



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.

A handwritten signature in black ink, appearing to read 'Rosemary Chiavetta', is written over a horizontal line.

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.

Please Review Attachments. Here I Prove my nearly Two Year Employment at College Hunks in Hatfield, PA. I have also worked at Clemmers Moving, & Storage in Telford, PA. for 1 year. I have been requesting an Employment Verification Letter, However they are not willing to supply me with this. I Have attached screenshots of pictures of me actively working, & of my daily header sheets.

College Hunks A-2016-2562858

Clemmers Moving A-00094147

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.

2.) After carefully reviewing Title 52 Pa Code § 37.204, 49 CFR 391.25, I understand and will do the Following.

-Every 12 months, make an inquiry to obtain the motor vehicle record of each driver we employ, covering at least the preceding 12 months, to each driver's licensing authority where the driver held a commercial motor vehicle operator's license or permit during the time period.

-every 12 months, review the motor vehicle record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a commercial motor vehicle pursuant to § 391.15.

-consider any evidence that the driver has violated any applicable Federal Motor Carrier Safety Regulations.

-consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

-A copy of the motor vehicle record required by paragraph (a) of this section shall be maintained in the driver's qualification file.

-A note, including the name of the person who performed the review of the driving record required by paragraph (b) of this section and the date of such review, shall be maintained in the driver's qualification file.

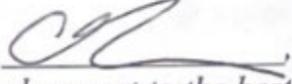
-We will not permit a person to provide moving services in a shipper's dwelling until it has obtained and reviewed a criminal history record from the Pennsylvania State Police and from every other state in which the person resided for the last 12 months.

-Following receipt of the initial criminal history record, we will obtain and review a criminal history record for each employee providing moving services from the Pennsylvania State Police every 2 years from the date of the last criminal history check.

-we will not permit a person to provide moving services in a shipper's dwelling when the person was convicted of a felony or a misdemeanor under the laws of the Commonwealth or under the laws of another jurisdiction, to the extent the conviction relates adversely to that person's suitability to provide service safely and legally.

-A copy of the criminal history shall be maintained for at least 3 years.

Additionally, We Aim to Provide Moving Services with our 1 Truck for the Remainder of this Year. We are Confident we will be able to Maintain an Influx of around 30-40 Customers a Month with 1 Truck, & 1 Driver. Because of this we feel we can Safely, & Accurately predict the Work/Upkeep required to Service the Amount of Customers we will Receive while also doing an Amazing Job for our Customers/Provide consistent work for our Two Employees. As we Scale we will Hire Another Driver, and Buy Another Truck.

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).

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.

I Have submitted an updated balance sheet to assist the PUC in validating our

Assets/Liabilities. I Have also uploaded required Proof of Account Balances, & We have Registered the Truck/Title into Better Choice Moving LLC. Attached is also documentation proving Proof Of Purchase./Registration Paperwork

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).

Balance Sheet

Statement of Financial Position (Balance Sheet)
As of (date) 7/21/2024
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$28,234.69	
Other Current Assets (specify)		
Total Current Assets		\$28,234.69
Tangible Assets		
Motor Vehicle Equipment	\$12,306	
Property (buildings, land, etc.)	0	
Office Equipment		0
TOTAL ASSETS		40,540.69

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit		
Other Liabilities (Attach schedule)		
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
TOTAL LIABILITIES		

App MCC Household Goods
rev 12/6/21

8



To Whom This May Concern,

My name is Ryan Ferrier and I am proud to offer my recommendation of Cameron Duncan with Better Choice to whom I have personally known as a professional moving labor provider.

During my relationship with Cameron, I have experienced an individual who puts his employees and clients first, works hard, and carries himself in a polite, respectable manner.

Cameron has always always shown his passion for the moving industry and determination to become one of the top companies in his service area.

He is not afraid to ask for advice or guidance from other professionals and continues to make every effort to further educate himself on evolving industry practices in keeping his business practice standards high.

His operations and business practice have exceeded many of his current competitors and his reputation for providing great service is well-known in the community.

Please do not hesitate to contact me if you require any further information.

Sincerely,

Ryan Ferrier
Founder
Packhorse Moving®
610-787-0782
info@packhorsemoving.com
PAPUC: A-8923623



To whom it may concern,

This letter is to validate the employment for Cameron Duncan. He worked for our company:

College Hunks Hauling Junk & Moving (Bucks County)

He joined August 26, 2020 and worked until May 20, 2022. He served a few positions:

- Wingman
- Captain

The job descriptions are as follows:

Wingman:

1. Function as a navigator, mover, and assistant to the captain
2. Work hard and smart to safely move items from customers' homes, offices, and buildings
3. Assist the Truck Captain by being a spotter for difficult truck maneuvers and backing up, completing paperwork, and navigating to and from the job sites.
4. Keep track of, and maintain the order for all truck contents (tools, clipboards, safety equipment, paperwork)
Distribute marketing material, clean the truck at end of the day, complete daily check list and "Thank You" postcards.

