



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  
Household Goods Carrier  
to the  
Alabama Public Service Commission**

**for the period ending  
December 31, 2012**

**(due no later than April 30, 2013)**

**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 HOUSEHOLD GOODS**

**The 2012 Annual Report (Financial Statement) must be completed** unless you are an *Interstate* Motor Carrier of Household Goods 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 2012 Annual Report.

Please note that the due date is no later than **April 30, 2013**. 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, 2013**. 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, 2012 - SHORT FORM AB**

**I. HOUSEHOLD GOODS 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: \_\_\_\_\_ Federal ID or SS No: \_\_\_\_\_

**II. STATISTICS**

Indicate percent of operation: \_\_\_\_\_ City Only \_\_\_\_\_ State (Ala) \_\_\_\_\_ Interstate

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

Total miles traveled (all states): \_\_\_\_\_ Total miles traveled in Alabama: \_\_\_\_\_

Commodity carried other than Household Goods: \_\_\_\_\_

Type of equipment generally used for operating other than Household Goods: \_\_\_\_\_

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

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

