



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

April 7, 2025

A-8927771
A-2025-3053965

Docket No. A-2025-3053965
WE MOVE PHILLY, LLC

WE MOVE PHILLY LLC
906 BURMONT ROAD
DREXEL HILL PA 19026

RE: Application of We Move Philly LLC

To Whom It May Concern:

On March 14, 2025, the application of We Move Philly LLC, at A-2025-3053965, as a motor carrier was accepted for filing and docketed with the Public Utility Commission. In order for the Commission to proceed with the application, additional information is required.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street
Harrisburg, Pennsylvania 17120

ALL Parties to proceedings pending before the Commission are advised to open and use an e-filing account through the Commission's website. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.

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

I, Gunnar Schwan, 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.

1. 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.** Property and vehicle valuations may be approximations; however, if the valuation is higher than typical Kelly Blue Book (or similar) valuations, you should provide an explanation as to why (e.g. vehicle with an installed wheelchair lift, etc). Bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).
- d. **ALL relevant assets and debts** are to be included (for example: vehicle loan balances/vehicle asset value, lease expenses, etc.)
- e. **The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (VANGO ACCESSIBILITY, 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 VANGO ACCESSIBILITY, LLC. Vehicles must be registered to VANGO ACCESSIBILITY, LLC. Property must be titled to VANGO ACCESSIBILITY, LLC. If these items are not in the name of VANGO ACCESSIBILITY, LLC, should NOT be included on the balance sheet.**

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections/updates). Applicants lacking suitable finances, resources, and equipment will be denied authority.

Finally, in order to fully assist the Commission in verifying your financial fitness, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, etc.

You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application.

Statement of Financial Position (Assets)

Date 3/31/2025

Current Assets

Cash- \$6096.90

Tangible Assets

Motor Vehicle Equipment- \$11,500 (paid) similar mileage (35,000) and year (2017) for this model and similar box trucks are listed between \$33,990 to \$42,995 on commercial truck trader. We bought it from a company that was flash selling the entire fleet at once.

Property- N/A

Office Equipment- \$199.99 (Printer)

Moving Equipment- \$6384.39 (Moving blankets 10 dozen, 10 utility hand trucks, 7 furniture dollies, 5 sets of tools, 8 tie down straps, 6 dozen moving bands)

Total assets- \$24,181.28- \$55,676.28 (range is with what we paid for the truck versus what it could be sold for).

Statement of Financial Position (Debts and Liabilities)

Date 3/31/2025

Current Liabilities

Loans- \$0

Credit cards- \$0

Other liabilities-

General liability insurance- \$1458 (yearly)

Cargo insurance- \$1159 (yearly)

Commercial truck insurance \$1114.01 (monthly)

We have zero long term liabilities.

Business bank statement ending on 3/31/2025.



We Stand For Service™
 500 Delaware Avenue
 Wilmington, DE 19801
 Return Service Requested

Account Number: XXXXXX
 Statement Date: 03/31/2025
 Page: 1 of 14

34684 MWF2755R00125052621 01 00600000 34684 015



WE MOVE PHILLY LLC
 908 BURMONT RD
 DREXEL HILL PA 19026-4414

Customer Service Information

- Call 1.888.WFSBANK
- Email customerservice@wsfsbank.com
- Visit wsfsbank.com

34684 01356R7 0001-0014 000000000000000000

WSFS SMALL BUSINESS CHECKING

Account Number: XXXXXX

Balance Summary

Beginning Balance as of 03/01/25	\$1,858.65
+ Deposits and Credits (93)	\$35,592.40
- Checks Posted (0)	\$0.00
- Withdrawals and Debits (126)	\$31,354.15
Ending Balance as of 03/31/25	\$6,096.90
Number of Days in Statement Period	31
Low Balance	\$562.10
Average Balance	\$2,674.86
Average Collected Balance	\$2,652.00

Transaction Detail

Date	Description	Deposits	Withdrawals
Mar 03	ACH DEPOSIT	\$352.00	
	UHAUL BILL PAY 250228		
Mar 03	ACH DEPOSIT	\$362.00	
	UHAUL BILL PAY 250228		
Mar 03	ACH DEPOSIT	\$850.00	
	VENMO CASHOUT 250303		
Mar 03	ACH DEPOSIT	\$202.50	
	Square Inc SQ250303 250303 T319Y1PYDHMH69S		
Mar 03	ACH DEPOSIT	\$357.00	
	UHAUL BILL PAY 250302		
Mar 03	ACH DEPOSIT	\$400.00	
	VENMO CASHOUT 250303		
Mar 03	ACH DEPOSIT	\$545.24	
	Square Inc SQ250303 250303 T3AK4Q5599Y2VQZ		
Mar 03	ACH DEPOSIT	\$1,595.00	
	VENMO CASHOUT 250303		
Mar 03	ACH DEPOSIT	\$233.00	
	UHAUL BILL PAY 250302		
Mar 03	ACH DEPOSIT	\$238.00	
	UHAUL BILL PAY 250301		
Mar 03	ACH DEPOSIT	\$238.00	
	UHAUL BILL PAY 250301		
Mar 03	ACH DEPOSIT	\$238.00	
	UHAUL BILL PAY 250301		



Invoice from purchase of truck, paid in full.

