



CHANGE OF ADDRESS	<input type="checkbox"/>
COMPANY NAME	<input type="checkbox"/>
(Check box if applicable & denote change on page 3)	
CEASED OPERATION	<input type="checkbox"/>

**ANNUAL REPORT**  
of  
**Passenger Carrier**  
to the  
**Alabama Public Service Commission**

**for the period ending**  
**December 31, 2015**

**(due no later than April 30, 2016)**

**Return to:**  
**Alabama Public Service Commission**  
**Utility Enforcement Division**  
**Motor Carrier Services**  
**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.\*\****

**NOTE: FOR PASSENGER CARRIERS**

**The 2015 Annual Report (Financial Statement) must be completed** unless you are an Interstate motor carrier of passengers that is required to file a Federal Motor Carrier Safety Administration (FMCSA) annual report (M-1). If so, you may attach a copy of the federal annual report. You must report the intrastate revenue separate from the interstate revenue in order to file a copy of the federal annual report with the Alabama Public Service Commission. No other attachments will be accepted in lieu of Page 4 (Financial Statement). You may attach any supporting paperwork that you feel is necessary for the completion of your Annual Report.

Please note that the due date is no later than **April 30, 2016**. If you need to request an extension past that date you must do so in writing prior to April 30. If you are granted an extension, the new due date is no later than **June 30, 2016**. The extension must be granted in writing.

If you have any questions, please call **(888) 505-9047** this is a toll free number, or (334) 242-5176.

**COMPANY NAME:**

**ANNUAL REPORT of Motor Carrier Operations for the Year  
Ending December 31, 2015 - SHORT FORM AB**

**I. PASSENGER 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: \_\_\_\_\_

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: \_\_\_\_\_

**II. STATISTICS**

Indicate percent of operation: \_\_\_\_\_ Taxi \_\_\_\_\_ Limousine \_\_\_\_\_ Charter Bus \_\_\_\_\_ FNP  
\_\_\_\_\_ Regular Route Bus \_\_\_\_\_ Commuter \_\_\_\_\_ Other

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

Total all miles traveled: \_\_\_\_\_ Percent of empty miles for all traveled: \_\_\_\_\_

Total miles traveled by Alabama authority: \_\_\_\_\_ Percent of empty miles for Alabama authority: \_\_\_\_\_

Comments: \_\_\_\_\_

**Return To: Alabama Public Service Commission, Utility Enforcement Division, Transportation Section PO Box 304260, Montgomery, AL 36130**

