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

March 1, 2023

RE: Kelvin D. Ferguson & Sons LLC A-2022-3036486

Dear Secretary Chiavetta,

I am filing a corrected Application for Motor Common Carrier or Motor Contract Carrier Of Household Goods in Use for Kelvin D Ferguson & Sons LLC at A-2022-3036486. This corrected Application should replace all other filings.

Kelvin D. Ferguson & Sons LLC is a local family-owned moving company and requests a certificate of public convenience or permit to operate as a commercial carrier of household goods in use. They wish to conduct business as a local moving company in Allegheny County.

I did in error file other filings at this time: ALL OTHER APPLICATIONS ARE WITHDRAW. THIS SHOULD BE THE ONLY APPLICATION BEFORE THE PUC.

Payment for this application was previously made.

I did obtain an extension for this filing. I have been working with the PUC to help this local minority business get this corrected. The original owner died and left the business to his son. I thank the PUC for its time and patience in helping this minority owned business work through this process. I am working this on a Pro-bono basis, especially since they have had to shut down since this all started. Again, thank you.

Sincerely

Elizabeth M Tarasi

Elizabeth M Tarasi

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)

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?** NO

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** ___NO

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

Djuan Ferguson member

6. **Mailing Address**

232 Hazel Road
Street Address
Pittsburgh Pennsylvania 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.

7. **Physical Address** (if different from Mailing Address. Do no use a PO Box.)

100 Hafner Ave
Street Address
Pittsburgh Pennsylvania 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 Pennsylvania 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. **Does applicant have a USDOT Number?**

No Yes, at No. _____

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

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

To transport household goods in use between points in Allegheny County

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.

Djuan Ferguson

(Print Name)

Djuan Ferguson

(Signature)

March 1, 2023

(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.

Djuan Ferguson owner of the business

Legal Name of Applicant

Kelvin D Ferguson LLC & Sons LLC

Trade Name, if any

232 Hazel Road Pittsburgh Pa 15235

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.

Djuan Ferguson - owner applicant

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 or the equivalent as required by 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-I-).

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 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.

Our trucks are parked

Our trucks are parked at a secure storage, gated lot over night. Trucks are inspected yearly and maintained monthly lights, reflectors, tires and brakes daily

Trucks are inspected lights turned on, signals, brakes, ties, daily before they leave the lot.

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

Communication network is via cell phone 5

The business uses email and social media

Customers are received by word of mouth, social media and business cards.

We keep the records required in a secure location at the owners home office

Business hours are Mon - Fri 9-5 and Sat 10-5

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.

We use two driver plus myself so total of 3 this is appropriate to serve my business and customers as we are a small local business. We are a family owned business and the three drivers are all related.

We run criminal background checks on our moving helpers.

We stay current with the laws for the trucking industry and every 6 months our insurance company runs a drivers history on us. This helps us keep our premiums down.

Drugs and alcohol are strictly prohibited.

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
2005	Ford	E350 Superduty	2	1FDWE34L558A32320	172000
2006	Chevy	Express Van	3	1GCGG25V561171212	260000
2002	GMC	G31	2	1GDHG31R221902171	245000
2002	Chevy	G31	2	1GBJG31R021124205	122000

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).

We maintain our trucks daily. Our trucks are the only way we can make a living.

We have to make sure the fluids, lights, tires, engine, doors and all systems are in good working order.

We follow the guidelines and take the trucks to our mechanic get checked and or inspected every three months.

we have a personal mechanic who comes to our lot.

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

We have full coverage on every truck . We have been paying the required premium for years.

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 x 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.

We have been operating as a successful small local family moving company for 20 years. We have never had an accident and have always been a reliable service to the public.

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.

Djuan Ferguson
(Signature)
Djuan Ferguson
(Name and Title, printed or typed)

March 1, 2023
(Date)

Statement of Financial Position (Balance Sheet)

As of (date) March 1, 2023

(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	5,000	
Other Current Assets (specify)		
Total Current Assets		<u>5,000</u>
Tangible Assets		
Motor Vehicle Equipment	25,000	
Property (buildings, land, etc.)	5,000	<u>30,000</u>
Office Equipment		
	TOTAL ASSETS	<u>35,000</u>

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	lot fees	321.00
Credit cards/revolving credit		Type text here
Other Liabilities (Attach schedule)		62.16
Total Current Liabilities	insurance	170.00
		<u>479.37</u>
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan		
Other Liabilities (Attach Schedule)		
Total Long-Term Liabilities		
	TOTAL LIABILITIES	<u>1,032.53</u>