MOTOR VEHICLE
RETAIL ORDER

JUST 4 WHEELS

car, truck & van sales
Just 4 Wheels, Inc.
PO Box 1086
Absecon, NJ 08201
856-652-8811

FINANCIAL INFO

1.	CASH PRICE OF VEHICLE	\$	11,500.00
2.	TRADE ALLOWANCE	\$	N/A
3.	SERVICE CONTRACT	\$	N/A
4.	DOC FEE	\$	N/A
5.	BANK FEE	\$	0.00
6.	TAXABLE AMOUNT	\$	11,500.00
7.	GAP	\$	N/A
8.	SALES TAX	\$	N/A
9.	LICENSE FEE	\$	10.00
10.	NJ TIRE FEE	\$	N/A
11.	INSURANCE	\$	N/A
12.	TRADE PAYOFF	\$	N/A
13.	<i>if through 13</i> SUBTOTAL	\$	11,510.00
14.	CASH DOWN	\$	N/A
15.	DEFERRED DOWN	\$	N/A
16.	AMOUNT FINANCED	\$	11,510.00

TERM: 1 PAYMENTS: \$ 11,510.00 APR: 0.000 %
 THE BALANCE TO BE PAID IN: 1 PAYMENTS OF: 7 11,510.00
 OR: AND FINAL PAYMENT OF: \$ 11510.00 HE ON

LENDER INFO

NAME: _____
 ADDRESS: _____
 CITY STATE ZIP: _____
 TELEPHONE: _____

BUYER INFO

NAME: WE MOVE PHILLY LLC
 ADDRESS: 906 Burmont Road
 CITY: Drexel Hill STATE: PA ZIP: 19026
 COMP CODE: 30 687 555 FEN: 884096687
 PHONE: _____

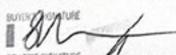
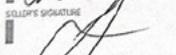
SOLD CAR DESCRIPTION

YEAR: 2017 COLOR: WHITE
 MAKE: Mitsubishi Fuso MODEL: FE
 BODY TYPE: Panel MILEAGE: 34464
 VIN: JL6BNG1A2HK004407 CK: T2231

TRADE DESCRIPTION

YEAR: _____
 MAKE: _____
 MODEL: _____
 VIN: _____
 MILEAGE: _____
 LIENHOLDER: _____
 LIENHOLDER ADDRESS: _____
 PAYOFF: \$ _____ 0.00

PURCHASER AGREES THAT THIS ORDER INCLUDES ALL OF THE TERMS AND CONDITIONS HERE OF, THAT THIS ORDER CANCELS AND SUPERSEDES PRIOR AGREEMENT WRITTEN OR ORAL. THIS ORDER SHALL NOT BECOME BINDING UNTIL ACCEPTED BY THE DEALER OR AN AUTHORIZED REPRESENTATIVE. I HAVE READ THE FACT OF THIS ORDER AND AGREE TO THIS PURCHASE PRICE. I HEREBY CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER.

BUYER'S SIGNATURE:  DATE: 2/21/25
 SELLER'S SIGNATURE:  DATE: 2/21/25

CO-BUYER'S SIGNATURE: _____ DATE: ____/____/____
 SELLER'S NAME: _____
 DEPT/REV: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____
 NOTARY PUBLIC PRINTED NAME: _____

NO SURE PUBLIC SIGNATURE: _____

THE INFORMATION YOU SEE ON THE BUYER'S GUIDE FOR THIS VEHICLE, IS PART OF THIS CONTRACT

Copyright © MotorLot, LLC

Progressive commercial insurance policy on for the vehicle.

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA

Policy Number: 993452118

NAIC Number: 11770

Effective Date: 02/21/2025

Expiration Date: 02/21/2026

Policy Type: Commercial

NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE.