Captain:

1. Safely operate the move truck at all times.
 2. Make sure all daily truck inspections are performed (check list)
 3. Make sure that the truck has enough paperwork, safety equipment, tools (also special tools required for a specific job on the schedule)
 4. Maintain the written estimate with the client and set proper expectations regarding potential increases from estimate.
 5. Lead your team by example.
 6. Train wingman about the day-to-day operations
 7. Prevent careless and costly mistakes, including damage, injury, unhappy clients, and lost equipment.
- Complete end of day activities (settle truck, complete paperwork, and checklists).

Sincerely,

A handwritten signature in black ink, appearing to read "Cosmo D Losco". The signature is enclosed within a hand-drawn, irregular oval shape.

Cosmo D Losco

Franchise Owner

PENNSYLVANIA MOTOR VEHICLE BILL OF SALE

1. LOCATION OF SALE.

This bill of sale was created on the 12 day of July, 2024 in the County of Montgomery, State of Pa.

2. THE PARTIES.

Buyer's Name: Better Choice Moving, LLC with a mailing address of _____ ("Buyer").

Seller's Name: Fins, Feathers Paws & Claws with a mailing address of _____ ("Seller").

The Buyer and Seller hereby agree as follows:

3. THE EXCHANGE.

(check one)

- Cash Payment. The Buyer agrees to pay \$ 1000.⁰⁰ (US Dollars) to the Seller.

- Trade-in. The Buyer agrees to pay \$ _____ (US Dollars) and trade-in their vehicle described as (trade-in vehicle):

Make: _____ Model: _____ Body-Type: _____

Year: _____ Color: _____ Odometer: _____ Miles

- Gift. The Seller is giving the vehicle as a gift to the Buyer. The value of the vehicle is \$ _____ (US Dollars).

The above-checked selection is in exchange for the possession and ownership of the

4. VEHICLE DESCRIPTION.

Make: Ford Model: E350 Body-Type: Truck
Year: 2007 Color: Yellow Odometer: 132,052 Miles
Vehicle Identification Number (VIN): 1FDSE356L7DA15308 (17 Characters)

5. TAXES.

All municipal, county, and State taxes in relation to the purchase of the vehicle, including sales taxes, are included not included in the purchase price.

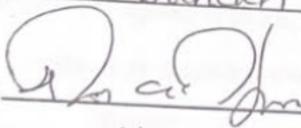
6. BUYER AND SELLER CONDITIONS.

The undersigned Seller affirms that the above information about the vehicle is accurate to the best of their knowledge. The undersigned Buyer accepts receipt of this bill of sale and understands that the above vehicle is sold on an "as is, where is" condition with no guarantees or warranties, either expressed or implied.

7. AUTHORIZATION.

Buyer Signature:  Date: 7-12-24

Print Name: Cameron Duncan

Seller Signature:  Date: 7-12-24

Print Name: Thomas Herron

FOLD AND DETACH HERE

FOLD AND DETACH HERE

(PART B)

R319

PENNSYLVANIA DEPARTMENT OF TRANSPORTATION

Control# B 7993419

Place Your
Registration Plate
Number and
Dealer/Business
Partner ID# Sticker
Here

ZYB1704 1800266E	E	10	10	24	E
	X				
	P				P
	R				R
	E				E
	S	MONTH	DAY	YEAR	S

TEMPORARY REGISTRATION PERMIT





BETTER CHOICE MOVING LLC
309 BROAD ST
HARLEYSVILLE PA 19438

Page: 1 of 6
Statement Period: Jun 01 2024-Jun 30 2024
Cust Ref #: **ACCT NO REDACTED**
Primary Account #: **ACCT NO REDACTED**

TD Business Simple Checking

BETTER CHOICE MOVING LLC

Account: **ACCT NO REDACTED**

ACCOUNT SUMMARY

Beginning Balance	61.50	Average Collected Balance	839.17
Deposits	6,367.00	Interest Earned This Period	0.00
Electronic Deposits	4,292.50	Interest Paid Year-to-Date	0.00
Other Credits	70.00	Annual Percentage Yield Earned	0.00%
		Days in Period	30
Electronic Payments	6,441.44		
Other Withdrawals	70.00		
Service Charges	10.00		
Ending Balance	4,269.56		

