

Since 1867



2700 ROBERTS AVENUE
PHILADELPHIA, PA 19129

M. Kelley's Sons, Inc.
2700 Roberts Ave.
Philadelphia, PA 19129
215-228-4000
td@digitaldispatcher.com

March 17, 2026

Public Utility Commission
Commonwealth of Pennsylvania

RE: Docket #2953901

To Whom It May Concern,

As a for-hire carrier operating within Pennsylvania, we were told that we are required to obtain a Certificate of Public Convenience (operating authority) approved by the Pennsylvania Public Utility Commission to transport household goods (#2 Home Heating Oil) inside of PA. Please consider our application.

Sincerely,

A handwritten signature in blue ink that reads 'Thomas F Duffey'.

Thomas F Duffey
President/Owner

Since 1867



2700 ROBERTS AVENUE
PHILADELPHIA, PA 19129

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.

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

M. Kelley's Sons, Inc.

- 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)

N/A

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 185397

(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).**

President-Owner	Thomas F Duffey
_____	_____
_____	_____
_____	_____

6. **Mailing Address**

2700 Roberts Ave
Street Address

Philadelphia, PA 19129	Philadelphia
City, State and Zip Code	County

215-228-4000	td@digitaldispatcher.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.)

Same as above
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)

N/A
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. 876349 _____

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 (#2 Heating Oil) in use between points in Philadelphia

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.

Thomas F Duffey

(Print Name)

Thomas Duffey

(Signature)

2/27/2026

(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.

M. Kelley's Sons, Inc.			
Legal Name of Applicant			
N/A			
Trade Name, if any			
2700 Roberts Ave	Philadelphia, PA 19129		
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.

Thomas F Duffey - Owner/President
 2700 Roberts Ave.
 Philadelphia, PA 19129
 215-228-4000

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

N/A - No other carrier

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-).

Cass Fuel Oil Co Inc
 1801 S 25th St.
 Philadelphia, PA 19145
 (215) 389-3322
 See attached evidence.

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.

See attachment labeled -- Record Maintenance Plan and Communication_4

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.

We have 1 seasonal driver. We pickup loads of #2 Heating Oil at the Terminal in South Philadelphia and haul them to our facility on Roberts Ave. The weather determines the amount of loads that are required.

- See attachment labeled - Hiring Standards for drivers_5a
- Foley Services
- See attachment labeled - Driver Training Schedule_5c
- Foley Services
- Foley Services

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.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2020	Peterbuilt	365	2	52	142,749

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).

See attachment labeled --Vehicle Maintenance Procedure_7ab

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

We have USI 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 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.

Thomas Duffey

(Signature)

Thomas F Duffey -- Owner/President

(Name and Title, printed or typed)

2/27/2026

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) December 31, 2025
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	\$182,933	
Other Current Assets (specify)	\$403,042	
Total Current Assets		\$585,975
Tangible Assets		
Motor Vehicle Equipment	\$30,208	
Property (buildings, land, etc.)	\$174,804	\$205,012
Office Equipment		\$2,435
TOTAL ASSETS		\$793,422

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	\$19,849	
Credit cards/revolving credit	\$65,834	
Other Liabilities (Attach schedule)	\$78,941	
Total Current Liabilities		\$164,624
Long Term Liabilities (Due after one year of date)		
Mortgage	\$0	
Long term commercial loan	\$0	
Other Liabilities (Attach Schedule)	\$449,730	
Total Long-Term Liabilities		\$449,730
TOTAL LIABILITIES		\$614,354

Corporate Officers

1. Thomas Duffey – Owner/President -- 100% of Shares
1087 George Rd.
Meadowbrook, PA 19046
2. Joseph Duffey – Vice President
6220 N. Fairhill St.
Philadelphia, PA 19126
3. Michael Duffey – Secretary
8203 Cadwalder Dr.
Elkins Park, PA 19027

M. KELLEY'S SONS, INC

2700 Roberts Ave
Philadelphia PA 19129

Invoice

Date	Invoice #
1/31/2026	5506

Bill To
Cass Fuel Oil Co Inc PO Box 20070 Philadelphia, PA 19145-0370

PAID
02/12/2026

P.O. No.	Terms	Project
	UPON RECEIPT	

Quantity	Description	Rate	Amount
7,800	THRUPUT, BUCKEYE, BOL# 1582780, 1/31/26	0.07	546.00
25	Freight Surcharge per mile	0.90	22.50
	PA Sales Tax	6.00%	0.00
		Total	\$568.50

M. KELLEY'S SONS, INC Customer QuickReport

February 1, 2024 through February 1, 2026

Cass Fuel Oil Co Inc

Type	Date	Num	Amount
Invoice	02/16/2024	4939	295.50
Invoice	02/22/2024	4950	295.50
Payment	03/01/2024	50733	591.00
Invoice	03/21/2024	4984	295.50
Payment	04/05/2024	50745	295.50
Invoice	04/29/2024	5030	295.50
Payment	05/21/2024	50748	295.50
Invoice	07/31/2024	5065	295.50
Payment	08/16/2024	50753	295.50
Invoice	09/23/2024	5084	295.50
Payment	10/18/2024	50763	295.50
Invoice	10/23/2024	5106	295.50
Invoice	11/22/2024	5122	295.50
Payment	11/27/2024	50785	591.00
Invoice	12/13/2024	5146	295.50
Payment	12/17/2024	50793	295.50
Invoice	12/23/2024	5156	295.50
Payment	12/31/2024	50805	295.50
Invoice	12/31/2024	5174	295.50
Payment	01/07/2025	50809	295.50
Invoice	01/08/2025	5183	591.00
Invoice	01/16/2025	5199	295.50
Payment	01/20/2025	50813	591.00
Invoice	01/27/2025	5212	591.00
Invoice	01/28/2025	5230	295.50
Payment	01/31/2025	5235	295.50
Payment	02/04/2025	50822	591.00
Invoice	02/12/2025	5253	295.50
Invoice	02/18/2025	5270	295.50
Payment	02/20/2025	50831	591.00
Invoice	02/24/2025	5283	295.50
Check	03/17/2025	1369	-8,237.55
Payment	03/18/2025	50843	591.00
Invoice	12/16/2025	5424	568.50
Payment	12/26/2025	50901	568.50
Invoice	12/31/2025	5457	295.50
Payment	01/13/2026	50913	295.50
Invoice	01/16/2026	5473	295.50
Payment	01/23/2026	50918	295.50
Invoice	01/30/2026	5494	295.50
Invoice	01/31/2026	5506	568.50