Insurer: United Financial Casualty Company 1-800-444-4487

PO Box 94739 Cleveland, OH 44101

Named Insured(s):

We Move Philly LLC

906 Burmont Rd

Drexel Hill, PA 19026

Year Make

Model

VIN

2017 MITSUBISHI FUSO

FE

JL6BNG1A2HK004407

TRUCK OF AMERI

FOLD FOLD

Your Agent:

AGGRESSIVE INSURANCE 1-215-322-4446

This card must be carried for production upon demand. It is suggested that you carry this card in the insured vehicle.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

NOTE: THIS CARD IS REQUIRED WHEN:

- (1) You are involved in an auto accident.
- (2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
- (3) You are stopped for violating any provision of 75 Pa.C.S. (relating to Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

Premium and payment schedule for commercial truck insurance.

Effect on Premium

Change Effective Date	03/06/2025
Policy Term	02/21/2025-02/21/2026
Current Term Premium	\$4,073.00
New Term Premium	\$12,053.00
Premium Change for Remainder of Term	\$7,696.00
Policy Fee for Change	\$0.00

The premium change is valid for the current change and effective date only. This rate is subject to change pending verification of the accuracy of the information provided. Rates may vary at renewal.

*Policy Fee Change may be the result of changes such as Additional Insureds, Waivers of Subrogation, or Filings

Note: Not all changes result in a Premium or Fee Change

Revised Payment Schedule

The \$7,696.00 change will be applied to the remaining bills based on the effective date of the change. Adjustments affecting past bills will be included on the next bill. See the revised payment schedule for more details.

Type	Amount	Invoice Date	Due Date
Invoice	\$1,114.01	03/11/2025	03/21/2025
Invoice	\$1,114.01	04/11/2025	04/21/2025
Invoice	\$1,114.01	05/11/2025	05/21/2025
Invoice	\$1,114.01	06/11/2025	06/21/2025
Invoice	\$1,114.01	07/11/2025	07/21/2025
Invoice	\$1,114.01	08/11/2025	08/21/2025
Invoice	\$1,114.01	09/11/2025	09/21/2025
Invoice	\$1,114.01	10/11/2025	10/21/2025
Invoice	\$1,114.01	11/11/2025	11/21/2025
Invoice	\$1,113.94	12/11/2025	12/21/2025

Cargo insurance coverages. Total cost of \$1159, paid once yearly.

POLICY NUMBER: 812501-8996985Y
 EFFECTIVE FROM 03/13/2025 to 03/13/2026
 BOTH DAYS AT 12:01 A.M. LOCAL STANDARD TIME

COMMERCIAL INLAND MARINE
 PIM 00 39 DEC 04 98

**MOTOR TRUCK CARGO CARRIERS DECLARATIONS
 MOTOR TRUCK CARGO CARRIERS COVERAGE SCHEDULE**

This SCHEDULE forms a part of the TRANSPORTATION Policy. This Coverage applies only to the items for which a Limit of Insurance is specified. Coverage is subject all to terms and conditions of the policy.

I. LIMITS OF INSURANCE

Description of Goods Being Shipped:
 HNGs

Radius of Operation: Within 150 miles from GARAGING LOCATION

COVERAGE ITEM	LIMIT OF INSURANCE
A. VEHICLE LIMIT(s): (See Page 2 for Schedule of Covered Vehicles) Any One Automobile, Truck or Other Power Unit, Including Property In All Attached Trailers	\$25,000
B. TERMINAL LIMIT(s): (See Page 2 for Schedule of Covered Terminals) Any One Location	\$
C. CATASTROPHE LIMIT: Any One Occurrence	\$25,000

II. REPORTING RATES AND PREMIUMS

Reporting Frequency: Monthly Quarterly Annually

Adjustment Frequency: Annually Other

REPORTING BASIS	REPORTING RATE:
<input type="checkbox"/> Gross Revenues (Per \$100 of Gross Receipts)	\$
<input type="checkbox"/> Mileage (Per Mile)	\$
<input type="checkbox"/> Other	\$

	PREMIUMS
Minimum Annual Premium:	\$
Deposit Premium:	\$
Flat Annual Premium: (Non-Reporting Basis Only)	\$1,159.00
25 % Minimum Earned Premium Shall Apply To This Policy	

III. DEDUCTIBLE

A. Applicable to: Losses to Covered Property, except as shown below.	\$1,000
B. Applicable to:	\$

IV. SPECIAL PROVISIONS (if any)

MOTOR TRUCK CARGO CARRIERS PREMIER LEGAL LIABILITY INSURANCE APPLICATION

US FMCSA approval letter.



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
March 24, 2025

CERTIFICATE
MC-1708573-C
U.S. DOT No. 4364736
WE MOVE PHILLY LLC
DREXEL HILL, PA

This Certificate is evidence of the carrier's authority to engage in transportation as a **common carrier of household goods** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387); the designation of agents upon whom process may be served (49 CFR 390); tariffs or schedules (49 CFR 1312); and arbitration of loss and damage disputes (49 U.S.C. § 14708). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Division Chief
Office of Registration

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CHO

Registration form for the vehicle.

