

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

DATE OF DEPOSIT

DEC 03 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)

Intelligent Movers, 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)

N/A

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- 8917774

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 46-5597045
(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).

OlSi Dashi _____ DATE OF DEPOSIT
Amanda Dashi _____
_____ DEC 03 2025

6. Mailing Address

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

144 Hartsville Greenloch Rd
Street Address

Scwell, NJ 08080
City, State and Zip Code County

856-716-6670 Telephone Number
intelligentmovers@gmail.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.)

Same as mailing
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)

N/A
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.

9. Does applicant have a USDOT Number?

 No Yes, at No. 2994223

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 in use
between points in Pennsylvania; mainly within
the city of Philadelphia (ext. buildings)

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.

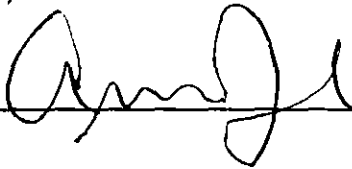
Verification of Application

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.

Amanda Dashi member

(Print Name)



(Signature)

11/21/25

(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 03 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.

Amanda Dasli, member

Legal Name of Applicant

N/A

Trade Name, if any

144 Hurthville Greenbush Rd Sewell

Street Address (principal place of business)

City or Municipality

NJ

State

08080

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.

Amanda Dasli, member

Cell phone - 609-304-7981

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

N/A

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)(-+).

Previously licensed - PUC # 8917774

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.

See attached response

DATE OF DEPOSIT

DEC 03 2025

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.

see attached responses.

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>

*will outsource
I have trucks
and purchase their
insurance.*

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).

N/A

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

Insurance has been obtained. See attached cot

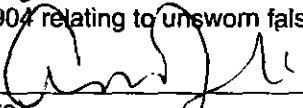
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

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)
Amanda Dahi, member

(Name and Title, printed or typed)

11/21/25

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) 11/2/25
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$ 15,000	
Other Current Assets (specify)		
Total Current Assets		
Tangible Assets		
Motor Vehicle Equipment	N/A	
Property (buildings, land, etc.)		
Office Equipment		
	TOTAL ASSETS	<u>\$ 15,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	#0.00	
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	<u>\$ 0.00</u>

DATE OF DEPOSIT

Intelligent Movers , LLC
A-8917774
November 21, 2025

DEC 03 2025

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

ADDITIONAL RESPONSES TO QUESTIONS
APPLICATION OF MOTOR COMMON CARRIER OF HOUSEHOLD GOODS

Question 4.

We are looking to slowly regrow this business to provide additional income to our family. For the time being and foreseeable future, this is a very small operation. The operations are run by a husband (Olsi Dashi) and wife (Amanda Dashi) team. Jobs are received from referrals and reputation via our business phone number. In the meantime as we continue to reallocate our time and expenses to the regrowth of Intelligent Movers, LLC, Amanda Dashi, take full responsibility to keep records required by the PUC secure in our home office at the listed address. The business phone (856-716-6670) will forward Amanda's cell phone in order to respond to calls quickly and efficiently and to keep open communication with the customer and the driver. We also provide the customer with the driver cell phone number.

Question 5.

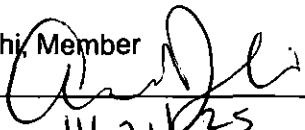
****We will currently and for the foreseeable future have one driver -Olsi Dashi . We plan to outsource U-haul moving trucks as needed .

- a) Hiring standard for drivers
 - i) Valid drivers license, 21+
 - ii) Clean driving record
 - iii) Physically fit - lift 100lbs or more
 - iv) Driver screening program - driver training and regular evaluations
 - v) Must pass criminal background check
 - vi) Must pass drug test - will test regularly and at random/surprise
- b) **We will conduct background checks via state police**

Online: Go to epatch.pa.gov/home, click "Submit a New Record Check," and follow the prompts to complete the request and pay the fee. Results are often available immediately.

- c) **Drivers will be trained and evaluated regularly . Safety camera will be installed in the truck to monitor driving and speed**

- d) Driver license checks will be made with the issuing state via the government website
- e) Policy on drug and alcohol - signed upon employment. Strict zero tolerance policy forbids employees from using, possessing, or being under the influence of alcohol and illegal drugs while working or operating company vehicles. The Supervisor or owner can require a test based on noticeable impairment. Upon noticeable impairment the employee will be asked to leave the work site immediately in a safe manner and will be on suspension until a negative drug test is received.

