



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
Property 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.*****

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 2014

COMPANY NAME:

**ANNUAL REPORT of Motor Carrier Operations for the Year
Ending December 31, 2014 - 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 Federal ID or SS No: _____

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

Average number of Trucks used last year: _____ Total miles traveled in Alabama: _____

Commodity generally carried:

- | | | | |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Automobiles | <input type="checkbox"/> Farm Supplies | <input type="checkbox"/> Livestock | <input type="checkbox"/> Paper Product |
| <input type="checkbox"/> Beverages | <input type="checkbox"/> Fresh Produce | <input type="checkbox"/> Log,Poles,Beams,Lumber | <input type="checkbox"/> Parcels |
| <input type="checkbox"/> Building Materials | <input type="checkbox"/> Garbage,Refuse,Trash | <input type="checkbox"/> Machinery,Large Objects | <input type="checkbox"/> Refrigerated Food |
| <input type="checkbox"/> Coal/Coke | <input type="checkbox"/> General Freight | <input type="checkbox"/> Meat | <input type="checkbox"/> Rock, Dirt, Gravel |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Grain, Feed, Hay | <input type="checkbox"/> Metal:Sheets, Coils, Rolls | <input type="checkbox"/> U.S. Mail |
| <input type="checkbox"/> Commodities Dry Bulk | <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Water Well |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Household Goods | <input type="checkbox"/> Motor Vehicles | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drive Away/Towaway | <input type="checkbox"/> Liquids/Gases | <input type="checkbox"/> Oil Field Equipment | |

Types of Trailers used:

- | | |
|--------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Box Trailer | <input type="checkbox"/> Intermodal Container |
| <input type="checkbox"/> Car Carrier | <input type="checkbox"/> Low Boy |
| <input type="checkbox"/> Dump | <input type="checkbox"/> Refrigerated |
| <input type="checkbox"/> Flat Bed | <input type="checkbox"/> Tanker |
| <input type="checkbox"/> Hopper | <input type="checkbox"/> Other _____ |

Comments: _____

Return the Annual Report To:

Alabama Public Service Commission, Transportation Division, PO Box 304260, Montgomery, AL 36130