No. **J 8413708**

MV-1 (7-19)			H. TAX/FEES		
A. VEHICLE DESCRIPTION	Make of Vehicle <i>Subaru</i>	Vehicle Identification Number (VIN) (If tracing required, space securely to reverse side) <i>1G8ZG31K4KWC011001</i>	Body Type (SDN, TK, etc.) <i>Truck</i>	Model Year <i>2011</i>	Purchase Price (See Form CR-1 Reverse)
	Drive Vehicle (V), (S) Full Type: <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other	Transmission: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Authorized Notary Public or Certified Inspection Mechanic (Print Name) <i>837462 [Signature]</i>	I certify that I have verified that a legible tracing cannot be secured and that the above VIN and vehicle weight information listed here and in Section F are correct.	
B. APPLICANT INFORMATION	Last Name (or Full Business Name) <i>We Move Philadelphia</i>		First Name <i>[Redacted]</i>	Middle Name <i>[Redacted]</i>	Sales Tax 1% (1.5% for 1.5% (1.5%)) # (See Note on Reverse)
	Co-Purchaser Last Name <i>[Redacted]</i>		First Name <i>[Redacted]</i>	Middle Name <i>[Redacted]</i>	Less Tax Credit
	Street <i>1066 Burmount Rd</i>	City <i>Dezard Hill VA</i>	State <i>VA</i>	Zip Code <i>19126</i>	Date Acquired/Purchased <i>3/11/2015</i>
C. MECHANICAL INFORMATION	NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "joint tenants with right of survivorship" (Or 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.		COOPERATIVE HEARING <i>7/4/2015</i>		1A. Exemption Reason Code (Must be a number from 1 to 20 or 3)
	NOTE: If the vehicle is to be used as a differential or leased vehicle, CHECK HERE <input type="checkbox"/> If block is checked, complete and attach Form MV-1L.		<input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits. <input type="checkbox"/> IN NOT the actual mileage. WARNING: Odometer discrepancy. FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINE AND/OR IMPRISONMENT.		1B. Exemption No. <i>105501</i>
D. LENDER INFORMATION	1st Lender/Holder Financial Institution Number <i>[Redacted]</i>		2nd Lender/Holder Financial Institution Number <i>[Redacted]</i>		1C. PTA No.
	1st Lender/Holder Name <i>[Redacted]</i>		2nd Lender/Holder Name <i>[Redacted]</i>		2. Title Fee <i>67.00</i>
	City <i>[Redacted]</i>		City <i>[Redacted]</i>		3. Lien Fee
E. VEHICLE IDENTIFICATION	Make of Vehicle <i>Subaru</i>		Vehicle Identification Number (VIN) <i>[Redacted]</i>		4. Registration Or Processing Fee <i>410.00</i>
	Body Type (SDN, BUZ, TK, etc.) <i>Truck</i>		Condition of Vehicle <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		5. County Fee <i>5.00</i>
F. ADDITIONAL VEHICLE INFORMATION	Passenger/Taxi/Bus <input type="checkbox"/> Passenger <input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> School Bus <input type="checkbox"/> Mass Transit <input type="checkbox"/> Other Bus <input type="checkbox"/> Seating Capacity		Cylinder Capacity (Cil or Cyls) <input type="checkbox"/> YES <input type="checkbox"/> NO		6. Duplicate Reg. Fee No. of Dup Reg. Cards
	Motorcycle/Motor Driven Cycle, Moped <input type="checkbox"/> Operable Paddles <input type="checkbox"/> YES <input type="checkbox"/> NO		Brake horsepower <input type="checkbox"/> 1.5 or less <input type="checkbox"/> 1.6 to 5.0 <input type="checkbox"/> Over 5.0		7. Transfer Fee
	Motor Home <input type="checkbox"/> Chassis (H) <input type="checkbox"/> Number of Axles		Automatic Transmission <input type="checkbox"/> YES <input type="checkbox"/> NO		8. Increase Fee
G. APPLICATION INFORMATION	Trailer & Vehicles Below <input type="checkbox"/> Sum of GVWR's		Req. Registered Gross Wt. (including LEAS)		9. Replacement Fee
	Truck, Tractor <input type="checkbox"/> Reg. Registered Gross Combination Wt. <i>16,500</i>		Gross Combination Wt. Rating		10. TOTAL PAID (ADD 1 THRU 9) <i>854.00</i>
Original Registration Plate - CHECK ONE <input type="checkbox"/> Registration Plate to be issued by Department (Proof of Insurance must be attached)		<input type="checkbox"/> Transfer of Previously Issued Registration Plate		<input type="checkbox"/> Transfer & Replacement of Registration Plate	
<input type="checkbox"/> Exchange Registration Plate to be issued by Department		Registration Plate No.		Reason for Replacement <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received (Lost in Mail)	
<input type="checkbox"/> Temporary Registration Plate issued by Full Agent (NOTE: This registration plate will expire by midnight of the date of issuance)		Month Year		NOTE: If "Never Received" block is checked, applicant must complete Form 300-4A.	
Signature of Person From Whom Registration Plate is Being Transferred (If Other Than Applicant)		Signature of Person From Whom Registration Plate is Being Transferred (If Other Than Applicant)		Relationship to Applicant	
Temp. Registration Plate No.		Policy No. (or Auto. Endors.)		Policy (Effective Date)	
ISSUING AGENCY INFORMATION		Notary Public (Print Name) <i>[Redacted]</i>		Notary Public (Print Name) <i>[Redacted]</i>	
I certify that on month <i>03</i> of year <i>2015</i> I have checked to determine that the vehicle is insured and issued temporary registration in the above applicant's name in compliance with all applicable provisions of the Vehicle Code and Department regulations.		I/we certify that I/we have examined and signed this application after its completion. I/we further certify that all statements hereon are TRUE and CORRECT and make application for certificate of title for the vehicle described in Section A. If any exemption is claimed, I/we certify that the purchaser is authorized to obtain this exemption. I/we acknowledge that this may lose my/our operating (philosophy) 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 in this application.		Signature of Notary Public or Authorized Signer <i>[Redacted]</i>	
I, <i>[Redacted]</i>		Signature of Notary Public or Authorized Signer		Signature No. <i>737361416</i>	
I, <i>[Redacted]</i>		Signature of Co-Purchaser/Title of Authorized Signer		MESSENGER NO.	