Amanda Dashi, Member
Signature 
Date 11/21/25

Please feel free
to call my
cell 609-304-7981
for additional questions!



Deposit Support PM
P.O. Box 4887
Lancaster, PA 17604

Statement Date: 10/01/25 through 10/31/25

Primary Account:

For information regarding your account,
please call Customer Service at 800.385.8664.

Account Statement

DATE OF DEPOSIT

INTELLIGENT MOVERS LLC
144 HURFFVILLE GRENLOCH RD
SEWELL NJ 08080-3900

DEC 03 2025

PA PUBLIC UTILITIES COMMISSION
SECRETARY'S OFFICE

BUSINESS CHECKING

Prior Statement Balance \$15,228.59	Total Deposits/Credits \$9,125.00	Total Checks/Debits \$11,501.72	Ending Statement Balance \$12,851.87
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Account Activity

Date	Description	Deposits/Credits	Checks/Debits	Balance
09/30	ENDING BALANCE FROM PRIOR STATEMENT			15,228.59
10/03	MERCH BNKCD NSD DEPOSIT INTELLIGENT MOVERS 526152826883		71.92	15,156.67
10/14	CLOVER FEES CLOVER FEE INTELLIGENT MOVERS 2240805		15.94	15,140.73
10/15	Avanti Vision 4845528946 Amanda Dashi		15.00	15,125.73
10/16	WITHDRAWAL		10,000.00	5,125.73
10/20	DEPOSIT	4,125.00		9,250.73
10/24	DRIVE NJ INS INS PREM Intelligent Movers LLC POL XXXXX5141		847.11	8,403.62
10/28	DEPOSIT	5,000.00		13,403.62
10/28	DELUXE CHECK CHECK/ACC. INTELLIGENT MOVERS LLC		51.75	13,351.87
10/31	Avanti Vision 4845528946 Amanda Dashi		500.00	12,851.87
10/31	ENDING BALANCE			12,851.87

Service Fee Balance Information

10/01/25 through 10/31/25

Average Ledger Balance	\$11,983.05	Minimum Ledger Balance	\$5,125.00
Average Collected Balance	\$11,853.21		

TAP INTO BIGGER PROFITS

Accept multiple forms of payment and give your customers a better experience—all while growing your sales.

Visit fultonbank.com/payments to learn more.



RECONCILEMENT FORM

TO RECONCILE YOUR CHECKING ACCOUNT:

1. Enter and subtract any service charges in your checkbook.
2. Enter and add any interest in your checkbook.
3. Compare the checks listed on this statement against your checkbook, and list in the columns those that are still outstanding.
4. Verify deposits entered in your checkbook with those on this statement, and list in the columns those not shown on the statement.

CHECKS OUTSTANDING	
NUMBER	AMOUNT
TOTAL OUTSTANDING	



ENTER ENDING BALANCE AS PER BANK STATEMENT		
ADD ANY DEPOSITS NOT CREDITED		
SUBTOTAL		
SUBTRACT CHECKS OUTSTANDING		
BALANCE SHOULD AGREE WITH YOUR CHECKBOOK		



The following disclosures apply only if you have a consumer account:

IMPORTANT NOTICE FOR CONSUMER ACCOUNTS

If this is not a correct statement, or if your address has changed, please notify us at once, but in any event no later than thirty (30) days from the date of mailing of this statement.

PREAUTHORIZED TRANSFERS

You may contact us at 1-800-385-8664 to determine whether your transfer occurred.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone or write us at the telephone number or address listed on the first page of this statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR LINE OF CREDIT ACCOUNT STATEMENT

If you have a Line of Credit account shown on this combined statement and you think your Line of Credit statement is wrong, or if you need more information about a transaction, write us, on a separate sheet, at the address listed on the first page of this statement as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST Line of Credit statement on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

1. Your name and account number.
2. The dollar amount of the suspected error.
3. Describe the error and explain, if you can, why you believe it is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

IMPORTANT INFORMATION ABOUT YOUR LINE OF CREDIT CHARGES

If you have a Line of Credit account shown on this combined statement, we compute the interest (finance) charge on your account by applying the periodic rate to the "average daily balance" of your account (including current transactions). To get the "average daily balance," we take the beginning balance of your account each day, add any new advances and subtract any payments, credits, unpaid interest (finance) charges, and unpaid insurance premiums. This gives us the daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance," which is shown on this statement as "balance subject to interest rate."

