

Move Me Moving

Website: www.movememoving.com

Phone: 724-290-2661

2615 Mount Troy Rd

Pittsburgh, PA 15212

11/22/2025

DATE OF DEPOSIT

DEC 4 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Secretary

Pennsylvania Utility Commission

P.O. Box 3265

Harrisburg, PA 17105-3265

Dear Secretary:

Please accept the enclosed **application for a Certificate of Public Convenience for Move Me Moving** to operate as a motor carrier of household goods in use within the Commonwealth of Pennsylvania.

Included with this submission are the following required materials:

- Completed and signed PUC application form.
- Verifies statements regarding the applicant's business, experience, equipment, and financial fitness.
- Filing fee in the required amount (money order).
- Supporting business documents as referenced in the application.
- Additional documents to assist in evaluation (financial statement).

Move Me Moving currently operates within 20 miles of Pittsburgh, providing residential moving, commercial moving, packing and unpacking services. We seek to obtain intrastate authority in compliance with the PUC regulations and look forward to completing the approval process.

Please contact me at **724-290-2661** or info@movememoving.com if any additional information or documentation is required.

Thank you for your time and consideration.

Sincerely,

Tyler Frederick

Owner, Move Me Moving

Secretary
Pennsylvania Public Utility Commission
400 North Street, Second Floor
Harrisburg, PA 17120
717.787.3834
www.puc.pa.gov

DATE OF DEPOSIT

DEC 4 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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)

MOVE ME MOVING LLC

- 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)

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- _____

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 0014082080
(See checklist and indicate type of business entity registered)

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

TYIER FREDERICK

6. Mailing Address

2615 MOUNT TROY ROAD
Street Address

PITTSBURGH, PA 15212 ALLEGHENY COUNTY
City, State and Zip Code County

724-290-2661
Telephone Number

INFO@MOVEMEMOVING.COM
E-Mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. Physical Address (if different from Mailing Address. Do not use a PO Box.)

Street Address

City, State and Zip Code County

Telephone Number E-Mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. Attorney (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail 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.

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 FROM POINTS IN PITTSBURGH
TO POINTS IN PENNSYLVANIA, AND VICE VERSA.

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.

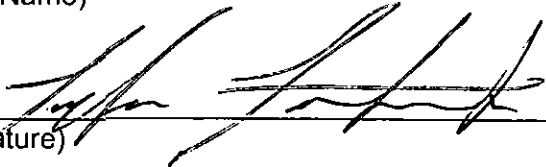
Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Household Goods in Use; and acknowledges that failure to report 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.

TYLER FREDERICK
(Print Name)


(Signature) 10/30/25
(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).

DATE OF DEPOSIT

DEC 4 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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.

DATE OF DEPOSIT

DEC 4 2025

MOVE ME MOVING, LLC

Legal Name of Applicant

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Trade Name, if any

2615 MOUNT TROY ROAD PITTSBURGH PA 15212

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.

TYLER FREDERICK, OWNER. ADDRESS: 2615 MOUNT TROY ROAD,
PITTSBURGH, PA 15212. PHONE: 724-290-2661

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

OWNER. CONTROLS COMMUNICATION, MANAGING ALL BUSINESS
OPERATIONS, FINANCES AND REGULATORY FINANCES/COMPLIANCE.

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)(II)(-I-).

I WAS A CONTRACTOR WITH UNITED SINCE 2018. I WORKED
FOR SEVERAL OTHER CONTRACTORS THAT CAME IN FROM OUT
OF STATE AS WELL.

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.

I AM A SMALL BUSINESS AND DO EVERYTHING MYSELF.

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:

- a. Your hiring standards for drivers;
- b. Your system for conducting criminal background checks;
- c. Your driver training program;
- d. Your system for conducting driver license checks;
- e. Your policies regarding alcohol and drug use by your drivers.