Temporary registration tag.

(PART B) FOLD AND DETACH HERE
R118

**PENNSYLVANIA
DEPARTMENT OF TRANSPORTATION**

Control # **B 4729375**

<small>Place Your Plate Number and D/I Sticker Here</small> ↓ <div style="background-color: black; width: 100%; height: 20px;"></div>	06 MONTH	22 DAY	25 YEAR
E X P R E S	E X P R E S	E X P R E S	E X P R E S

TEMPORARY REGISTRATION PERMIT

 **pennsylvania**
DEPARTMENT OF TRANSPORTATION

Inspection Report.

ANNUAL VEHICLE INSPECTION REPORT			
		VEHICLE HISTORY RECORD	
		REGISTRATION	FLEET UNIT NUMBER
		DATE	25 May 25
DRIVER/CARRIER OPERATOR We Move Philly		INSPECTOR'S NAME (PRINT OR TYPE) Zoccolle, M	
ADDRESS 906 Burnmont Rd		TITLE OR POSITION HELD BY THE INSPECTOR (REQUIREMENTS IN SECTION 306.16) Clerk	
CITY, STATE AND ZIP CODE Drexel Hill PA 19026		VEHICLE IDENTIFICATION AND COMPUTER (Loc. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER) 2VE 8919	
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (2014-18)		INSPECTION AGENCY (LOCATION OPTIONAL)	
VEHICLE COMPONENTS INSPECTED			
OK	NEEDS REPAIR	ITEM	ITEM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. BRAKE SYSTEM	2. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Service Brakes	No cracks, discoloration, obstructions, etc. (see 393.60 for exceptions).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Parking Brake System	3. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Brake Drums or Rotors	No missing, damaged, or inoperable wipers.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Brake Hose	4. MUD/SLOUGH SLATS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Brake Tubing	Slats securely fastened to the vehicle structure.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Low Pressure Warning Device	5. REAR IMPACT GUARD
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. Tractor Protection Valve	In place, securely attached, proper size, proper placement (see 393.65).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	h. Air Compressor	6. OTHER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Electric Brakes	List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. Hydraulic Brakes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	k. Vacuum Systems	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	l. Antilock Brake System	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	m. Automatic Brake Adjusters	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. COUPLER DEVICES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Fifth Wheels	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Pintle Hooks	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Drawbar/Towbar Eye	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Drawbar/Towbar Tongue	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Sockey Devices	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Saddle-Mounts	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. EXHAUST SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. No leaks forward of directly below the driver/sleeper compartment	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Bus: No leaking/discharging in violation of standard	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. FUEL SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. No visible leak.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Fuel Tank Filler Cap	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Fuel tank securely attached.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. LIGHTING DEVICES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All required lights/reflector/splashes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. SAFELADING	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Vehicle parts, load, dunnage, spare tire, etc., secured.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Front End Structure	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Intermodal Container Securement Devices	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. STEERING MECHANISM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Steering Wheel Free Play	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Steering Column	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Front Axle Beam/All Other Steering Components	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Steering Gear Box	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Pitman Arm	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Power Steering	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. Ball and Socket Joints	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	h. Tie Rods and Drag Links	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Nut	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	j. Steering System	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. SUSPENSION	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Axle Positioning Parts	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Spring Assembly	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Torque, Radius or Tracking Components	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. FRAME	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Frame Members	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Tire and Wheel Clearance	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Adjustable Idler Assemblies (Sliding Subframes)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. TIRES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Steer-Able Tires	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. All Other Tires	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Speed-Restricted Tires	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. WHEELS AND RIMS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Lock or Side Ring	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Wheels and Rims	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Fasteners	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Welds	
INSTRUCTIONS: MARK COLUMN ENTRIES TO REFLECT INSPECTION <input checked="" type="checkbox"/> OK <input type="checkbox"/> X NEEDS REPAIR <input type="checkbox"/> NA IF ITEMS DO NOT APPLY <input type="checkbox"/> REPAIRED DATE			
CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.			
Copyright © 2012, J. J. Keller & Associates, Inc. Revised: 05/13/2015 (0509) 302-8666 Printed in the USA		2241 (Rev. 1/12)	

