

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)

Kels Ki Home Deliveries 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- 00122292

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 3317509
(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).

Yodanny Powsang Renzo Powsang

6. Mailing Address

817 Victoria Ln.
Street Address
Palmyra PA 17078 Lebanon
City, State and Zip Code County
717 8296524 ypowsang@aol.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.)

817 Victoria Ln.
Street Address
Palmyra PA 17078 Lebanon
City, State and Zip Code County
717 8296524 ypowsang@aol.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)

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 X Yes, at No. 1901783

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 PA / Amazon Deliveries

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.

Renzo Powsong

(Print Name)



(Signature)

4/9/2026

(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.

Kelski Home Deliveries LLC

Legal Name of Applicant

817 Victoria Ln.

Trade Name, If any

PALMYRA

PA 17078

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.

Yodanny Powsang President 817 Victoria Ln Palmyra PA 7179030940
Renzo Powsang Vice-President 817 Victoria Ln. Palmyra PA 7178296524

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

Yodanny Powsang President
Renzo Powsang Vice President

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).

We're sending the last 2 years of the assessment report - motor carriers. 2024 / 2025

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.

Only 1 truck in use by the owner operator everything was keep in record personally

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.

Only 1 driver as a Owner Operator :

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
2023	ISUZU	FTR	3		110,000

* VIN # 54DK6S1F3PSA51382

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).

New Vehicle under manufacturer warranty,
 Maintenance program for every 10,000 miles or
 3 months... All safety equipment check daily
 pre-trip and post-trip perform for the owner-
 operator

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

We have been in business for the last 20 years without having any issues until my ins. agent didnt provide proof to the PUC last year. Thats why we applying again

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.

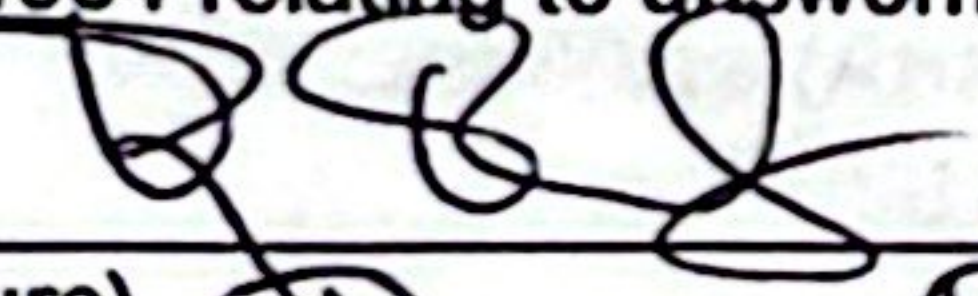
YES NO

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.

LIABILITIES

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.


(Signature) Renzo Powsang V-President
(Name and Title, printed or typed)

4/9/2026
(Date)

Statement of Financial Position (Balance Sheet)

As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets

Cash

30,000

Other Current Assets (specify) truck

90,000

Total Current Assets

\$120,000

Tangible Assets

Motor Vehicle Equipment

15,000

Property (buildings, land, etc.)

Office Equipment

TOTAL ASSETS

\$135,000.-

LIABILITIES

Current Liabilities (Due within one year of date)

Loans

50,000

Credit cards/revolving credit

5,000

Other Liabilities (Attach schedule)

Total Current Liabilities

\$55,000.

Long Term Liabilities (Due after one year of date)

Mortgage

Long term commercial loan

Other Liabilities (Attach Schedule)

Total Long-Term Liabilities

TOTAL LIABILITIES

\$55,000.-

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
400 NORTH STREET
HARRISBURG, PA 17120

2025 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** no later than **March 31, 2026**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301), revocation of your Certificate of Public Convenience, and PennDOT will place registration suspensions on your vehicles.

