



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, 2013**

(due no later than April 30, 2014)

**Return to:
Alabama Public Service Commission
ATTN: Donald Williamson
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 2013 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 2013 Annual Report.

Please note that the due date is no later than **April 30, 2014**. 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, 2014**. The extension must be granted in writing.

If you have any questions, please call **334-242-5172** and I will be glad to assist you.

Donald Williamson
Regulatory Manager
Rates & Services Section

COMPANY NAME:

**ANNUAL REPORT of Motor Carrier Operations for the Year
Ending December 31, 2013 - 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

