

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

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)

Kinetic Movers LLC

2. Trade Name (Attach a copy of fictitious name registration if applicable)

N/A

3. Do you currently hold PUC Authority? NO Previous Authority? NO

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 3841511
(See checklist and indicate type of business entity registered)

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App MCC Household Goods
rev 12/6/21

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

Karsten Desario, 50% owner, managing member
51 W. Market St, Apt 2F
York PA 17401.

Alexandria Gale, 50% owner
13476 Mockingbird Lane
Orrstown, PA 17244

6. Mailing Address

13476 Mockingbird Lane
Orrstown, PA 17244
717-479-8829
Kineticmoversllc@gmail.com

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

2199 Parklyn Drive
York, PA 17406

8. Attorney (if applicable)

Andrew J. Horowitz, Esq.
Obermayer Rebmann Maxwell & Hippel LLP
525 William Penn Place, Ste. 1710
Pittsburgh, PA 15219
412-288-2461
Andrew.horowitz@obermayer.com

9. Does applicant have a USDOT Number?

Yes. 3841511

10. Describe the service area proposed by this application.

To transport household goods in use between points in Pennsylvania.

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.

(Print Name) Karsten Desario

(Signature) 

(Date) 7/21/22

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).

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.

Kinetic Movers LLC
13476 Mockinbird Lane
Orrstown, PA 17244

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.

Karsten Desario, Managing Member
13476 Mockinbird Lane
Orrstown, PA 17244
717-479-8829
Kineticmoversllc@gmail.com

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)(-I-).

Applicant's Managing Member, Karsten Desario, previously served for eight months as an operations manager for A&M Friendly Movers, a full-service licensed mover, at its locations in Ohio and North Carolina. He was responsible for, among other things, launching the company's Ohio location. Mr. Desario has also worked as a contractor for over two years for two PA-licensed moving companies, Piccolos Friendly Movers and S&P Marathon Movers.

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.

Applicant will have two facilities: a leased storage facility where moving supplies will be stored and trucks will be parked, and an office located at Ms. Gale's home. Records required by the PUC (including but not limited to vehicle maintenance, HR files, and driver qualification files) will be kept in a locked file cabinet at the home office location. Customer requests will come through the company's website, email, or business phone line. Applicant will meet with its move crews as the storage location before dispatch each morning to provide job details and necessary paperwork. Applicant will communicate with drivers in the field via mobile phone.

- 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.

While Applicant does not intend to use trucks that are large enough to require CDL drivers, it intends to use drivers who are certified in the DOT drug and alcohol program, and Applicant will have a zero tolerance policy for drugs and alcohol. As explained below, this is of great personal importance to Mr. Desario. Drivers must have a valid drivers' license and a clean driving record. PSP background checks will be conducted annually. Drivers will be trained on daily pre-trip inspections, and road tested.

Initially, Applicant will have two drivers and one truck, which Applicant believes to be sufficient for the amount of volume that it intends to have.

- 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.**

Applicant intends to use one truck, which it has leased from Enterprise, in addition to an owned passenger SUV which it intends to use to transport employees:

YEAR	MAKE	MODEL	SEATING	VEHICLE ID #	MILEAGE
			CAPACITY*		
2022	FRGT	M2CA	2	3ALACWFC1NDNG5209	45335
2009	Chevy	Trailblazer	5	IGNDT33S192110801	146000

- 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).

Pre-trip inspections will be performed each morning. Issues will be noted and vehicles will not be put into service if serious issues are found. Records of maintenance will be kept at Applicant's office. Routine maintenance will be performed by outside licensed mechanics based on vehicles' manufacturer maintenance schedules.

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

Applicant currently holds the required insurance policies.

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.

Mr. Desario was convicted in 2013 of a felony for possession of marijuana with intent to distribute. Applicant also received multiple misdemeanor convictions on drug-related charges, most recently in 2017. Following this final conviction, Mr. Desario entered a rehabilitation facility and is currently four years clean and sober from all substances including alcohol. He states:

"I have given my life to God and a fellowship to help me. My life is very different today and I hope my past does not deter approval for operating authority. Starting a business has been a life changer for me and I want to grow my company and become a full-service mover."

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.

Applicant has a strong financial position as evidenced by the below financial statement.

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)



(Date)

7/21/22

(Name and Title, printed or typed)

Karsten Desario
owner

**Statement of Financial Position (Balance Sheet)
As of July 15, 2022**

ASSETS

Current Assets

Cash	\$25,000
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Total Current Assets	\$25,000
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Tangible Assets

Motor Vehicle Equipment	\$8,500
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Moving Equipment	\$5,000
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TOTAL ASSETS	\$38,500
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LIABILITIES

Current Liabilities (Due within one year of date)

Enterprise Box Truck Lease (one year of monthly rental fees)	\$32,400
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Total Current Liabilities	\$32,400
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Long Term Liabilities (Due after one year of date)

N/A

Total Long-Term Liabilities	\$0
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TOTAL LIABILITIES	\$32,400
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