APSC FORM QTR-20, REV. 1998

CARRIER FOR NONPROFITS
QUARTERLY REPORT

FOR _____QUARTER, 2016

CARRIER NAME AND ADDRESS:

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……

FNP NO._____
PHONE NO._____
FEIN OR SSN _____
CERT. OR PERMIT NO. _____

DOT NO. _____

NOTE: THE QUARTERLY REPORT SHALL BE FILED WITHIN 30 DAYS AFTER THE END OF THE CALENDAR QUARTER TO WHICH IT RELATES. PURSUANT TO CODE OF ALABAMA 1975, TITLE 37, SECTION 3-4, AND RULE 20.6 OF THE ALABAMA PUBLIC SERVICE COMMISSION MOTOR CARRIER GENERAL ORDERS RULES AND REGULATIONS 1985, AS AMENDED.

LIST OF CLIENTS FOR THE QUARTER

NAME	ADDRESS	TRIP DATE	RATE / FARE	GROUP CHARGE	(EXEMPT TAX NO.) CLIENTS TAX ID