	Total for this cycle	Total Year to Date
Grace Period OD/NSF Refund	\$70.00	\$105.00

DAILY ACCOUNT ACTIVITY

Deposits

POSTING DATE	DESCRIPTION	AMOUNT
06/17	DEPOSIT	1,060.00
06/27	DEPOSIT	5,307.00
	Subtotal:	6,367.00

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
06/17	TD ZELLE RECEIVED, 416700J0EBVZ Zelle RYAN PARMER	872.50
06/17	TD ZELLE SENT REFUND, 416800L07GWO Zelle	450.00
06/20	CCD DEPOSIT, AUTOBOOKS FUNDS DISB 26502159012611	1,115.00
06/21	CCD DEPOSIT, AUTOBOOKS FUNDS DISB 26502160357211	977.50
06/24	CCD DEPOSIT, AUTOBOOKS FUNDS DISB 26502161820019	487.50
06/25	CCD DEPOSIT, AUTOBOOKS FUNDS DISB 26502163160513	390.00
	Subtotal:	4,292.50

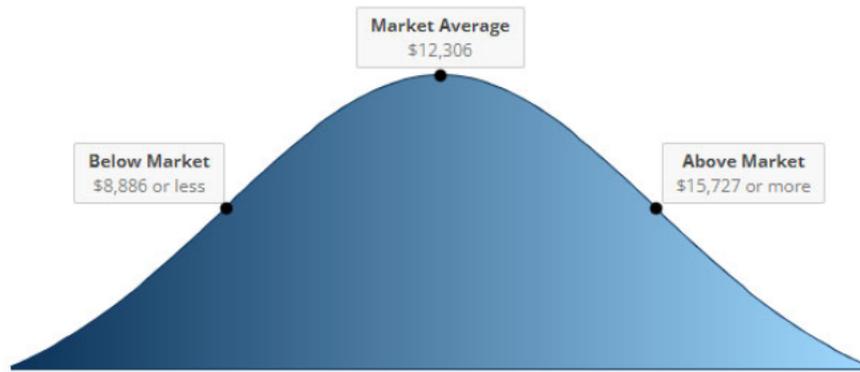
Other Credits

POSTING DATE	DESCRIPTION	AMOUNT
06/18	OD GRACE FEE REFUND	35.00
06/20	OD GRACE FEE REFUND	35.00
	Subtotal:	70.00

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

✓ **Market Value**

Market Value for 2007 Ford Econoline E350 Super Duty



Estimates based on **57 similar vehicles sold** between Mar 20, 2024 - Jul 13, 2024

ASSUMPTIONS

Current Mileage: 118,316 miles

Time Period: Past 6 months

ESTIMATES

Market Value: \$8,886 - \$15,727

Estimate Certainty: 99%

POWERED BY



✓ **Ownership Cost**

MV-4ST (1-19)



**VEHICLE SALES AND USE TAX RETURN/
APPLICATION FOR REGISTRATION**

Attach PA Title - Type or Print • Make check payable to Commonwealth of PA
Bureau of Motor Vehicles • P.O. Box 68593 • Harrisburg, PA 17106-8593

