

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 of Property

THIS APPLICATION IS REQUIRED TO REQUEST A CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A COMMERCIAL CARRIER OF PROPERTY FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA.

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

Keiser & Soms Hauling 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 PA PUC Authority?** NO **Previous Authority?** NO

If yes, at PUC No. A- _____

4. **Are you a business entity registered with the PA Department of State?** NO
If No, you must first register (see checklist)

If Yes, provide your PA Corporation Bureau Entity ID Number 0014595897
(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).**

Robert B Keiser _____
Diana M. Keiser _____

6. **Mailing Address**

153 Wimmers Rd.
Street Address
Jefferson Twp. Pa. 18436 Lackawanna.
City, State and Zip Code County
272 251 9283 Keisersonshawling@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 than mailing address. Do not use a post office box.)

225 Yostville Rd.
Street Address
Covington Twp. Pa. Lackawanna.
City, State and Zip Code County
272 251 9283 Keisersonshawling@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)

~~_____
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. **Do you have a USDOT Number?**

No Yes, at No. 4444755

10. **What type of commodities do you intend to transport other than your own?
Please note applicable exemptions on pages 4-5.**

General Freight

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 Property; 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.

Robert B. Keiser

(Print Name)

Robert Keiser

(Signature)

4.13.26

(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).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/13/2025

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 Specialty Coverage Insurance Agency, Inc. 19 East Main Street, #3 Mystic CT 06355-2684	CONTACT NAME: PHONE (A/C No. Ext): 800-860-2940		FAX (A/C, No):
	E-MAIL ADDRESS: info@spciagency.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : ACCREDITED SPECIALTY INS CO			16835
INSURER B : TRISURA SPECIALTY INSURANCE COMPANY			16188
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** 2146910428 **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			2-CWH-PA-19-S0348253-00	9/29/2025	9/29/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B B	Motor Truck Cargo Physical Damage			CW5550708-00 CW5363693-00	9/29/2025 9/29/2025	9/29/2026 9/29/2026	\$100,000 / \$1,000 Ded \$1,000 Comp/Coll Ded

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

Scheduled Equipment:
 2020 INT'L MV607 3HAEUMML8LL119133 Stated Value: \$26,000

CERTIFICATE HOLDER **CANCELLATION**

Registry Monitoring Insurance Services, Inc. 2261 Market Street PMB 85402 San Francisco CA 94114 United States	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
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© 1988-2015 ACORD CORPORATION. All rights reserved.

Date of this notice: 07-01-2025

Employer Identification Number:
39-2969419

Form: SS-4

Number of this notice: CP 575 B

KEISER & SONS HAULING LLC
DIANA AUGUSTINE MBR
153 WIMMERS RD
JEFFERSON TWP, PA 18436

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 39-2969419. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1065

03/15/2026

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

EIN Assistant

Your Progress: 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

Summary of your information

Please review the information you are about to submit. If any of the information below is incorrect, you will need to [start a new application](#).

Click the "Submit" button at the bottom of the page to receive your EIN.

Organization Type: LLC

LLC Information

Legal name:	KEISER & SONS HAULING LLC
County:	LACKAWANNA
State/Territory:	PA
Start date:	JULY 2025
Closing month of accounting year:	DECEMBER (The closing month of the accounting year is defaulted to December due to your organization type. To change your closing month of accounting year, complete Form 1128 .)
State/Territory where articles of organization are (or will be) filed:	PA

Addresses

Physical Location:	153 WIMMERS RD JEFFERSON TWP PA 18436
Phone Number:	570-520-8151

Responsible Party

Name:	DIANA AUGUSTINE MBR
SSN/ITIN:	XXX-XX-7820

Principal Business Activity

What your business/organization does:	SERVICE
Principal products/services:	HAULING

Additional LLC Information

Owns a 55,000 pounds or greater highway motor vehicle:	NO
Involves gambling/wagering:	NO
Involves alcohol, tobacco or firearms:	NO
Files Form 720 (Quarterly Federal Excise Tax Return):	NO
Has employees who receive Forms W-2:	NO
Reason for Applying:	STARTED A NEW BUSINESS

We strongly recommend you print this summary page for your records as this will be your only copy of the application. You will not be able to return to this page after you click the "Submit" button.

Click "Submit" to send your request and receive your EIN.

Once you submit, please wait while your application is being processed. It can take up to two minutes for your application to be processed.

Help Topics

[What is Form 1128?](#)



0014595897

B0879-2162 07/01/2025 11:46 AM Received by Pennsylvania Department of State



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
CERTIFICATE OF ORGANIZATION -
LIMITED LIABILITY COMPANY
 Fee: \$125

Pennsylvania Department of State
-FILED-
 File #: 0014595897
 Date Filed: 7/1/2025

DSCB:15-8821 (rev. 2/2017)

In compliance with the requirements of 15 Pa.C.S. § 8821 relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

Limited Liability Company Type
 Filing type Domestic Limited Liability Company
 Limited liability company subtype Limited Liability Company

Limited Liability Company Name
 Entity name KEISER & SONS HAULING LLC

Effective Date
 The filing shall be effective when filed with the Department of State

Registered Office
 The address of this limited liability company's proposed registered office in this Commonwealth is
 LACKAWANNA
 153 WIMMERS RD
 JEFFERSON TOWNSHIP, PA 18436-3251

Organizers

Name of individual or organization	Address
DIANA AUGUSTINE	153 WIMMERS RD JEFFERSON TOWNSHIP, PA 18436-3251
ROBERT KEISER	153 WIMMERS RD JEFFERSON TOWNSHIP, PA 18436-3251

Additional provisions, if any
 Additional provisions

I qualify for a veteran/reservist-owned small business fee exemption (see help)

Electronic Signature
 IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.

