



CHANGE OF ADDRESS
COMPANY NAME
(Check box if applicable & denote change
on page 3)
CEASED OPERATION

ANNUAL REPORT
of
Property Carrier
to the
Alabama Public Service Commission

for the period ending
December 31, 2011

(due no later than April 30, 2012)

Return to:
Alabama Public Service Commission
ATTN: Ronald Hicks
Transportation Division
P O Box 304260
Montgomery, AL 36130

*****There is no fee connected to this annual report form. However, failure to return the form correctly completed will result in a revocation of APSC authority.*****

NOTICE

1. All Motor Carriers of property except Household Goods should complete this form in duplicate. The original must be filed with the Alabama Public Service Commission, Montgomery, Alabama, by April 30 of the year following that year for which the report is made and a copy retained by the company. These reports are required to be under oath pursuant to Title 37 Section 3-2 and 3-25, Code of Alabama 1975.
2. Answers to the inquiries must be complete, and all entries should be made in permanent black ink.
3. All Motor Carriers are required to complete Section I and Section II. Brokers should only complete Section I.

NOTE: If you are an FMCSA regulated carrier and have an active MC number YOU ARE NOT REQUIRED TO FILE this report.

Alabama Motor Carrier Annual Report 2011

COMPANY NAME:

**ANNUAL REPORT of Motor Carrier Operations for the Year
Ending December 31, 2011 - SHORT FORM AB**

I. PROPERTY CARRIER INFORMATION

OATH

I, the undersigned, _____,
(Name of Owner or Chief Officer) (Title of Affiant)

of the _____ on my oath do say that this return has been prepared under my
(Full Name of Reporting Company)

direction: that I have carefully examined the same, and declare that the same is a complete and correct statement, to the best of my knowledge.

State: _____ County of: _____ Date: _____ Signature: _____

Please check as applicable: _____ Property Carrier _____ Broker

Principal Officer of Company: _____ Title: _____

Telephone No: _____ Fax: _____ E-mail: _____

Company Business Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address in Alabama: _____ City: _____ State: _____ Zip: _____

APSC Certificate Numbers: _____

Permit (Contract) Numbers: _____

FMCSA MC No: _____ DOT No: _____ Federal ID or SS No: _____

II. STATISTICS

Indicate percent of operation: _____ Truck Load (TL) _____ Less than Truck Load (LTL)
_____ Courier _____ TL and LTL _____ Driveaway _____ Other

Average number of power units used last year: _____ Number of Terminals in Alabama: _____

Total miles traveled (all states): _____ Total miles traveled in Alabama: _____

Commodity generally carried: _____

Type of equipment generally used, i.e., refrigerated vans, open top dump, flat bed, etc.: _____

Comments: _____

Return the Annual Report To: Alabama Public Service Commission, Transportation Division, PO Box 304260, Montgomery, AL 36130