If more than one daily periodic rate is in effect during a billing cycle, we compute the interest (finance) charge by (1) multiplying the average daily balance for the portion of the billing cycle each daily period rate was in effect by the number of days the applicable periodic rate was in effect, (2) multiplying each of the results by the applicable daily periodic rate, and (3) adding these products together.

If an "interest charge adjustment" is shown on this statement, we computed this portion of the interest (finance) charge by multiplying the principal amount to which the adjustment applies by the periodic rate which applied in the billing cycle for which the adjustment was made and by the number of days for which the adjustment was made.

RECEIPT OF PAYMENT INSTRUCTIONS

Mailed loan payments must be sent to the bank to the address listed on the first page of this statement and must include the account number or payment coupon. Payments must be received by mail, via transfer from a bank deposit account, or in person to bank personnel at any of our branch locations Monday through Friday (excluding holidays) during our normal business hours up through 5:00 p.m. Eastern Time to be credited as of that date. Payments made after 5:00 p.m., or on Saturdays, Sundays, or holidays may not be credited until the following business day.

Notice of Negative Information: We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

The following disclosure applies only if you have a commercial account:

REPORTING ERRORS AND DISCREPANCIES FOR COMMERCIAL ACCOUNTS

Subject to any different rights you have under the Electronic Funds Transfer Act with respect to the time you have to review statements and report unauthorized activity and errors, you have agreed to act with reasonable promptness in examining your account records and to notify us of any errors in writing of discrepancies, unauthorized payments (including payments with forged or missing signatures) or alterations that you discover. **To do so, contact us at 1-800-385-8664.** Whether you have acted with reasonable promptness will depend upon the circumstances. However, you will not be deemed to have acted with reasonable promptness if you notify us in writing more than thirty (30) days from the date the statement reflecting the error, discrepancy, unauthorized payment or alteration is first mailed, delivered or made available to you.



Deposit Support PM
P.O. Box 4887
Lancaster, PA 17604

Statement Date: 10/01/25 through 10/31/25

Primary Account:

Service Fees

	Total For This Period	Total Year to Date
Total Overdraft/OD Fees (Paid Items)	\$0.00	\$0.00
Total Non-Sufficient Funds/NSF Fees (Returned Items)	\$0.00	\$0.00

Overdraft Elect™

Current Overdraft Elect™ Limit* \$2,100.00 (Current limit applies through the next statement cycle provided the account is in good standing.)

*Overdrafts may be created by check, ATM or everyday debit card, in-person withdrawal, ACH, transfer, fees, or other electronic means. Fulton Bank's current Non-Sufficient Funds (NSF) Fee or Overdraft (OD) Fee is charged to your account for each NSF or overdraft transaction, whether returned or paid. For each consecutive business day (following three consecutive business days) that you have a negative balance, we will charge you an Extended Overdraft Fee. Additional information on the program is available on the bank's website and at financial center locations, and the fees are listed on the Small Business/Non-Profit Service Fee Disclosure or the Commercial Service Fee Disclosure.

DATE OF DEPOSIT

DEC 03 2025

PAYEE'S ACCOUNT NUMBER ON
CHECK/STANDARD

16910



PRESS FIRMLY TO SEAL



17120

BLACKWOOD, NJ 08012
DEC 03, 2025

\$33.40

S2324N500851-20

RDC 07



**PRIORITY
MAIL
EXPRESS®**



RECEIVED

FR 150 LUL 846 US

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE: (609) 304-7981
 Intelligent Movers
 144 Hurkille Greenloch Rd
 Sewell, NJ 08080

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mailbox receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 *Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT) PHONE:)
 Secretary PA Public Utility
 Commission, 400 N. Street
 2nd Floor Harrisburg, PA 17120
 ZIP + 4® (U.S. ADDRESSES ONLY)
 17120-

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

PEEL FROM THIS CORNER

PAYMENT BY ACCOUNT (if applicable) Fed. No. Federal Agency Account or Postal Service Act. No.

PA PUBLIC UTILITY COMMISSION

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code 08012	Scheduled Delivery Date (MM/DD/YY) 12-5-25	Postage \$ 33.40
Date Accepted (MM/DD/YY) 12-3-25	Scheduled Delivery Time 5:00 PM	Insurance Fee \$
Time Accepted 5:00 PM	Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 33.40
Weight Flat Rate lbs. ozs.	Acceptance Efficacy Indicia AK	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time AM PM Employee Signature
 Delivery Attempt (MM/DD/YY) Time AM PM Employee Signature
 DEC - 5 2025

LABEL 11-B, NOVEMBER 2023

PSN 7830-02-000-8988

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU