

Keystone Moving & Junk Removal, LLC
207 West Maplewood Avenue
Mechanicsburg PA 17055

August 8, 2018

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

Re: Application of Keystone Moving & Junk Removal, LLC, to amend the operating authority to operate as a Common Carrier of Household Goods in Use to "Between points in Pennsylvania."

Dear Secretary Chiavetta:

The application for Keystone Moving & Junk Removal, LLC, to amend our Operating Authority is enclosed along with a Certified Check made payable to Commonwealth of Pennsylvania for the \$350.00 filing fee. Please contact me should there be any questions regarding this filing.

Sincerely,



Christopher T. Gambill
Owner
Keystone Moving & Junk Removal, LLC
717-712-5094
Email: keystonemoving79@gmail.com

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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? __ YES Previous Authority? __ NO**

If YES, at PUC No. A-8920233

4. **Are you a business entity registered with the PA Dept. of State? __ YES**
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 4319400
(See checklist and indicate type of business entity registered)

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).

Please amend authority to permit transportation as a common carrier of household goods in use between points in PA.

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.

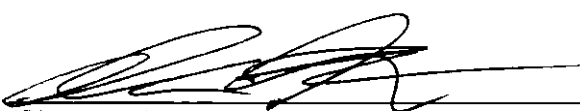
Verification of Application

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.

Christopher T. Gambill

(Print Name)



(Signature)

8/9/18

(Date)

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.

Keystone Moving & Junk Removal, LLC

Legal Name of Applicant

Trade Name, if any

207 W. Maplewood Ave

Street Address (principal place of business)

Mechanicsburg

City or Municipality

PA

State

17055

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.

Christopher T. Gambill

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

None

3. Please provide evidence of minimum of two-years' experience with a licensed household goods carrier as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-I-).

Already Certificated by the Commission

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.

The primary office for Keystone Relocation & Junk Removal is inside my personal residence at 207 West Maplewood Avenue in Mechanicsburg PA. The trailers to be utilized are located at a storage lot at 3150 Gettysburg Road in Camp Hill PA. There is no customer storage included in our business model, as we plan to dispose of customer "junk," and transport household goods directly from the customer's pickup point to the final destination as identified by the customer. We utilize the Internet, a cell phone, and email to keep in direct contact with customers. I am the only driver and will provide customer with my cell phone number. Records are kept on my computer.

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; I am the owner and sole driver. My business plan will be updated as any additional drivers are added.
 - b. Your system for conducting criminal background checks; Not applicable at this time as I am the sole driver and have no criminal record.
 - c. Your driver training program; Not applicable at this time as I am the only driver.
 - d. Your system for conducting driver license checks; At this time, I am the only driver and I am properly licensed.
 - e. Your policies regarding alcohol and drug use by your drivers; This is not applicable at this time as I am the sole driver. I will not use drugs or consume alcohol while operating a vehicle.

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>
2013	Ford	F350	4 seats	1FT8W3BTDEA11240	104,000
2016	Carmate	24 ft. enclosed trailer		5A3C824D9FL000950	

7. Describe your vehicle safety program. Please include the following in your explanation:
 - a. Your periodic vehicle maintenance plan; I will insure that my vehicle undergoes yearly inspection and all required regular maintenance.
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175); As I responded above, I will schedule my vehicle for required preventive maintenance and ensure the vehicle is inspected by a certified vehicle inspection station. I will also maintain inspection due dates on my business calendar.

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums; I have secured all required insurance. 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 \$100.00 receipts or per 100 miles). Contact information: Joanne Krepps, 717-761-4712. - James B. Murdoch Insurance, rate \$1207.00 for \$1 million liability insurance. Contact information: Melissa Strous, 717-737-9900.


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

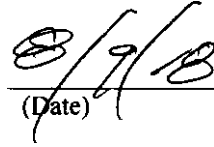
The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.



(Signature)

Christopher T. Gambill

(Name and Title, printed or typed)



(Date)

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Statement of Financial Position (Balance Sheet)
As of (date) 7/30/2018

ASSETS

Current Assets		
Cash	<u>\$20,000.00</u>	
Other Current Assets (specify)	<u> </u>	
Total Current Assets		<u>\$20,000.00</u>
Tangible Assets		
Motor Vehicle Equipment	<u>\$51,000.00</u>	
Property (buildings, land, etc.)	<u> </u>	
Office Equipment		<u>600.00</u>
	TOTAL ASSETS	<u>\$71,600.00</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit	<u>\$1,000.00</u>	
Other Liabilities (Attach schedule)	<u> </u>	
Total Current Liabilities		<u>\$1,000.00</u>
Long Term Liabilities (Due after one year of date)		
Mortgage (personal residence)	<u>\$120,000.00</u>	
Long term commercial loan (vehicle loan)	<u>\$44,000.00</u>	
Other Liabilities (Attach Schedule)	<u> </u>	
Total Long Term Liabilities		<u>\$164,000.00</u>
	TOTAL LIABILITIES	<u>\$165,000.00</u>

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