Invoice from recommended truck repairs.



Am Fleet Service
 14085 TOWNSEND RD
 PHILADELPHIA, PA 19154
 PHONE 215-856-0280
 FAX 215-856-0282
 WWW.AMFLEETSERVICE.COM

INVOICE W 123275
 Date 04/03/25
 Date Open 03/28/25

Page: 1 of 2

Sold To : 567-4163 267

Ship To : 567-4163

We Move Philly
 Philadelphia Pa 19154

We Move Philly
 Philadelphia Pa 19154

Written By Angelo	Terms CHG	Time 11:23:25	Customer Po #	HAT # 194	Phone	Ship Via	
Unit # 2231	Plate #	Year 2017	Make Mitsubishi	Model Canter Fe 160	Mileage/Hrs 34934/0.0	VIN J16tng1a2hk004407	Engine

Qty	Description	Price	Amount
	DIAGNOSE CEL- DIAG CHECK ENGINE LIGHT 3361-18 NOX SENSOR RAW VALVES TOO HIGH RAN MANUAL REGEN AND CHECKED RAEGENT INJECTION. NO ISSUES. TOOK TRUCK FOR TEST DRIVE AND TRUCK LIMPED DUE TO OPEN CAN NETWORK NOX SENSOR. ATTEMPT TO RUN RGEN TO RELEASE DERATE AND UNSUCCESSFUL. HAD TO PERFORM CONTROL UNIT REPLACEMENT TO FLASH ECU. DROVE BACK TO SHOP. NOX SENSOR 2 TO BE REPLACED TO CONTINUE DIAGNOSIS/ REPAIR		875.00
	SubTotal		875.00
	SCAN TOOL CONNECTION/COMPUTER FEE/ Tech VIEER # 11 1d 11		85.00
	SubTotal		85.00
1.000	REPLACE NOX SENSOR MITMK668275 SENSOR,EXH NOX,EG,14	669.81	669.81
	SubTotal		1019.81
1.000	REPLACE PCV FILTER MITQC000454 ELEMENT PCV, 4P10,15-	73.87	73.87
1.000	MITMK667051 WASHER BREATHER 4P10	1.61	1.61
1.000	MITMK667054 BREATHER PCV 4P10 12	79.80	79.80
	SubTotal		505.28

DISCLAIMER I hereby authorize the above repair work to be performed along with all the necessary materials/parts. You allow our employees to operate the above listed services for testing, inspection, diagnosis and delivery at your convenience. We will not be held responsible for loss or damage of the vehicle or articles left in vehicle during services. *According to our company policy: Unless prior credit or terms are established, ALL INVOICES MUST BE PAID IN FULL BEFORE VEHICLE IS RELEASED. Sorry, no exceptions. No returns on any special ordered parts, rebuilding kits, installed/modifed/opened/dismising components. No returns on parts after 30 days of invoice date. Must have a receipt for return. You acknowledge an allowance of a 10% variance on all estimates. All estimates are based on our inspection and do not cover additional parts or labor which may be required once the repairs have begun. When or damaged parts which are not evident on first inspection, may be discovered. AMFleet Service holds a 12month/12,000mils warranty on labor and parts of purchased components only. Warranty repairs are to be performed at our facility only. AM Fleet is not responsible for road service charges, tickets or towing costs after any repairs. Any and all non AMFleet related adjustments/repairs performed at any other repair facility/shop, hereafter are at the cost of the customer. We appreciate your cooperation. CC payments are subject to a 3% CC processing fee unless prior terms established.

