

A-2019-3013560

Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, Ronald E Beck, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Failure to comply with this request within 10 working days from the date of this letter will result in the denial of the application.

Please direct any questions to Jerome Elliott, Bureau of Technical Utility Services at 717.214-7155. Faxed or emailed filings are **not** accepted.

Sincerely,



Rosemary Chiavetta
Secretary

Enclosure

RECEIVED

NOV 26 2019

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

446784

Docket No. A-2019-3013560
Ronald E Beck t/a First Step Movers
Request for Information

The question states that you must: Please provide evidence of minimum of two-years' experience with a licensed household goods carrier or the equivalent as required by 52 PA Code Section 3.381(c)(1)(888)(A)(II).

This means that we need to see actual proof / evidence, such as a W-2 form, pay stubs, or other definitive proof that you have, in fact, worked for a licensed carrier.

NOV 20 2019
PA 2019-3013560

PRESS FIRMLY TO SEAL



1007



17120

U.S. POSTAGE PAID
PME 1-DAY
WASHINGTON, PA
15301
NOV 26, 18
AMOUNT

\$25.50
R2304E108543-16



**PRIORITY
MAIL
EXPRESS®**



EE 495 155 686 US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE 717 222-9986

Ron Beck T/A First Step Movers
221 Third ST
Washington Pa 15301

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 ()

Rosemary Chiavetta Secretary
Pa Public Utility Commission
Commonwealth Keystone Building
400 North Street

ZIP+4® (U.S. ADDRESSES ONLY)

Harrisburg Pa 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 15301	Scheduled Delivery Date (MM/DD/YY) 11-27-19	Postage \$ 25.50
Date Accepted (MM/DD/YY) 11-26-19	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$
Time Accepted 8:08 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Live Animal Transportation Fee \$
Weight lbs. ozs.	Acceptance Employee Initials CJ	Total Postage & Fees \$ 25.50

DELIVERY (POSTAL SERVICE USE ONLY)

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

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

PEEL FROM THIS CORNER

LABEL 11-B, JULY 2018

PSN 7690-02-000-9998

**STATES
SERVICE.**