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September 7, 2017

VIA E-FILING

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, 2nd Floor
Harrisburg, PA 17120

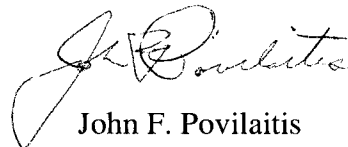
Re: Application of Keystone Moving & Junk Removal, LLC to Operate as a Common Carrier of Household Goods in Use between points within an 100 mile radius in Cumberland, Perry, Dauphin, Lancaster, and York counties in the Commonwealth of Pennsylvania; Docket No. A-2017-_____

Dear Secretary Chiavetta:

On behalf of Keystone Moving & Junk Removal, LLC (“Keystone”), enclosed for electronic filing with the Pennsylvania Public Utility Commission (“Commission”) is a copy of Keystone’s signed and verified Application (“Application”) to Operate as a Common Carrier of Household Goods in Use between points within an 100 mile radius in Cumberland, Perry, Dauphin, Lancaster, and York counties in the Commonwealth of Pennsylvania.

The \$350 filing fee is being paid electronically concurrently with this e-filing. Please contact me if you have any questions regarding this filing.

Very truly yours,



John F. Povilaitis

JFP/tlg
Enclosure

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)

Keystone Moving & Junk Removal, 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 Department of State?** **NO**

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number

47-2735514

(see checklist and indicate type of business entity registered)

5. **Physical Address** (do not use PO Box)

207 W Maplewood Ave

Street Address

Mechanicsburg, PA, 17055

City, State and Zip Code

717-712-5094

Telephone Number

Cumberland

County

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.

6. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

This is the address to which the Commission will send all official documents issued by the Commission. If left blank, it will be assumed that the **MAILING ADDRESS** is the same as the **PHYSICAL ADDRESS**.

7. **Attorney** (if applicable)

John F. Povilaitis, Buchanan Ingersoll & Rooney, 717-237-4825

Attorney's Name & Telephone Number for this Filing

409 North Second Street, Suite # 500, Harrisburg, PA, 17101

Attorney's 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.

8. **Does applicant hold interstate operating authority?**

No Yes, at No. _____

9. **Describe the service area proposed by this application.**

(Use the space below or attach additional sheet if space provided is not sufficient).

To transport as a common carrier, household goods in use between points within a 100 mile radius in Cumberland, Perry, Dauphin, Lancaster, and York counties.

Examples:

- To transport as a common carrier, household goods in use between points in Mercer County.

- To transport as a contract carrier for the XYZ Company, household goods in use, from points in Elk County to points in PA.

10. **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 and Motor Contract 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.

Chris Gambell
(Print Name)


(Signature)

9/6/17
(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).

BUSINESS PLAN OF APPLICANT FOR MOTOR CARRIER AUTHORITY

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.

PUC Application Docket No.			
Keystone Moving & Junk Removal, LLC			
Legal Name of Applicant			
<hr/>			
Trade Name, if any			
207 W Maplewood Ave	Mechanicsburg	PA	17055
Street Address (principal place of business)	City or Municipality	State	Zip Code

This document is a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

You are encouraged to provide as much information as possible to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

Christopher Todd Gambill, Owner of Keystone Moving & Junk Removal, LLC ("Keystone").

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

No affiliation with any other carrier.

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

I obtained a CDL Class A commercial driver's license in 2008. I was a driver for Old Dominion Freight for 1 year. I have over 10 years of experience loading and unloading trucks.

4. Describe the physical location, to include the office area, office machines that will be used, and where vehicles will be stored. Household goods in use carriers should include a description of their storage facilities, if applicable.

The primary office area for Keystone is located inside my personal residence at 207 W Maplewood Ave in Mechanicsburg, Pennsylvania. The trailers that will be utilized are located at a storage lot in 3150 Gettysburg Road in Camp Hill, Pennsylvania, 17011. There is no customer storage included in our business model, as we plan to dispose of customer "junk" as well as move household goods directly from a pickup point to the delivery location as identified by the customer.

5. 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 continuous communication with drivers.

I plan to utilize the internet, cell phone and email to keep in direct contact with customers. I am the only driver, and I will provide customers with my cell phone number as well as monitor calls closely.

6. Please explain:

- a. Your hiring standards for drivers;

I am the owner and sole driver. However, my business plan regarding drivers will be supplemented and updated before any additional drivers are added.