Record Maintenance Plan and Communication

The physical located at 2700 Roberts Ave has a loading Rack and a Tank Farm. There are 13 tanks in the farm with a containment area in case of a spill. (See attached schematic). We currently maintain records and stay compliant for the DEP.

We will implement a spreadsheet to maintain records that are required by the PUC. As well as any other methods necessary to stay compliant.

We use Cell phones for our communication network. Utilizing calls and text messages.

We hear directly from the customer to maintain a minimum volume balance of #2 Heating Oil. They order the loads as needed.

Hiring Standards for drivers (a)

1. Driver is required to have a Class A CDL driver license with hazmat (H) and tanker (X) endorsements
2. Minimum driving experience of 2 years.
3. TWIC card
4. Clean driving record
5. Ability to pass drug/alcohol tests.
6. Physical ability to handle hazmat, including spill response.

Driver Training Schedule

DOT Hazmat Training - Initial within 90 days of hire or job change; recurrent every 3 years

- General Awareness/Familiarization: Overview of hazmat regulations, identification, and risks.
- Function-Specific: Safe loading/unloading
- Safety: Emergency response, spill mitigation, and personal protection.
- Security Awareness: Recognizing threats like tampering or theft.
- Vehicle Training: Covering vehicle inspection and hazmat-specific rules.

OSHA General Industry Training - At hire, when plans change, or roles shift. Annual review.

- Emergency Action and Fire Prevention Plan Training
- Evacuation procedures, reporting fires/emergencies, fire hazards, spill response, and roles in safe evacuation.
- Hazard Communication Training
- Chemical hazards, Safety Data Sheets, labels, detection methods, and protective measures.
- Flammable Liquids Handling Training
- Safe storage/transfer, emergency response (e.g., floods, spills), valve operation, and ignition avoidance.
- Hazardous Waste Operations and Emergency Response Training
- Hazard recognition, PPE, decontamination, control procedures.

On-the-Job Training - At hire, when plans change, or roles shift. Annual review.

- Safe vehicle operation and fuel delivery specifics

SPCC Plan Training - At hire, when plans change, or roles shift. Annual review.

- Annual training for all oil-handling personnel on spill prevention procedures, equipment operation, and response protocols.
- Include discharge prevention briefings at least annually, or more frequently if needed.

Vehicle Maintenance Procedure

Daily Pre-Trip

- Inspect brakes, lights, tires (tread depth >2/32 inch, pressure), mirrors, wipers.
- Check fluid levels (oil, coolant, fuel, DEF).
- Examine hazmat equipment: tanks for leaks/cracks, hoses/valves for damage, placards secure.
- Test emergency equipment (spill kits, fire extinguishers).
- Report defects immediately.

Weekly (or every 500-1,000 miles)

- Lubricate chassis, hinges, and moving parts.
- Check battery, belts, hoses for wear.
- Inspect exhaust system for leaks (critical for hazmat to avoid ignition risks).
- Clean cab and exterior; check for corrosion on tanker body.
- Verify tire rotation/balance if needed.

Monthly (or every 2,000-5,000 miles)

- Change engine oil/filter (use API CK-4 or FA-4 for diesel).
- Inspect suspension, steering, and drivetrain.
- Test brakes (pads, rotors, air system); adjust as needed.
- Check electrical system (wiring, alternator).
- Hazmat-specific: Pressure test tanks, inspect overfill protection devices.
- Rotate tires if uneven wear.

Quarterly (or every 10,000-15,000 miles)

- Replace air/fuel filters.
- Flush coolant system if needed.
- Align wheels and balance tires.
- Inspect transmission and differential fluids.
- Hazmat: Calibrate meters/gauges, check emergency shut-off valves.
- Perform diagnostic scan for engine codes.

Annually (or every 25,000-50,000 miles)

- Full DOT annual inspection (brakes, lights, etc.).
- Replace belts, hoses, spark plugs if applicable.
- Overhaul brakes and suspension.
- Hazmat: Hydrostatic test tanks
- Emissions testing per state/EPA rules.
- Review overall fleet performance.

Technology and Monitoring Tools

- Telematics system is installed on the truck to monitor vehicle performance in real-time, alerting operators to faults like emission control malfunctions or brake wear via dashboard or email alerts.
- On-board diagnostics (OBD) scanning tools to ensure continuous emissions compliance, flagging any readiness monitors that fail PA's standards.
- Excel spreadsheet to track maintenance history, inspection due dates, and compliance status for vehicle.

Other Longterm Liability Schedule
M.Kelley's Sons, Inc
12/31/2025

SBA EIDL 30 year loan	\$ 449,730.00
	Balance Due
	12/31/2025

Other Current Liability Schedule
M.Kelley's Sons, Inc
12/31/2025

Insurance Payable	\$	56,308
Accrued Payroll/Tax	\$	20,633
Security Deposit	\$	2,000
	\$	78,941