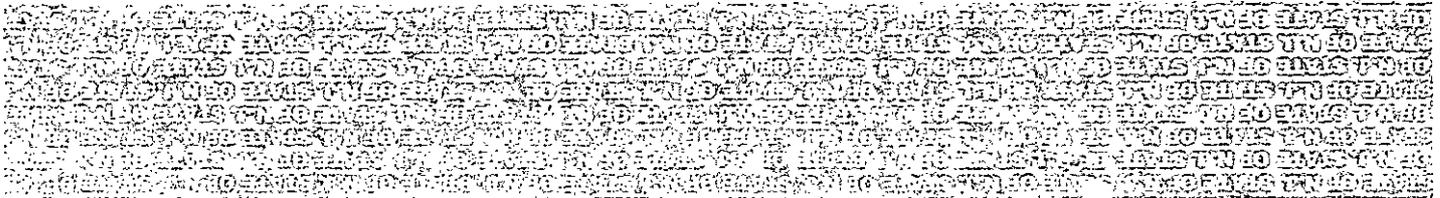
Tax Registration No: **xxx-xxx-981/000**

Tax Effective Date: **10-01-16**

Document Locator No. **C0000631814**

Date Issued **10-14-16**

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address





BIRDINC-01

EGAME1

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 12/07/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Selzer Company 975 Easton Road Ste. 100 Warrington, PA 18976	CONTACT NAME: PHONE (A/C, No, Ext): (215) 491-2700 FAX (A/C, No): E-MAIL ADDRESS:														
RECEIVED															
AUG - 8 2019															
INSURED Birdish, Inc. 41 Twosome Drive, ste 7 Moorestown, NJ 08057	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Protective Insurance Company</td> <td style="text-align: center;">12416</td> </tr> <tr> <td>INSURER B: Hallmark Insurance Company</td> <td style="text-align: center;">34037</td> </tr> <tr> <td>INSURER C: NJM Insurance Company</td> <td style="text-align: center;">12122</td> </tr> <tr> <td>INSURER D: Granite State Ins. Co.</td> <td style="text-align: center;">23809</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Protective Insurance Company	12416	INSURER B: Hallmark Insurance Company	34037	INSURER C: NJM Insurance Company	12122	INSURER D: Granite State Ins. Co.	23809	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

 PA PUBLIC UTILITY COMMISSION
 SECRETARY'S BUREAU

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL (SUBR) (INSR) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	MC-00000306-00	09/21/2018	09/21/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Hired Auto Phys Dmg <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		MC-00000306-00	09/21/2018	09/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coil \$ 1,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		77HU189092	09/21/2018	09/21/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	W40364-2-18	03/31/2018	03/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Inland Marine		02-LX-027573305-0	09/21/2018	09/21/2019	Cargo \$ 100,000
D	Inland Marine		02-LX-027573305-0	09/21/2018	09/21/2019	Warehouse \$ 200,000

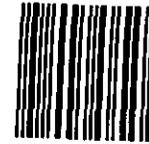
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Niasia Rouse at Slate House Group Property Management and Roebiling Lofts are additional insured with respect to general liability for move conducted by named insured per form CG2026 subject to all policy terms and provisions.

CERTIFICATE HOLDER
CANCELLATION

Niasia Rouse at Slate House Group Property Management Roebiling Lofts 71 Clark Street Trenton, NJ 08611	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Lisa Toppey</i>
--	---

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17120

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EPA 1-Day
MEDFORD, NJ
08055
AUG 08, 19
AMOUNT
\$25.50
R2304H108027-03

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EJ 045 646 409 US

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FROM: (PLEASE PRINT) **PHONE:** ()

TMT
4/Two Some Ph
Moorestown, NJ 08051

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available)

10:30 AM Delivery Required (additional fee, where available)

*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) **PHONE:** ()

Secretary PA PUC
400 North Street 2nd Floor
Harrisburg, PA

ZIP + 4® (U.S. ADDRESSES ONLY)

17120

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
08055	8-9-19	\$ 25.50	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
8-8-19	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	\$ -	\$ -
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	\$ -	\$ -	\$ -
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
\$ -	\$ -	25.50	
Weight	<input checked="" type="checkbox"/> Flat Rate	Acceptance Employee Initials	
lbs. ozs.			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

IF USED INTERNATIONALLY,
CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



July 2013 OD: 12.5 x 9.5



S 1000100006

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LABEL 11-8, MARCH 2019 PSN 7690-02-000-8998

