



COMMONWEALTH OF PENNSYLVANIA

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

July 10, 2024

Docket No. A-2024-3049983

**BETTER CHOICE MOVING LLC
309 BROAD ST
HARLEYSVILLE PA 19438**

Re: Application of Better Choice Moving, LLC, 309 Broad St., Harleysville, Montgomery County, PA 19438. 215-622-8140

To Whom It May Concern:

On July 9, 2024, the application of BETTER CHOICE MOVING, LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information on how to efile is available at the following link: <https://www.puc.pa.gov/>**

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

I, _____, 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.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,


Rosemary Chiavetta, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2024-3049983
BETTER CHOICE MOVING, LLC
Data Request

1. Please provide **evidence** of minimum of two-years' experience with each licensed household goods carrier as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-1-). Submitted documentation should clearly demonstrate at least two years of employment (W2s are insufficient because they only show that a person was employed at some point during the year; they do nothing to indicate the duration of the employment).

Generally, the easiest means of submitting evidence is an official letter, composed on the qualifying previous employer's letterhead which indicates the full scope of employment. This should include descriptions of the applicant's periods of employment and descriptions of the applicant's work responsibilities. Finally, this letter should be signed and certified by a company executive in accordance with 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities. (sample text below)

I, _____, 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).

Additional methods of submitting evidence may also be acceptable; however, it is essential that they clearly demonstrate full compliance with the statutorily required two years of experience.

2. Question #5 of the applicant's verified statements requires that you describe your hiring and employment policies. You are expected to provide a PLAN that satisfies the requirements of 52 Pa Code. Please review the requirements of the following chapters of 52 Pa Code and provide a revised compliant plan for drivers.
 - 52 Pa Code § 37.204, 49 CFR 391.25 - Driver history. (schedule and retention)
 - 52 Pa Code § 31.134 - Criminal history. (schedule and retention)

Additionally, while Mr. Duncan has indicated that he will not be functioning as a driver, he has failed to indicate how many drivers will be employed by the applicant and provided no explanation as to why that number is adequate to service the requested statewide operating rights.

The purpose of the verified statement questions is to determine your ability to provide safe, efficient, and reasonable transportation. It is in your best interest to provide accurate, complete, and timely responses. Failure to do so is sufficient grounds to justify the denial of your application because YOU have failed to provide sufficient evidence of your fitness to operate. Be advised that additional corrections may not always be requested; therefore, prior to submitting your responses, your consultation with an attorney or financial expert familiar with Commission regulated Motor Carrier related proceedings is highly encouraged.

3. Please review the below criteria and submit a revised compliant Statement of Financial Position.
- a. The statement presented must be **DATED** and comprised of information which is less than 6 months old.
 - b. The submission **MUST** be comprised of information which is **accurate as of the date provided.**
 - c. **The information is to be exact and should not include estimates or approximations when accurate numbers are available.**
 - d. **ALL** relevant **assets and debts** are to be included (**for example: vehicle loan balances/vehicle asset value, etc.**).
 - e. The information provided is also to be strictly limited to assets and debts **HELD BY THE APPLICANT (BETTER CHOICE MOVING, LLC), and not the individual member(s).** Any property and accounts listed MUST be registered or titled to the corporation. Bank accounts must be in the name of **BETTER CHOICE MOVING, LLC. Vehicles must be registered to BETTER CHOICE MOVING, LLC. Property must be titled to BETTER CHOICE MOVING, LLC. If these items are not in the name of BETTER CHOICE MOVING, LLC, they should NOT be included on the balance sheet.**

To further assist the Commission in verifying the accuracy of your presented balance sheet, please provide either a copy of a bank statement, or a signed letter from a bank executive, verifying the current account balance(s) and showing the account holder name as **BETTER CHOICE MOVING, LLC**. Also, please provide proof of purchase/registration for **BETTER CHOICE MOVING, LLC**, of any and all vehicle assets.

The purpose of the verified statement questions is to determine your ability to provide safe, efficient, and reasonable transportation. It is in your best interest to provide accurate, complete, and timely responses. Failure to do so is sufficient grounds to justify the denial of your application **because YOU have failed to provide sufficient evidence of your fitness to operate.** Be advised that additional corrections may not always be requested; therefore, prior to submitting your responses, your consultation with an attorney or financial expert familiar with Commission regulated Motor Carrier related proceedings is highly encouraged.