TRADE OR CORPORATE NAME OF UTILITY: KEL & KI HOME DELIVERIES LLC	UTILITY CODE: 707642
CONTACT NAME: YODANNY POWSANG	EMAIL:
ADDRESS 1: 817 VICTORIA LANE	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: PALMYRA PA 17078	PHONE NO.: 717-903-0940

OPERATING REVENUE FOR CALENDAR YEAR 2025 (January 1, 2025-December 31, 2025)
(Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or More	All Other Passenger Transportation
1. PA INTRASTATE OPERATING REVENUE	161,663			
PA EXEMPT INTRASTATE REVENUE (verifying documentation required for all exempt revenue)				
Exemption #				
Exemption #				
Exemption #				
Exemption #				
2. TOTAL Exempt Revenue				
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	161,663			

UCR REGISTRATION INFORMATION

2026 UCR Registered: YES NO US DOT#: _____

Date 2026 Fee was Paid: _____

Internal Use Only

A-1 C-1 AB-1

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled regarding the below-listed utility and/or individual.

Kel & Ki Home Deliveries LLC
Utility Name

[Signature]
Signature

Date 3/14/26

Yodanny Powsang
Name (Printed)

President
Title

AUTHORIZATION FOR ABANDONMENT

Approval of the abandonment is necessary or proper for the following reasons:

Reason(s)

Signature

AFFIDAVIT

I affirm that the information reported herein is complete, true, and correct.

[Signature]

(Signature of Individual or Officer)

03/14/2026
(Date)

Yodanny Powsang

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

Yodanny Powsang (717) 903-0940

TELEPHONE NO.:

Office

Other Cell

Other

NOTARIZATION

(Required)

Subscribed and sworn to before me this

14 day of March 2026

[Signature]
NOTARY SIGNATURE

Notary Public
OFFICIAL TITLE

OFFICIAL SEAL

Commonwealth of Pennsylvania - Notary Seal
Tobi G. Mazzocca, Notary Public
Lebanon County
My commission expires October 5, 2027
Commission number 1190201
Member, Pennsylvania Association of Notaries

10/05/2027
(Date My Commission Expires)

COMMONWEALTH OF PENNSYLVANIA
 PUBLIC UTILITY COMMISSION
 400 NORTH STREET
 HARRISBURG, PA 17120

2024 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** no later than **March 31, 2025**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301), revocation of your Certificate of Public Convenience, and PennDOT will place registration suspensions on your vehicles.

TRADE OR CORPORATE NAME OF UTILITY: KEL & KI HOME DELIVERIES LLC	UTILITY CODE: 707642
CONTACT NAME: YODANNY POWSANG	EMAIL:
ADDRESS 1: 817 VICTORIA LANE	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: PALMYRA PA 17078	PHONE NO.: 717-903-0940

OPERATING REVENUE FOR CALENDAR YEAR 2024 (January 1, 2024-December 31, 2024)
 (Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or More	All Other Passenger Transportation
1. PA INTRASTATE OPERATING REVENUE	184,051			
PA EXEMPT INTRASTATE REVENUE (verifying documentation required for all exempt revenue)				
Exemption #				
Exemption #				
Exemption #				
Exemption #				
2. TOTAL Exempt Revenue				
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	184,051			

UCR REGISTRATION INFORMATION

2025 UCR Registered: YES NO US DOT#: _____

Date 2025 Fee was Paid: _____

Internal Use Only

A-1 C-1 AB-1

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled regarding the below-listed utility and/or individual.

KEL & KI HOME DELIVERIES LLC

Utility Name

[Signature]

Signature

Date 02/21/2025

Yodanny Powsang

Name (Printed)

President

Title

AUTHORIZATION FOR ABANDONMENT

Approval of the abandonment is necessary or proper for the following reasons:

Reason(s)

Signature

AFFIDAVIT

I affirm that the information reported herein is complete, true, and correct.

[Signature]

(Signature of Individual or Officer)

02/21/2025

(Date)

Yodanny Powsang

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

Yodanny Powsang (717) 903-0940

TELEPHONE NO.

Office

Other Cellphone

Other

NOTARIZATION

(Required)

Subscribed and sworn to before me this

21 day of February 2025

[Signature]

NOTARY SIGNATURE

Notary Public

OFFICIAL TITLE

OFFICIAL SEAL

Commonwealth of Pennsylvania - Notary Seal
Tobi G. Mazzocca, Notary Public
Lebanon County
My commission expires October 5, 2027
Commission number 1190201

Member, Pennsylvania Association of Notaries

Commonwealth of Pennsylvania
County of Lebanon

(Date My Commission Expires) 10/05/2027