



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, 2014**

**(due no later than April 30, 2015)**

**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.\*\****

**NOTE: FOR PASSENGER CARRIERS**

**The 2014 Annual Report (Financial Statement) must be completed** unless you are an *Interstate* Motor Carrier of passengers that is required to file a federal 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 2011 Annual Report.

Please note that the due date is no later than **April 30, 2015**. 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, 2015**. The extension must be granted in writing.

If you have any questions, please call **334-242-5176** and I will be glad to assist you.

Ronald Hicks  
Regulatory Manager

**COMPANY NAME:**

**ANNUAL REPORT of Motor Carrier Operations for the Year  
Ending December 31, 2014 - 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 the Annual Report To: Alabama Public Service Commission, Transportation Division, PO Box 304260, Montgomery, AL 36130

### III. FINANCIAL STATEMENTS FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2014

<b>Company Name:</b>						
	<b>2013</b>	<b>2014</b>		<b>2013</b>	<b>2014</b>	
<b>Balance Sheet</b>						
1. Total Current assets			4. Total Current Liabilities			
2. Total Non-Current Assets			5. Total Non-Current Liabilities			
			6. Total Capital/Equity			
<b>3. Total Assets</b>			<b>7. Total Liabilities &amp; Capital/Equity</b>			
<b>Income Statement</b>			<b>Statement of Changes in Capital/Equity</b>			
8. Intrastate Revenue (Ala.)				<b>2014</b>		
9. Interstate and/or City Revenue						
<b>10. Total Motor Carrier Revenue</b>				22. Beginning Capital/Equity (Line 6, 2013)		
11. Non-Motor Carrier Revenue				23. Capital/Equity Issued		
<b>12. Total Operating Revenue</b>				24. Dividends		
13. Operating Expenses				25. Net Income(Loss) From line 17		
14. Non-Motor Carrier Expense				26. Other (attach schedule)		
<b>15. Total Operating Expense</b>				27. Ending Capital/Equity		
16. Total Other Revenue/Expense						
17. Net Income (Loss)						
NOTE: Net Income =Revenue minus Expenses			NOTE: Line 27 = line 22 minus lines 23, and 24; plus lines 25, and 26			
<b>Retained Earnings</b>			<b>Motor Carriers Statistics</b>			
18. Beginning Retained Earnings			28. Shortage/Damage Claims			
19. Net Income(Loss)						
20. Other(attach schedule)			29. Operating Ratio			
21. Ending Retained Earnings			Note: Divide line 13 by line 10			
<b>Person Preparing This Page:</b>						
		Name	_____			
		Title	_____			
		Telephone No.	_____			