

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.

DATE OF DEPOSIT

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

DEC 28 2022

K-B Offset Printing, Inc.

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

- 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- 8925749

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

If YES, provide your PA Corporation Bureau Entity ID Number 9525-488
(See checklist and indicate type of business entity registered)

182724

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

<u>Raymond J. Caravan, Jr.</u>	<u>shareholder ; President</u>
<u>Judith A. Caravan</u>	<u>" ; Secretary</u>
<u>Raymond Caravan, III</u>	<u>"</u>
<u>Greyson M. Caravan</u>	<u>"</u>

6. Mailing Address

3500 E. College Avenue, #1000
Street Address

State College, PA 16801 Centre
City, State and Zip Code County

814 237 7600 rjc@kboffset.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 from Mailing Address. Do not use a PO Box.)

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)

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. 2153177

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

Commonwealth of Pennsylvania service area, to
transport household goods from point-to-point.

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.

Raymond J. Caravan, Jr.

(Print Name)

Raymond J. Caravan, Jr.

(Signature)

12/19/22

(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).

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.

K-B Offset Printing, Inc.

Legal Name of Applicant

Trade Name, if any

3500 E. College Ave., #1000 ; State College, PA 16801

Street Address (principal place of business)

City or Municipality

State

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.

Raymond J. Caravan, Jr., President/CEO ; 3500 E. College Ave., #1000, State College, PA 16801.

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).

Equivalency Qualifications: Business operations over 50-years, extensive experience with materials and product movement, packaging, storage, and transportation.

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.

Facility: 55,000 sq. ft. warehouse, manufacturing, and office space; Real-time communication network, extensive manual and electronic record-keeping, with firewall protection and backup; Dedicated telephone service for moving business communication to/from customers and with employees & staff & drivers.

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:
- Your hiring standards for drivers;
 - Your system for conducting criminal background checks;
 - Your driver training program;
 - Your system for conducting driver license checks;
 - Your policies regarding alcohol and drug use by your drivers.

Primary: 2 drivers.

Integration of moving operations into company policies, procedures, and training protocols. Certified by OSHA with S.H.A.R.P safety designation.

We maintain strict guidelines for background checks, driving records, drug/alcohol, and conduct specific training with written tests. All protocols are reviewed annually by OSHA and Cincinnati Insurance Group.

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.

YEAR	MAKE	MODEL	SEATING CAPACITY*	VEHICLE ID #	MILEAGE
2004	CHEV	12' Box Truck	2	0334	58,750
2012	FORD	Transit Cargo	2	1785	90,396
2008	FORD	24' Box Truck	2	9008	39,537
2010	CHEV	14' Box Truck	2	3144	192,978
2005	FORD	Cargo Van	2	9789	66,086

7. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan
 - Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

Daily pre-ride inspections & logs.
 Weekly fluid checks, tires, brakes, etc.
 Monthly safety inspections.
 Annual PA safety inspections.

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

We are pre-approved by Cincinnati Insurance.

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.

R. Caravan
(Signature) Raymond J. Caravan, Jr.
(Name and Title, printed or typed)

12/19/22
(Date)

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets

Cash

Other Current Assets (specify)

Total Current Assets

Tangible Assets

Motor Vehicle Equipment

Property (buildings, land, etc.)

Office Equipment

TOTAL ASSETS

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

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

see attached

K-B Offset Printing, Inc.**Balance Sheet**

DESCRIPTION	12/31/2020	12/31/2021	9/30/2022
ASSETS			
<u>Current Assets</u>			
Cash & Checking	60,752	197,739	275,592
Postal Permit #41	2,177	3,677	2,661
A/R Trade	302,393	518,569	271,035
Inventory & WIP	294,734	224,441	346,612
Interest Receivable	3,547	-	-
Total Current Assets	663,604	944,426	895,900
<u>Long-term Assets:</u>			
Equipment & FFE	3,965,424	3,965,424	3,997,424
Acc. Depreciation	(3,775,838)	(3,912,261)	(3,946,551)
Prepaid Insurance	3,290	-	-
Refundable Deposits	41,250	1,250	1,250
Other Notes Receivable	139,923	139,923	139,923
Total Long-term Assets	374,049	194,336	192,046
Total Assets	1,037,653	1,138,762	1,087,946

K-B Offset Printing, Inc.**Balance Sheet**

LIABILITIES			
DESCRIPTION	12/31/2020	12/31/2021	9/30/2022
<u>Current Liabilities</u>			
A/P Trade	915,087	493,604	453,478
Sales Tax Payable	2,447	2,714	2,078
Accrued P/R, Postage, Current Portion LT Det	42,046	59,641	52,221
Total current liabilities	959,580	555,959	507,777
<u>Long-Term Liabilities:</u>			
Heidelberg - tcf Equipment Finance	57,186	30,736	17,102
Note Payable - Bryn Mawr Funding	3,273	-	-
Note Payable - Clearfield B&T	99,753	-	-
LEW Leasing	-	-	28,172
Shareholder Note Payable	340,000	340,000	340,000
Note Payable - SBA - EIDL	-	150,000	150,000
Note Payable - Dale Summit Partners	-	362,500	333,510
Total long-term liabilities	500,212	883,236	868,784
Total Liabilities	1,459,792	1,439,195	1,376,561
EQUITY			
Common Stock	1,670	1,670	1,670
Treasury Stock	(8,000)	(8,000)	(8,000)
Additional Paid in Capital	632,794	632,794	632,794
Retained Earnings	(972,404)	(853,864)	(934,713)
Year to Date Net Income	(76,199)	(73,033)	19,634
Total Equity	(422,139)	(300,433)	(288,615)
Total Liabilities and Equity	1,037,653	1,138,762	1,087,946

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

PRIORITY MAIL
POSTAGE REQUIRED

PRIORITY® ★ MAIL ★



DATE OF DELIVERY SPECIFIED*



USPS TRACKING™ INCLUDED*



INSURANCE INCLUDED*



PICKUP AVAILABLE

* Domestic only

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.

P

US POSTAGE AND FEES PAID
DEC 28 2022 Mailed from ZIP 16801
PM Flat Rate Envelope
Commercial Plus Price



062S14949905

USPS PRIORITY MAIL™

K-B Offset Printing, Inc.
3500 E COLLEGE AVE STE 1000
State College, PA 16801-7569

RECEIVED

DEC 29 2022

SHIP TO: SECRETARY
PENNSYLVANIA PUBLIC UTILITY
COMMISSION
400 NORTH ST FL 2
HARRISBURG PA 17120-0093

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

USPS TRACKING



9405 5112 0620 7519 8568 66

