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Rosemary Chiavetta

October 19, 2022

Secretary

PUC

400 North Street

Harrisburg, PA 17120

RE: Kelvin D Ferguson & Sons LLC PUC #2439242 File 10/10/22 amended 10/14/22, amended again 10/19/22

Dear Secretary Chiavetta,

- 1) this is my cover letter.
- 2) For your review is the corrected application of Kelvin D Ferguson & Sons LLC
- 3) Question #10 has been expanded and explained
- 4) The geographical area has been explained. The 170-mile move was a onetime move several years ago by Kelvin Ferguson (deceased) for a family friend for no remuneration.
- 5) Kelvin D Ferguson & Sons LLC does not have a website, and since receiving notice its social media has remained idle.
- 6) Kelvin D Ferguson & Sons LLC has filed an Application for Motor Common Carrier of Household Goods in Use.

Thank you for your anticipated cooperation with this minority taxpaying business. I look forward to working with you so that Kelvin D Ferguson & Sons LLC can continue to work hard and make a living in today's struggling economy. I ask that this be expedited if possible.

Sincerely,

Elizabeth M Tarasi

Elizabeth M. Tarasi

PA PUC

===== TRANSACTION RECORD =====

PA PUC
400 NORTH STREET
HARRISBURG, PA 17120
United States
WWW.PA.GOV

TYPE: Purchase

ACCT: American Express \$ 350.00 USD

CARDHOLDER NAME : Elizabeth Tarasi
CARD NUMBER :
DATE/TIME : 14 Oct 22 11:55:59
REFERENCE # : 001 0949834 M
AUTHOR. # : 243047
TRANS. REF. : 2439242

Approved - Thank You 100

Please retain this copy for your records.

Cardholder will pay above amount to
card issuer pursuant to cardholder
agreement.

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

Application for Broker of Household Goods in Use

THIS APPLICATION IS TO BE USED FOR A LICENSE TO OPERATE AS A BROKER WHO WILL ARRANGE FOR THE TRANSPORTATION OF HOUSEHOLD GOODS IN USE BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Kelvin D Ferguson & Sons 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? _____

If YES, at PUC No. A- _____

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 6998564
(see checklist and indicate type of business entity registered)

5. **Mailing Address**

232 Hazel Rd
Street Address
Pittsburgh Pa 15235 Allegheny
City, State and Zip Code County
412-403-3173 kdfandsonsmoving@gmail.com
Telephone Number 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.

6. **Physical Address** (If different than mailing address. Do not use a post office box.)

100 Hafner Ave
Street Address
Pittsburgh Pa 15223
City, State and Zip Code
412-403-3173 Allegheny
Telephone Number 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. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

7. **Attorney** (if applicable)

Elizabeth M Tarasi 412-391-7135
Attorney's Name & Telephone Number for this Filing
510 Third Ace 2nd Fl Pittsburgh Pa 15219 emt@tarasilaw.com
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.

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 arrange for the transportation of goods between points in City of Pittsburgh, Western Pennsylvania, and the Allegheny County area

Examples.

- *To arrange for the transportation of household goods in use between points in Pennsylvania.*
- *To arrange for the transportation of household goods in use between points in Clarion County.*

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 Brokers 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. § 4904 relating to unsworn falsification to authorities.

Djuan Ferguson

(Print Name)

Djuan Ferguson

(Signature)

10/3/22

(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).

Note: Before you can provide service as a Pennsylvania licensed broker of household goods, you must submit evidence of financial responsibility to the Commission. Your evidence will be in the form of a Surety Bond in the amount of \$10,000.

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.

PUC Application Docket No.			
Kelvin D Ferguson & Sons LLC			
Legal Name of Applicant			
Kelvin D Ferguson & Sons			
Trade Name, if any			
232 Hafner Ave 100 Hafner	Pittsburgh	Pa	15223
Street Address (principal place of business)	City or Municipality	State	Zip Code
24 Furnace St EXT	McKees Rocks	Pa	15136

The Verified Statement of the Applicant is more or less 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.

At minimum, the Verified Statement of the Applicant should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary 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 making the Verified Statement on behalf of the applicant. If the applicant is a sole proprietor making the statement, this will be the same information as provided above. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number, and indicate that the applicant's directors/owners/partners/etc have authorized the witness to speak for the business

Djuan Ferguson owner of the business

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

none

3. Describe your business experience, particularly any experience relating to the operation as a broker for the transportation of persons. You may also include an explanation of education or training that you believe may be relevant.

I have been hauling and moving with my father for 20 years. My father died recently and I took over the business. Our business is in the City of Pittsburgh. My training has been on the job with my father when he was alive.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized. 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. Finally, please state your intended business hours. Trucks are parked at a secure storage gated lot over night. Trucks are inspected yearly and maintained monthly, lights reflectors brakes

The trucks are inspected (lights, turn signals, brakes, ties) daily before they leave the lot.