- A. I AM A SMALL COMPANY AND I WILL BE THE ONLY DRIVER.
- B. I WILL BE USING A THIRD-PARTY SYSTEM FOR BACKGROUND CHECKS BUT I USE LABORERS FROM OTHERS COMPANIES WITH BACKGROUND CHECKS.
- C. I AM THE ONLY DRIVER.
- D. I WILL USE A THIRD-PARTY SYSTEM.
- E. I AM THE ONLY DRIVER.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2017	FORD	ECONOLINE	2	1FDWE3F6ZHD 647856	97,200

7. Describe your vehicle safety program. Please include the following in your explanation:

- a. Your periodic vehicle maintenance plan
- b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

A. ALL COMPANY VEHICLES ARE INSPECTED, SERVICED AND MAINTAINED ON A REGULAR SCHEDULE. MAINTENANCE INCLUDES OIL CHANGES, TIRE INSPECTIONS, BRAKE CHECKS AND SAFETY INSPECTIONS. MAINTENANCE IS PERFORMED BY LICENSED MECHANICS.

B. MOVE ME MOVING MAINTAINS A PROACTIVE SYSTEM TO ENSURE ALL VEHICLES CONTINUOUSLY COMPLY WITH PA STANDARDS. VEHICLES UNDERGO ROUTINE INSPECTIONS BEFORE AND AFTER TRIPS. INCLUDING

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

MOVE ME MOVING HAS OBTAINED THE NECESSARY INSURANCE COVERAGE REQUIRED BY THE PUC. COVERAGE HAS BEEN CONFIRMED BY THE INSURANCE PROVIDER. PREMIUMS ARE PAID AND CURREN

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)

TYLER FREDERICK, OWNER
(Name and Title, printed or typed)

(Date)

10/30/25

DATE OF DEPOSIT

DEC 4 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

* SEE ATTACHED STATEMENT OF FINANCIAL POSITION *

Statement of Financial Position (Balance Sheet)

As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets

Cash _____

Other Current Assets (specify) _____

Total Current Assets _____

Tangible Assets

Motor Vehicle Equipment _____

Property (buildings, land, etc.) _____

Office Equipment _____

TOTAL ASSETS _____

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 _____

Statement of Financial Position
Move Me Moving, LLC

Assets

Cash:	\$28,130
Accounts Receivable:	\$12,800
Moving Equipment:	\$10,000
Office Furniture/Equipment:	\$2,600

Total Assets: **\$53,530**

Liabilities

Loans:	\$0
Credit Cards:	\$0
Other Liabilities:	\$0

Total Liabilities: **\$0**

Owners Equity: **\$53,530**

Vehicle and Equipment Inventory
Move Me Moving, LLC

Trucks

Vehicle	Year	Make/Model	VIN	Owned/Leased
Box Truck #1	2017	Ford E-350	1FDWE3F62HDC47836	Owned

Moving Equipment

- 1 Appliance dolly
- 12 standard hand trucks
- 4 Furniture dollies
- Moving pads (approx. 250-300)
- Ratchet straps and tie downs (15-20)
- Ramps
- Tool kits for disassembly and assembly
- Shrink wrap, tape, padding supplies

Driver and Vehicle Safety Program
Move Me Moving, LLC

1. Purpose

- a. The purpose of this safety program is to ensure all operations of Move Me Moving, LLC are conducted safely, legally, and in compliance with PUC requirements.

2. Driver Qualifications

- a. All drivers must possess a valid PA drivers license appropriate for the vehicle being driven.
- b. Drivers must have a clean record.
- c. All employees must pass an initial driving evaluation.

3. Employee Training

- a. Movers are trained in proper lifting techniques, safe loading /unloading, and use of moving equipment.
- b. All staff receive instruction on preventing property damage and avoiding personal injury.

4. Vehicle Inspection and Maintenance

- a. Drivers perform pre-trip and post-trip inspection daily, including checking brakes, tires, lights, mirrors and securement.
- b. Any defect is reported immediately to management.
- c. All trucks receive scheduled maintenance including oil changes, tire replacements, brake inspections and safety checks.
- d. Maintenance logs are retained for company records.

5. Safe Driving Policies

- a. Seat belts are required at all times.
- b. Speeding, aggressive driving, and unsafe lane changes are strictly prohibited.
- c. Handheld phone use while driving is not allowed.
- d. Drivers must obey all state and federal traffic laws.
- e. No use of alcohol or controlled substances before or during work.

6. Cargo Securement and Handling

- a. All household goods will be loaded using proper padding, tie-downs, straps and safety equipment.
- b. Trucks will never be over-loaded or exceed manufacturer weight limits.
- c. Items will be secured to prevent shifting during transport.

7. Accident Reporting Procedures

- a. Any accident must be reported to management
- b. Vehicles involved in an accident will undergo inspection before returning to service.
- c. A written incident report must be completed within 24 hours.