- b. Your system to ensure prospective drivers will be subject to a criminal background check;

This is not applicable at this time, because I am the sole driver. However, I have no criminal record.

- c. Your driver training program;

This is not applicable at this time, because I am the sole driver.

- d. Your system for ensuring that your drivers are properly licensed at all times;

This is not applicable at this time, because I am the sole driver. However, I am properly licensed.

- e. Your system to ensure that all drivers will be subject to a criminal background check every two years;

This is not applicable at this time, because I am the sole driver. However, I have no criminal record.

- f. Your policies regarding alcohol and drug use by your drivers.

This is not applicable at this time, because I am the sole driver. However, I will not use drugs or alcohol while operating the vehicle.

7. 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 geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs and limousines may not be used if the vehicle's age is greater than eight model years.

1 vehicle is appropriate to provide reasonable and efficient service to transport both property and household goods in use between points within a 100 mile radius in Cumberland, Perry, Dauphin, Lancaster, and York counties because I am the sole driver for Keystone, and I will schedule appointments accordingly so that enough time is allocated for each customer's move.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY</u>	<u>VEHICLE ID #</u>
2005	Chevy	Silverado	4 seats	IGCHK29U45E173836

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

- a. Your periodic vehicle maintenance plan;

I will ensure that my vehicle has undergone its yearly inspection and required monthly maintenance.

- b. Your system for ensuring your vehicles will continuously comply with Pennsylvania's inspection standards and the Commission's equipment standards;

As discussed above, I will schedule my vehicle for required preventative maintenance and ensure the vehicle is inspected by a certified vehicle inspection station. Also, I will maintain inspection due dates on the business calendar.

- c. If applying for Taxi or Limousine Authority, explain how vehicles will be replaced once they are greater than eight model years in age;

Not Applicable.

- d. If applying for Household Goods Authority, explain how it will be ensured that vehicles meet all USDOT equipment standards.

I have reviewed USDOT equipment standards, and all of the standards have been met. I will continue to monitor the standards and will update as required.

9. As proof that an effort has been made to determine that insurance is affordable, list the name and phone number of insurance agents you have contacted and the prices of premiums they have quoted.

I have all required insurance available, and I will have my carriers provide that information to the Pennsylvania Public Utility Commission directly. My insurance carriers are Erie Insurance and Christian Baker Company. Erie Insurance covers the commercial vehicle and Worker's Compensation insurance, and the Christian Baker Company provides general liability, bonded, and cargo insurance.

United Specialty Insurance Company, rate \$758.00 (per covered Vehicle, per \$100 receipts or per 100 miles).
Contact information: Joanne Krepps, 717-761-4712

James B. Murdoch Insurance, rate \$1,207.00 for \$1 million liability insurance. Contact information: Melissa Strous, 717-737-9900

10. Criminal Record. Has the applicant* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution? YES ___ NO X

**If applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.*

11. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner. **PLEASE NOTE: COMMISSION REGULATIONS REQUIRE THAT PARTNERSHIPS, LIMITED PARTNERSHIPS, LIMITED LIABILITY PARTNERSHIPS, LIMITED LIABILITY COMPANIES, AND CORPORATIONS MUST FILE A CURRENT INCOME STATEMENT.**

Statement of Financial Position (Balance Sheet)
As of (date) 9/5/17

ASSETS

Current Assets		
Cash	\$20,000	
Other Current Assets (specify)		
Other Assets		
Motor Vehicle Equipment	\$23,000	
Building and Structures Office Equipment		
Investments and Funds (specify)		
	TOTAL ASSETS	\$43,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Long Term Liabilities (Due after one year of date)		
	TOTAL LIABILITIES	\$18,600

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets) \$24,400

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)

9/6/17

(Date)

Christopher T Gambill, Owner

(Name and Title, printed or typed)

Appendix A to
Application of Keystone Moving & Junk Removal, LLC to Operate as a Common
Carrier of Household Goods in Use between points within an 100 mile radius in
Cumberland, Perry, Dauphin, Lancaster, and York counties in the Commonwealth
of Pennsylvania; Docket No. A-2017-_____

Names, addresses, and titles of all members of the company:

Applicant Name:	Christopher T. Gambill
Title:	Owner, Sole Member
Company Name:	Keystone Moving & Junk Removal, LLC
PA Corporation Bureau Entity ID Number:	47-2735514
Company Address:	207 W Maplewood Ave, Mechanicsburg, PA, 17055