

**APPLICATIONS FOR RENEWAL OR UPDATE
OF
CONSERVATION SERVICE PROVIDER (CSP) REGISTRATION**

Instructions: One of the following applications may be used by a registered Conservation Service Provider (CSP) to renew or update CSP Registration as follows:

I am renewing my CSP Registration according to the normal two year renewal cycle and have no changes to my prior application – Use the *Application for Renewal of CSP Registration – No Changes Incurred to Application of Record*. This application should be used when there are NO CHANGES to the CSP Application of record. The filing fee for renewal is \$25.

I am renewing my CSP Registration according to the normal two year renewal cycle and have changes to my prior application – Use the *Application for Renewal of CSP Registration – Changes Incurred to Application of Record*. This application should be used when there are one or more CHANGES to the CSP Application of record. The Applicant is also required to submit a newly completed CSP Application. The filing fee for renewal is \$25.

I am updating my CSP Registration information prior to my next required renewal – Use the *Application to Update CSP Registration*. This application should be used by a currently approved, registered CSP in order to update one or more items of the CSP Application of record. The Applicant is also required to submit a newly completed CSP Application. There is no filing fee to update CSP Registration information of record.

In all three cases listed above, the registered CSP is required to conduct a thorough review of the individual items, parts and subparts of the Applicant's CSP Application of record, which may be obtained by searching the Pennsylvania Public Utility Commission (PUC) website at www.puc.pa.gov.

- *Double click "Search Documents" located on the upper right-hand corner of the PUC website.*
- *Type the last seven (7) digits of your PUC Docket No. for "Docket No."*
- *Click button labeled "Search."*

An entity that uses one of the three applications to renew CSP Registration or to update CSP Registration information, shall be held accountable for identifying each and every item that has changed or contains information that has changed relating to the Commission-approved Application currently on file at the Commission.

File a signed and verified original and one copy of the completed application along with any attachments in person or by first class mail, with your check (if applicable) to the following address:

Filing in person:

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

Filing by first-class Mail:

Secretary
Pennsylvania Public Utility Commission
P. O. Box 3265
Harrisburg, PA 17105-3265

**APPLICATION FOR RENEWAL OF CSP REGISTRATION
NO CHANGES INCURRED TO APPLICATION OF RECORD**

Applicant (Company) Name and Docket No.:

Key Recycling LLC A-2016-2539561

Contact Information (name, address, phone number and email of person filing application):

Keith Yanchek
1234 N State Street Pottstown, PA 19464
484-369-1217 Key Recycling LLC @ Gmail.com

On behalf of the Applicant I am filing with the Commission this Application for Renewal of CSP Registration. There are NO CHANGES to the Applicant's CSP Application of record on file at the Commission at the Docket Number as indicated herein.

I have reviewed the Applicant's CSP Application of record and no information contained therein has changed. Furthermore, no compliance issues have occurred relating to the Applicant's CSP Application of record regarding responses to Questions 4.a – 4.d. Enclosed are the following items:

- a. Attachment providing all information relating to "Identity of the Applicant," pursuant to Question Nos. 1(a)-1(j) of the CSP Application;
- b. Renewal application fee of \$25;
- c. Affidavit, attesting to the truth and knowledge of these facts; and
- d. Proof of current liability insurance coverage.

Keith Yanchek President
Name and Title of person authorized by Applicant to file this Application


Signature 4/8/24
Date

The Applicant understands that the making of false statement(s) herein may be grounds for denying the Application for Renewal of Conservation Service Provider Registration, or if later discovered, for revoking any authority granted pursuant to the Application. This Application is subject to 18 Pa. C.S. §§4903 and 4904, relating to perjury and falsification in official matters.

AFFIDAVIT

[Commonwealth/State] of Pennsylvania :

: SS.

County of Bucks County :

Keith Ewan Yanchek Jr., Affiant, being duly [sworn/affirmed] according to law, deposes and says that:

[He/she is the Keith Yanchek President (Office of Affiant) of Key Recycling LLC (Name of Applicant);]

[That he/she is authorized to and does make this affidavit for said Applicant;]

That the Applicant herein Key Recycling LLC has the burden of producing information and supporting documentation demonstrating its technical and financial fitness to be registered as a conservation service provider pursuant to Act 129 of 2008.

That the Applicant herein Key Recycling LLC acknowledges that it has answered the questions on the application correctly, truthfully and completely and has provided supporting documentation as required.

That the Applicant herein Key Recycling LLC acknowledges that it is under a duty to update information provided in answer to questions on this application and contained in supporting documents.

That the Applicant herein Key Recycling LLC acknowledges that it is under a duty to supplement information provided in answer to questions on this application and contained in supporting documents as requested by the Commission.

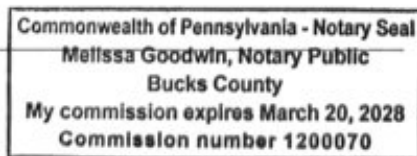
That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief, and that he/she expects said Applicant to be able to prove the same at hearing.

Keith Ewan Yanchek Jr.
Signature of Affiant

Sworn and subscribed before me this 11th day of April, 2024.

Melissa Goodwin
Signature of official administering oath

My commission expires:



Business Search

As of 04/09/2024 we have processed all business filings received in our office through 04/04/2024.

Business Search Info:

keyrecyclingllc

Advanced

Results: 1

Filing Information	Initial Filing Date	Status	Entity Type	Formed In	Address
Key Recycling, LLC (4183682)	04/11/2013	Active	Domestic Limited Liability Company	PENNSYLVANIA	1234 STATE STREET, POTTSTOWN, PA 19464

Key Recycling, LLC (4183682)



Request Certificate

Initial Filing Date: 04/11/2013
 Status: Active
 Formed in: PENNSYLVANIA
 Filing Type: Domestic Limited Liability Company
 Filing Subtype: Limited Liability Company
 Registered Office: 1234 State Street
 Pottstown, PA 19464
 County: Montgomery



View History



Request Access



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/09/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Thomas McKee Insurance Agency, Ltd 1001 E. Darby Rd, Suite 205 Havertown, PA 19083 License #: 685460	CONTACT NAME: Justine Blanco Remonte PHONE (A/C, No, Ext): (484)451-8883 E-MAIL ADDRESS: Justine@mckeeinsures.com	FAX (A/C, No): (484)451-8889	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED KEY RECYCLING LLC 1234 N State St Pottstown, PA 19464	INSURER A: AmGuard Insurance Co 42390		
	INSURER B: Evanston Insurance Company		
	INSURER C: PinnaclePoint Insurance Company 15137		
	INSURER D: ACE FIRE UNDERWRITERS INSURANCE COMPANY 29702		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 00001090-0

REVISION NUMBER: 5

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		KEBP490933	06/01/2023	06/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$		EZXS3078470	06/29/2023	06/29/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	WCP7006351	11/30/2023	11/30/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Cyber Liability		D9618086A	06/03/2022	06/03/2023	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

ICF
 1902 Reston Metro Plaza
 Reston, VA 20190

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(JBR)

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