8. Recordkeeping

- a. Driver records, employee files, maintenance logs, inspection reports, and incident reports will be kept on file at the company office.

12- Month Projected Revenue and Expense Statement

Projected Revenue

- Residential Moves: \$100,000
- Commercial Moves: \$25,000
- Packing/Unpacking: \$10,000
- Labor Only: \$10,000


Total Projected Revenue: \$145,000

Projected Operating Expenses

- Fuel: \$8,000
- Truck Maintenance: \$5,000
- Truck Insurance: \$9,000
- Business/Liability Insurance: \$2,000
- Labor/Helpers: \$20,000
- Advertising/Marketing: \$8,000
- Storage: \$2,400

Total Operating Expenses: \$54,400

Projected Net Operating Income: \$145,000 - \$54,400 = \$90,600

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 01-27-2025

Employer Identification Number:
33-3076831

Form: SS-4

Number of this notice: CP 575 G

MOVE ME MOVING LLC
TYLER J FREDERICK SOLE MBR
2615 MOUNT TROY RD
PITTSBURGH, PA 15212

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 33-3076831. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.



0014082080



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
CERTIFICATE OF ORGANIZATION -
LIMITED LIABILITY COMPANY
 Fee: \$125

Pennsylvania Department of State
-FILED-
 File #: 0014082080
 Date Filed: 1/27/2025

RECEIVED BY PENNSYLVANIA DEPARTMENT OF STATE 01/27/2025 11:20 AM

DSCB:15-8821 (rev. 2/2017)

In compliance with the requirements of 15 Pa.C.S. § 8821 relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

Limited Liability Company Type	
Filing type	Domestic Limited Liability Company
Limited liability company subtype	Limited Liability Company
Limited Liability Company Name	
Entity name	Move Me Moving LLC
Effective Date	
The filing shall be effective when filed with the Department of State	
Registered Office	
The address of this limited liability company's proposed registered office in this Commonwealth is	
TYLER J FREDERICK 2615 MOUNT TROY RD PITTSBURGH, PA 15212-1219 ALLEGHENY	
Organizers	
Name of individual or organization	Address
Tyler J Frederick	TYLER J FREDERICK 2615 MOUNT TROY RD PITTSBURGH, PA 15212-1219
Additional provisions, if any	
Additional provisions	
<input type="checkbox"/> I qualify for a veteran/reservist-owned small business fee exemption (see help)	
Electronic Signature	
IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.	
<i>Tyler Frederick</i>	01/27/2025
Tyler J Frederick	Date



Visit theupsstore.com to find a location near you.

Domestic Shipments

- To qualify for the Letter rate, UPS Express Envelopes may only contain correspondence, urgent documents, and/or electronic media, and must weigh 8 oz. or less. UPS Express Envelopes containing items other than those listed or weighing more than 8 oz. will be billed by weight.

International Shipments

- The UPS Express Envelope may be used only for documents of no commercial value. Certain countries consider electronic media as documents. Visit ups.com/importexport to verify if your shipment is classified as a document.

- To qualify for the Letter rate, the UPS Express Envelope must weigh 8 oz. or less. UPS Express Envelopes weighing more than 8 oz. will be billed by weight.

Note: Express Envelopes are not recommended for shipments of electronic media containing sensitive personal information or breakable items. Do not send cash or cash equivalent.

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Agency: PUC
Floor:

External Carrier: UPS 2ND DAY AIR

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717-705-1952

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SECRETARY'S BUREAU

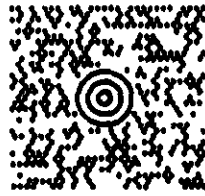
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DATE: 04 DEC 2025

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TO: COMMON WEALTH OF PENNSYLVANIA
FL 2
400 NORTH ST

HARRISBURG PA 17120-0202



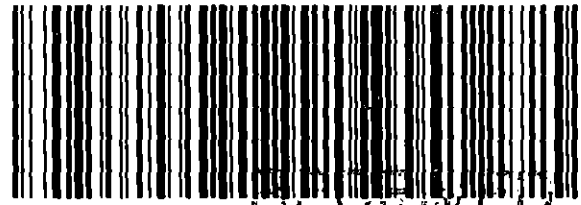
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