No. **H 7188554**

MV-4ST (1-19)				H. TAX/FEES		1ST ASSIGNMENT	2ND ASSIGNMENT
A. VEHICLE PURCHASED	PA Title Number (as Shown on Attached Title)	Make of Vehicle	Model Year	Purchase Price (See Note on Reverse)	1000. ⁰⁰		
	Vehicle Identification Number	Condition <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		Less Trade-In			
B. SELLER	Last Name (or Full Business Name) First Name Middle Name			Taxable Amount	1000. ⁰⁰		
	Co-Seller			1. Sales Tax Due X 6% (OR) X 7% (ST) OR X 8% (OR) * (See Note on Reverse)	60. ⁰⁰		
C. 1ST PURCHASER	Last Name (or Full Business Name) First Name Middle Name PA DL/ID# or Bus. ID# Date of Birth			1A. Exemption Reason Code (Must Be a Number From 1 To 23 Or 0)			
	Co-Purchaser Last Name First Name Middle Name PA DL/ID# Date of Birth			1B. First Assignment Exemption No.		1B. Second Assignment Exemption No.	
D. 2ND PURCHASER	Street			2. Title Fee	6700		
	City State Zip Code Date Acquired/Purchased			3. Lien Fee			
E. VEHICLE TRADED	Last Name (or Full Business Name) First Name Middle Name PA DL/ID# or Bus. ID# Date of Birth			4. Registration or Processing Fee	363. ⁰⁰		
	Co-Purchaser Last Name First Name Middle Name PA DL/ID# Date of Birth			Fee Exempt No. as Assigned by the Department			
F. APPLICATION FOR REGISTRATION	Street			5. County Fee * (See Note on Reverse)	5. ⁰⁰		
	City State Zip Code Date Acquired/Purchased			6. Duplicate Reg. Fee No. of Dup. Reg. Cards			
G. ADDITIONAL TITLE INFORMATION	Make of Vehicle			7. Transfer Fee			
	Vehicle Identification Number			8. Increase Fee			
I. SIGNATURE	Model Year			9. Replacement Fee			
	Body Type (CP, TK, etc.)			Total Paid (Add 1 Thru 9)	10. 394. ⁰⁰	11.	
J. SIGNATURE	Condition <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			12. Grand Total (Add 10 & 11)	Send One Check in This Amount →	394. ⁰⁰	
	<input type="checkbox"/> Registration plate to be issued by Department (Proof of insurance must be attached.) <input type="checkbox"/> Exchange registration plate to be issued by Department <input type="checkbox"/> Temporary registration plate issued by Full Agent (NOTE: This registration plate will expire 90 days from date of issuance.)			<input type="checkbox"/> Transfer of Previously Issued Registration Plate <input type="checkbox"/> Transfer & Renewal of Registration Plate <input type="checkbox"/> Transfer & Replacement of Registration Plate			
Registration Plate No. _____ Reason for Replacement <input type="checkbox"/> LOST <input type="checkbox"/> DEFACED <input type="checkbox"/> STOLEN <input type="checkbox"/> NEVER RECEIVED (Lost in Mail) NOTE: If "NEVER RECEIVED" block is checked, applicant must complete Form MV-44.							
Expires _____ Month _____ Year _____ Transferred from Title No. _____ VIN _____							
Signature of person from whom registration plate is being transferred (if other than applicant) _____ Sign Here _____ Relationship To Applicant _____							
Temp. Registration Plate No. _____							
Vehicle Purchased Weight Information (If Applicable) → GVWR _____ Unladen Weight _____ Reg. Reg. Gross Wt. (Including Load) _____ Reg. Reg. Gross Comb. Wt. (If Applicable) _____							
Insurance Company Name _____ Policy No. (or Attach Bond) _____ Policy Effective Date _____ Policy Expiration Date _____							
ISSUING AGENT INFORMATION: I certify that on month _____ day _____ year _____ I have checked to determine that the vehicle is insured and issued temporary registration to the above applicant, in compliance with all applicable provisions of the Vehicle Code and department regulations.				Issuing Agent (Print Name) _____ Agent No. _____ Issuing Agent Signature _____ Telephone No. _____			
NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants with Rights of Survivorship" (on death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/> . Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to their heirs or estate). NOTE: If the vehicle is to be used as a daily rental or leased vehicle. CHECK HERE <input type="checkbox"/> . If block is checked, complete and attach Form MV-1L.							
I/We certify that I/we have examined and signed this application after its completion. I/We further certify that all statements herein are TRUE and CORRECT and make application for certificate of title for the vehicle described in Section A. If any exemption is claimed, the purchaser further certifies that they are authorized to claim this exemption. I/We acknowledge that I/we may lose my/our operating privilege(s) or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. I/We acknowledge that I/we may be subject to a fine not exceeding \$5,000 and imprisonment of not more than two years for any false statement that I/we make on this application.							
Signature of First Purchaser or Authorized Signer _____				Telephone No. _____			



Square Checking
Routing number: [REDACTED]
Account number: [REDACTED]

Checking statement

June 01 - June 30, 2024

Better Choice Moving Services
309 Broad St
Harleysville, PA 19438-2307

Location	Starting balance	Activities	Ending balance
Better Choice Moving Services	\$6,989.92	45	\$23,965.13

Starting balance

The starting balance on the account on June 01, 2024.

Payment processing (credits & debits)

The net amount of payment processing credits & debits during the period.

Square Debit Card

The net amount of Square Debit Card spend, refunds, ATM withdrawals, & other activity.

Transfers (and related activity)

The net amount of all inbound and outbound transfers.

Ending balance

The ending balance on the account on June 30, 2024.