Drivers have valid licensees, drivers records reviewed, annual review, road test

The communication network is via cell phone.

The business uses email and social media.

Customers are received by word of mouth, social medial and business cards. We will keep what ever records the PUC requires in a secure location in the owners home office

Business hours Monday through Friday 9-5 Saturday 10-5

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving.

4-6 employees duties are to safely and securely move boxes, furniture , appliances and items from one household to another. The appropriate number of employees depends upon the size of the move as we provide reasonable and efficient service for our customers so that we will get referrals.

6. Licensed brokers are required to maintain a surety bond with a value of no less than \$10,000. While it is not necessary to obtain a surety bond at this time, please give the names of bonding companies you have contacted in preparation for obtaining a surety bond.

Triangle Benefit Services - licensed Broker - Giovanni Salvio 412-650-6500

7. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
 - Your intended customer complaint resolution procedure.

We will provide our customers with the letter that was provided to us by the PUC

We will inform our clients that if they have any concerns they can file with the PUC

8. Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution?

YES NO

9. **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. Therefore, you must complete both parts of the "Statement of Financial Position", which follows this page. The first part is the Balance Sheet. You need only provide the applicable information. The second part of the Statement of Financial Position is the Projected Income Statement. The projection is your estimation of expected revenues and specific expenses for one year. You should use the projected information, along with the financial data reported on your balance sheet to help you determine if proposed business can be feasible. 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.

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)

Djuan Ferguson - owner

(Name and Title, printed or typed)

10-14-22
(Date)

STATEMENT OF FINANCIAL POSITION (BALANCE SHEET)
AS OF (DATE) 10/14/22
(Must be less than 6 months old)

ASSETS

Current Assets

Cash	\$5,000.00	
Other Current Assets (specify)		
Total Current Assets		\$5,000.00

Tangible Assets

Motor Vehicle Equipment	\$25,000.00	
Property (Buildings, land, etc.)		
Office Equipment	\$5,000.00	
Total Tangible Assets		\$30,000.00

	TOTAL ASSETS	\$35,000.00
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LIABILITIES monthly

Lot fees	321.00	
Current Liabilities (Due within one year of date)		
Loans	00.00	
Credit Cards/revolving credit	00.00	
Other Liabilities (attach schedule)	62.16	
Insurance paid monthly		
Total Current Liabilities		1,032.53
Workers Compensation Ins	170.00	
Vehicle Insurance	479.37	
Long Term Liabilities (Due after one year of date)		
Mortgage	00.00	
Long Term commercial loan	00.00	
Other Liabilities (Attach Schedule)	00.00	
Total Long-Term Liabilities		00.00
	00.00	
TOTAL LIABILITIES		\$1,032.53

PA PUC

===== TRANSACTION RECORD =====

PA PUC
400 NORTH STREET
HARRISBURG, PA 17120
United States
WWW.PA.GOV

TYPE: Purchase

ACCT: American Express \$ 100.00 USD

CARDHOLDER NAME : Elizabeth Tarasi
CARD NUMBER :
DATE/TIME : 14 Sep 22 12:35:04
REFERENCE # : 001 077 0240 M
AUTHOR. # : 215223
TRANS. REF. : 2434913

Approved - Thank You 100

Please retain this copy for your records.

Cardholder will pay above amount to
card issuer pursuant to cardholder
agreement.

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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 of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

1. **Legal Name of Applicant (Individual, Partnership or Corporation)**

Kelvin D Ferguson & Sons 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)**

Kelvin D Ferguson & Sons

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 PA 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 first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 6998564 (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).

Djuan Ferguson

6. Mailing Address

100 Hafner Ave
Street Address
Pittsburgh Pa 15223 Allegheny
City, State and Zip Code County
412-403-3173 kdfandsonsmoving@gmail.com
Telephone Number 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 than mailing address. Do not use a post office box.)

100 Hafner Ave also 24 Furnace St EXT Pittsburgh Pa 15136 ALLEGHENY COUNTY
Street Address
Pittsburgh Pa 15223 Allegheny
City, State and Zip Code County
412-403-3173 kdfandsonsmoving@gmail.com
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)

Elizabeth M Tarasi 412-391-7135
Attorney's Name & Telephone Number for this Filing
510 Third Ave 2nd Fl Pittsburgh Pa 15219 emt@tarasilaw.com
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. Do you have a USDOT Number?

No Yes, at No. _____

**10. What type of commodities do you intend to transport other than your own?
Please note applicable exemptions on pages 4-5.**

~~furniture , household items, moving company moving household goods for homeowners
mainly used but sometimes the items are new. The items are being transported in
the Western Pennsylvania area mainly within the City of Pittsburgh.
We move new and used furniture, appliances, boxes, couches, clothes from homes
into homes.~~

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 Property; 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

Djuan Ferguson
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.

Djuan Ferguson

(Print Name)

Djuan Ferguson

(Signature)

9/14/22

(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).