Parts	862.40
Labor	1712.50
Shop Supplies	65.00

We thank you for your business and look forward to seeing you again!

Sub Total	2639.90
Sales Tax....	211.19

Authorized By _____

TOTAL Continued

Invoice from recommended truck repairs.



Am Fleet Service
 14065 TOWNSEND RD
 PHILADELPHIA, PA 19154
 PHONE 215-856-0280
 FAX 215-856-0282
 WWW.AMFLEETSERVICE.COM

INVOICE W 123275
 Date 04/03/25
 Date Open 03/28/25

Page: 2 of 2

Sold To : 567-4163 267 Ship To : 567-4163

We Move Philly
 Philadelphia Pa 19154

We More Philly
 Philadelphia Pa 19154

Written By Angelo Terms CHG Time 11:23:26 Customer Po # HAT # 194 Phone Ship Via

Unit # 2231 Plate # Year 2017 Make Mitsubishi Model Canter Fa 160 Mileage/Hrs 34934/0.6 VIN J16bng1a2hk004407 Engine

Qty	Description	Price	Amount
1.000	REPLACE LIFTGATE SPRING		52.50
	MAX215345 LIFTGATE SAFETY SPRING	37.31	37.31
	SubTotal		89.81

Parts..... 862.40
 Labor..... 1712.50
 Shop Supplies 65.00

Sub Total 2638.90
 Sales Tax... 211.19

Authorized By _____ TOTAL 2851.09

DISCLAIMER: I hereby authorize the above repair work to be performed along with all the necessary materials/parts. You allow our employees to operate the above listed vehicle for testing, inspection, diagnosis and delivery at your own risk. We will not be held responsible for loss or damage of the vehicle, nor accessories or in vehicle during service. *According to our company policy, unless prior credit or terms are associated ALL INVOICES MUST BE PAID IN FULL BEFORE VEHICLE IS RELEASED. Sorry no exceptions. No returns on any special ordered parts, including kits, installed/modified/electronic/wiring components 30 days after 30 days of invoice date. Must have a receipt for return. You acknowledge an allowance of a 10% variance in all estimates. All estimates are based on our inspection and do not cover additional parts or labor which may be required once the repairs have begun. Worn or damaged parts which are not evident on final inspection, may be discovered. AM Fleet Service holds a 12month/12,000 mile warranty on labor and parts of purchased components only. Warranty repairs are to be performed at our facility only. AM Fleet is not responsible for paid service charges, tickets or towing costs after any repairs. Any and all non-AM Fleet authorized adjustments/repairs performed at any other repair facility/shop/handler are at the cost of the customer. We appreciate your cooperation. CC payments are subject to a 3% CC processing fee unless prior terms established.

We thank you for your business and look forward to seeing you again!

Invoice from recommended truck repairs.

W123250



Am Fleet Service
14065 TOWNSEND RD
PHILADELPHIA, PA 19154
PHONE 215-856-0280
FAX 215-856-0282
WWW.AMFLEETSERVICE.COM

INVOICE W 123250
Date //
Date Open 03/24/2025

Page: 1 of 2

Sold To : 567-4163 267				Ship To : 567-4163			
We Move Philly Philadelphia Pa 19154				We Move Philly Philadelphia Pa 19154			
Written By Angelo	Terms CASH	Time 10:45:36	Customer Po #	HAT # 187	Phone	Ship Via	
Unit # 2231	Plate # [REDACTED]	Year 2017	Make Mitsubishi	Model Canter Fe '60	Mileage/Hrs 34716/0.0	VIN Jf6bng1a2hk004407	Engine
Qty	Description					Price	Amount
	PERFORM PM SERVICE, REPLACE OIL AND FUEL FILTERS, REPLACE ENGINE OIL, LUBE ALL DOORS AND ROLLERS AND GREASE CHASSIS AND ALL ZERK FITTINGS, PERFORM 38 POINT SAFETY CHECK, CLEAN AND PROTECT BATTERIES, ROAD TEST, RESET ALL OIL LIFE MONITORS						315.00
1.000	HAZ130	HAZMAT FEE			22.00	22.00	
1.000	LUB402	PENT. OIL			5.90	5.90	
1.000	MITQC000001	OIL FILTER 4P10 12-			34.22	34.22	
1.000	MITML239114	ELEMENT FUEL FILTER			42.70	42.70	
1.000	MITMK666977	O-RING OIL DRAIN 4P1			3.47	3.47	
8.000	OILSW30SYN	5W-30 ADVANCED SYNTHETIC			10.78	86.24	
1.000	HDWMBX1.35X16FLG10	M8 X 1.25 X 16 METRIC HEX HEAD FLANGE CAP SCREW 10.9 ZINC			0.63	0.63	
				SubTotal		510.18	
				PA SAFETY INSPECTION WITH DOT		175.00	
1.000	S/STICKER	STATE INSPECTION STICKER			22.00	22.00	
1.000	S/STICKER	DOT INSPECTION STICKER			22.00	22.00	
				SubTotal		219.00	
				CUT LOCK OFF REAR DOOR HANDLE		33.25	
				SubTotal		33.25	