<u>DIANA AUGUSTINE</u>	<u>07/01/2025</u>
DIANA AUGUSTINE	Date
<u>ROBERT KEISER</u>	<u>07/01/2025</u>
ROBERT KEISER	Date



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

July 2, 2025

KEISER & SONS HAULING LLC
153 WIMMERS RD
JEFFERSON TOWNSHIP, PA 18436-3251

Entity Name: KEISER & SONS HAULING LLC
Entity File Date: July 1, 2025
Entity Number: 0014595897
Filing Type: Domestic Limited Liability Company

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

Thank you for registering with the Department of State to do business in Pennsylvania. Like many other businesses, you may have employees, sell taxable products, or provide a taxable service to consumers in Pennsylvania. Please visit www.pa100.state.pa.us to register for business taxes with the Department of Revenue and the Department of Labor and Industry. You may also visit www.Business.pa.gov to find resources for businesses through all stages of development.

Beginning in 2025, annual reports are required for all domestic filing entities, limited liability general partnerships and registered foreign associations. More information will be forthcoming from the Bureau. However, to ensure that you receive notice of how and when to make annual reports, keep all information on file with the Bureau up-to-date, particularly registered office address.



Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717.787.1057
dos.pa.gov/BusinessCharities

Receipt Date: 07/01/2025

Receipt No.: 1872075

Receipt Detail

Receipt Item	Description	Check/Ref#	Amount
Limited Liability Company Certificate of Organization	KEISER & SONS HAULING LLC	14595897	-\$125.00
Payment - Web Credit Card		978891b1-2129-400f-a	\$125.00

Balance: **\$0.00**

SINGLE MEMBER LLC INTAKE SHEET

LLC Name requested: Keiser & Sons Hauling LLC
Full Legal Name: Same
Address: 153 Wimmiers Rd, Jefferson Twp, Pa, 18436
Company Records Address: Same
Phone Number: Diana Augustine 206-542-574
Social Security Number: 070-547-820 Robert Keiser 8-18-68
Date of Birth: 12-5-73 272-257-9283
Email Address: 570-520-8151 KeiserSonsHauling@gmail.com

Nature of Business: Box Truck
Hauling

FEES:

\$175 CPA Fee

\$125 BOIR Fee

\$125 State Fee

\$425 Total

*** - ~~OVERNIGHT PROCESSING \$100 EXTRA~~

Credit Card Information:

Name on Card: Diana Augustine
Card Number: 5463 1669 4149 4849
Expiration Date: 5/28
Security Code: 817
Billing Zip Code: 18436

Date of this notice: 07-01-2025

Employer Identification Number:
39-2969419

Form: SS-4

Number of this notice: CP 575 B

KEISER & SONS HAULING LLC
DIANA AUGUSTINE MBR
153 WIMMERS RD
JEFFERSON TWP, PA 18436

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03/15/2026

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Invoice

GLYNN D MURPHY CPA INC
 711 DAVIS ST
 SCRANTON PA 18505

Date	Invoice #
7/1/2025	16683

Bill To

KEISER & SONS HAULING LLC
 %DIANA AUGUSTINE
 153 WIMMERS RD
 JEFFERSON TWP PA 18436

PAID
07/01/2025



GLYNN D MURPHY
CERTIFIED
PUBLIC
ACCOUNTANT

Pay This Invoice Online

Web Site
www.gdmcpa.com

Phone #	Fax #	E-mail	Terms
5709690850	5709690137	gdmcpa@comcast.net	

Quantity	Description	Rate	Amount
	FICTITIOUS NAME, REGISTRATIONS, INCORPORATION & APPLICATIONS	175.00	175.00
	REIMBURSABLE CHARGES	125.00	125.00
Total			\$300.00

Invoice

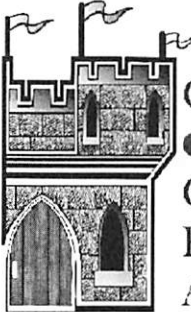
GLYNN D MURPHY CPA INC
 711 DAVIS ST
 SCRANTON PA 18505

Date	Invoice #
7/1/2025	16683

Bill To

KEISER & SONS HAULING LLC
 %DIANA AUGUSTINE
 153 WIMMERS RD
 JEFFERSON TWP PA 18436

PAID
07/01/2025



GLYNN D MURPHY
CERTIFIED
PUBLIC
ACCOUNTANT

Pay This Invoice Online				
Phone #	Fax #	E-mail	Web Site	Terms
5709690850	5709690137	gdmcpa@comcast.net	www.gdmcpa.com	

Quantity	Description	Rate	Amount
	FICTITIOUS NAME, REGISTRATIONS, INCORPORATION & APPLICATIONS	175.00	175.00
	REIMBURSABLE CHARGES	125.00	125.00
Total			\$300.00