Starting balance	\$6,989.92
Payment processing	+\$21,419.45
Square Debit Card	-\$4,444.24
Transfers	+\$0.00
Transfers out	+\$0.00
Instant Transfer fees	+\$0.00
Transfers in	+\$0.00
Ending balance	\$23,965.13

Block Inc.
1955 Broadway, Suite 815
Oakland, CA 94612

squareup.com/help
(855) 700-6000
Available 9am - 5pm PT

ORDER SHEET
MONTHLY PAY SHEET

BUSINESS SOURCE
MOVING & STORAGE

DATE: 3/27/2023
JOB # 22173 & 24251

	Start Time	Arrive Time	Depart Time	Telford Time	Total Time
Foreman	6:30	9:00	12:45	2:30	8 hrs
over1					
over2					
over3					
over4					
over5					

Customer: GENESIS HEALTH
Reg #: C10187310
Start Miles _____
Finish Miles _____
Total _____

Weight-Est: COMM MOVE Weight-Actual _____ Local Hrs _____
Origin Address: 600 SOUTH BROAD ST KENNETT SQUARE PA 19073
Dest. Address: 128 EAST STATE ST KENNETT SQ. 19073

	Packed	Unpacked
Wish Packs		
.5 Cu. Ft. Ctn.		
.1 Cu. Ft. Ctn.		
.5 Cu. Ft. Ctn.		
.0 Cu. Ft. Ctn.		
Wardrobe		
Crab Matt. Ctn.		
1/2 Bl Matt. Ctn.		
g/Qn Matt Ctn.		
Mirror Ctn		
V Ctn.		
Rate		
Lock Ctn.		
Wheels, Etc		
Long Carry		
Extra Labor		
Flights		
Elevator		

- Job Type (circle)
- Allied
 - Rule 19
 - Overseas
 - Pack
 - Unpack
 - Inner
 - TPG
 - Local
 - Intra
 - Govt/Military
 - Load-RES or WRHS
 - Unload-RES or WRHS
 - SP
 - GRR

* NEED PALLET JACK
STRAPS _____

The above section must be complete on the addendum to be paid

Comments: _____

DRIVER SHEET
DAILY PAY SHEET

MOVING & STORAGE

Date: 3/10/05

Truck # 21648

	Start Time	Arrive Time	Depart Time	Telford Time	Total Time
Van/Foreman <u>CAROLAN SWARTZ</u>	7:15	8:30	1:00	1:30	
Mover 1 <u>LESTER JOURNAL</u>	7:20	8:30	1:00	1:30	
Mover 2 <u>DYLAN ZIMMERMAN</u>	7:30	8:30	1:00	1:30	
Mover 3					
Mover 4					
Mover 5					

Customer HAUL MEYER Start Miles _____

Reg # L47832 Finish Miles _____

Total _____

Weight-Est 4250 Weight-Actual _____ Local Hire _____

Origin Address 2101 MIDDLE LANE LANSDALE PA 19446

Dest. Address 1006 WRIGHT ST HARTFORD PA 19440

	Packed	Unpacked
Wish Packs		25 Min.
.5 Cu. Ft. Ctn.		6 Min.
1 Cu. Ft. Ctn.		9 Min.
5 Cu. Ft. Ctn.		8 Min.
10 Cu. Ft. Ctn.		7 Min.
Wardrobe		7 Min.
Drum Matt. Ctn.		2.1 Min.
Dbi Matt. Ctn.		2.5 Min.
g/Qn Matt Ctn.		5 Min.
irror Ctn		10 Min.
/ Ctn.		6 Min.
ate		30 Min
ock Ctn.		
lkies, Etc		
ng Carry		
ra Labor		
ights		
ator		

Job Type (circle)

- Allied
- Rule 19
- Overseas
- Pack
- Unpack
- Inner
- TPG
- Local
- Intra
- Gov/Military
- Load-RES or WRHS
- Unload-RES or WRHS
- SP
- GRR

Daily Check Off (check each one)

- Red carpet returned _____
- Wardrobes returned _____
- Rubber Bands returned _____
- Parts Box used _____
- Trash and Debris removed _____
- Drivers Signatures _____
- Two wheelers returned _____
- 4 Wheelers Returned _____
- Pads folded and Truck Clean _____
- Cab clean and trash removed _____

The above section must be complete on the addendum to be paid

Comments: ORIGIN 1 FLIGHT UP

CUSTOMER WILL ASSIST
SLEEP NUMBER 667

8:49

Signal strength, Wi-Fi, and 52% battery icons

◀ Search

October 18, 2023
9:03 AM

Edit



HDR





Add a Caption

Tuesday · Sep 12, 2023 · 1:18 PM

[Adjust](#)

 IMG 1998

8:47

Signal strength, Wi-Fi, and 52% battery icons

◀ Search



September 11, 2023
11:07 AM

Edit



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).