DISCLAIMER: I hereby authorize the above repair work to be performed along with all the necessary materials/parts. You allow our employees to operate the above listed vehicle for testing, inspection, diagnosis and delivery at your own risk. We will not be held responsible for loss or damage of the vehicle, nor articles left in vehicle during services. *According to our company policy: unless prior credit or terms are established, ALL INVOICES MUST BE PAID IN FULL BEFORE VEHICLE IS RELEASED. Sorry, no receipts. *No returns on any special ordered parts, rebuilding kits, installed modules/equipment/assembly components. *No returns on parts after 30 days of invoice date. Must have a receipt for return. You acknowledge an allowance of a 10% variance on all estimates. All estimates are based on our inspection and do not cover additional parts or labor which may be required once the repairs have begun. Worn or damaged parts which are not covered on our inspection, may be uncovered. AM Fleet Service makes a 12month/22,000 mile warranty on labor and parts of purchased components only. Warranty repairs are to be performed at our facility only. AM Fleet is not responsible for road service charges, tickets or towing costs after any repairs. Any and all non-AM Fleet authorized adjustments/repairs performed at any other repair facility/shop thereafter are at the cost of the customer. We appreciate your cooperation. CC payments are subject to a 3% CC processing fee unless prior terms established.

Parts..... 279.47
Labor..... 618.25
Shop Supplies 44.89

Sub Total 942.61
Sales Tax.... 75.41

We thank you for your business and look forward to seeing you again!

Paid by _____

TOTAL Continued

Invoice from truck inspection continued.

W123250



Am Fleet Service
14065 TOWNSEND RD
PHILADELPHIA, PA 19154
PHONE 215-856-0290
FAX 215-856-0282
WWW.AMFLEETSERVICE.COM

INVOICE W 123250
Date / /
Date Open 03/24/2025

Page: 2 of 2

Sold To : 567-4163 267	Ship To : 567-4163
We Move Philly Philadelphia Pa 19154	We Move Philly Philadelphia Pa 19154

Written By Angel	Terms CASH	Time 10:45:37	Customer Po #	HAT # 187	Phone	Ship Via	
Unit # 2231	Plate # [REDACTED]	Year 2017	Make Mitsubishi	Model Canter Fe 100	Milage/Hrs 34716/0.0	VIN JH6mg1a2hk094407	Engine

Qty	Description	Price	Amount
	SEAL FRONT OF ROOF DIALED ROOF AND CORNER CAP		95.00
1.000	BEL11632505 SILAPRENE GRAY	16.39	16.39
.500	BEL257901 ROOF COMPOUND	95.68	23.92
	SubTotal		135.31

REMOVE NJ PLATES			
DISCLAIMER: I hereby authorize the above repair work to be performed along with all the necessary materials/parts. You allow our employees to operate the above listed vehicle for testing, inspection, diagnosis and delivery at your own risk. We will not be held responsible for loss or damage of the vehicle, nor articles left in vehicle during services. *According to our company policy. Unless prior credit or terms are established. ALL SERVICES MUST BE PAID IN FULL BEFORE VEHICLE IS RELEASED. Sorry, no exceptions. We reserve on any special ordered parts, re-building kits, unusual materials or special missing components. We returns on parts after 30 days of invoice date. Must have a receipt for return. You acknowledge an allowance of a 15% variance on all estimates. All estimates are based on our inspection and do not cover additional parts or labor which may be required once the repairs have begun. Worn or damaged parts which are not evident or first inspection, may be discovered. AM Fleet Service holds a (24month/100,000 mile warranty on labor and parts of purchased components only. Warranty repairs are to be performed at our facility only. AM Fleet is not responsible for road service charges, towing or towing costs after any repairs. Any and all non AM Fleet authorized adjustments/repairs performed at any other repair facility/shop have are at the cost of the customer. We appreciate your cooperation. CC payments are subject to a 3% CC processing fee unless prior terms established.		Parts.....	279.47
		Labor.....	618.25
		Shop Supplies	44.89

We thank you for your business and look forward to seeing you again!

Paid by _____

Sub Total 942.61
Sales Tax.... 75.41

TOTAL 1018.02