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May 19, 2025

Via Electronic Filing

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

Re: Application of Kelvin D Ferguson & Sons LLC for Additional Rights to Operate as a Commercial Carrier of Household Goods in Use between Points in Pennsylvania; Docket No. A-2025-

Dear Secretary Homsher:

Enclosed for electronic filing please find the Application of Kelvin D Ferguson & Sons LLC, for a Certificate of Public Convenience evidencing Additional Rights to Operate as a Commercial Carrier of Household Goods in Use between Points in Pennsylvania.

Please note that the \$350.00 filing fee for the application will be paid electronically.

If you have any questions regarding this filing, please contact me at 717.237.6041 or at bbeard@eckertseamans.com.

Sincerely,

Bryce R. Beard

Bryce R. Beard
BRB/red

Enclosure

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?**

If YES, at PUC No. A- 8925552

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

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, 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.

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

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

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)

Bryce R. Beard, Esq. 717-237-6041

Attorney's Name & Telephone Number for this Filing
213 Market St., 8th Floor, Harrisburg, PA 17101 bbeard@eckertseamans.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?**

 X 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 Pennsylvania.

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 D. Ferguson
(Print Name)

/s/ Djuan D. Ferguson May 19, 2025
(Signature) (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.

Kelvin D Ferguson LLC & Sons LLC

Legal Name of Applicant

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 and President

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 approximately 20 years of experience in the household goods moving industry.

Specifically, as recognized by the Commission's August 24, 2023 Order at Docket No. A-2022-3036486, I have over 10 years of experience providing labor service for household goods operations which satisfies the Commission's "equivalent experience" standard in 52 Pa. Code §3.381(c)(1)(iii)(A)(II)(-I-).

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.
The facilities consist of my home-based office with a separate area designated for the business. All financial records are maintained by my accountant, and other business records are maintained in a secure location or electronically on our business computer. Our trucks are parked in a secure storage, gated overnight lot. Trucks are inspected and maintained consistently on a monthly basis, and with daily vehicle safety inspections before leaving the lot. All our drivers communicate via cell 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.

a. We currently employ two drivers plus myself for a total of 3 which is appropriate for our current demand. Additional drivers will be required to show at least six months operating cargo trucks and vehicles.

b. We conduct criminal background checks during hiring process through state police resource.

c. Our driver training involves on-the-job training as a ride-along, with live training done under supervision of experienced driver until experience is shown.

d. All drivers must present their drivers license on hiring and on request.

e. We have a strict, zero-policy for on the job or pre-shift drug and alcohol use. Any belief of intoxication will lead to immediate drug tests and/or firing.

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	186,000
2002	GMC	G31	2	1GDHG31R221902171	242,000
2002	Chevy	G31	2	1GBJG31R021124205	126,000

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).

a. We inspect our trucks daily with pre-drive inspections including fluids, lights, tires, engine, doors, and all systems in working order. For maintenance, our trucks are maintained by a mechanic monthly who comes to our lot, with in depth inspections every three months.

b. Through our plan and mechanic inspections, we are continuously ensuring our vehicles comply with applicable Pennsylvania vehicle equipment standards.

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

We currently have full coverage on all of our trucks, and have the resources to continue to pay the insurance premium.

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.

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.

/s/ Djuan D. Ferguson

(Signature)

Djuan D. Ferguson, Member

(Name and Title, printed or typed)

May 19, 2025

(Date)

Kelvin D Ferguson & Sons Moving

Balance Sheet

As of April 30, 2025

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Business Checking (0870) - 1	4,105.40
Business Savings (0870) - 1	0.07
Cash	0.00
Total Bank Accounts	\$4,105.47
Total Current Assets	\$4,105.47
Fixed Assets	
Vehicles	
Chevy Express Van	0.00
Chevy G3500	7,019.00
Ford E350	7,288.00
GMC Savana	7,112.00
Total Vehicles	21,419.00
Total Fixed Assets	\$21,419.00
TOTAL ASSETS	\$25,524.47
LIABILITIES AND EQUITY	
Liabilities	
Total Liabilities	
Equity	
Opening balance equity	95,796.65
Personal healthcare	-423.84
Retained Earnings	-73,723.85
Net Income	3,875.51
Total Equity	\$25,524.47
TOTAL LIABILITIES AND EQUITY	\$25,524.47