Transportation
CARRIER ANNUAL REPORT

HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS
OF

_____

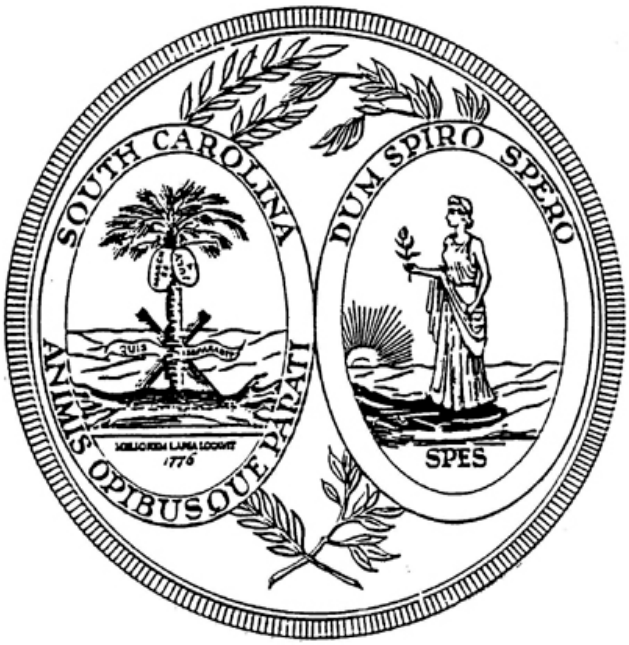
Exact Legal Name of Respondent

_____

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2014

◯ Calendar Year Ending December 31, 2014
or
◯ Fiscal Year Ending _____



Company Information

Identification and Contact Information

Check/ Date: ◯ Sole Proprietorship ◯ Partnership ◯ Corporation _____

Name of Company: _____

Doing Business As: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

Contact (for purposes of this report)

Contact Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ E-mail: _____

Company Officers

Title of Officer	Name of Person Holding Office
President	
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

GENERAL INSTRUCTIONS

1. All Transportation Companies are required by state law to complete and file an annual report. **Two copies should be mailed** to the South Carolina Office of Regulatory Staff, 1401 Main Street, Ste 900 Columbia, SC 29201 by April 1, 2015. A third copy should be retained by the company for reference. Upon receipt, the Office of Regulatory Staff will forward one copy to the Public Service Commission of South Carolina. Filing two copies with the Office of Regulatory Staff will satisfy the utility's responsibility for submitting an annual report as required pursuant to Commission regulations. Pencil entries will not be permitted on the hard copy.

2. All forms are available in PDF format on the Office of Regulatory Staff web site at www.regulatorystaff.sc.gov.

3. Where no information is available for an item in the report, "0," None, or Not applicable are appropriate responses.

4. Throughout this report, money items will be rounded to the nearest dollar.

5. Failure to comply with the submission of the annual report may result in fines and/or revocation of Certificate of Public Convenience and Necessity.

6. Separate notification is required for changes in company information -- i.e. name, address, telephone number, contact names, sale or purchase of Company, corporate structure.

7. Contact the Office of Regulatory Staff at (803) 737-0800 if you have questions about this form or the requirements for a Transportation Company.

ANNUAL REPORT

Income Statement: Year Ending December 31, 2014

(Household Goods & Hazardous Waste Only)

Company:_____ Date:_____

		General Ledger Account #		Current Year Amount
Operating Revenues:				
SC Regulated Authority				$
Lease Carriers				$
Exempt Operations				$
Other Operations				$
Total Revenue				$
Operating Expenses:				
Salaries of Officers				$
Salaries of Employees				$
Operating Supplies				$
Repairs				$
Taxes & Licenses				$
Insurance				$
Utilities & Communications				$
Depreciation				$
Rent				$
Interest				$
Miscellaneous				$
Total Operating Expenses				$
Net Income				$
Operating Ratio				$
=(Total Expenses/Total Income)				

ANNUAL REPORT

Balance Sheet: Year Ending December 31, 2014

(Household Goods & Hazardous Waste Only)

Company:_____ Date:_____

Account Type		General Ledger Account #		Current Year Amount
Assets:				
Cash				$
Receivables				$
Real Estate				$
Buildings & Equipment - Net				$
Motor Vehicles - Net				$
Garage Equipment - Net				$
Machinery & Tools - Net				$
Supplies on Hand				$
Prepaids and Other Assets				$
Total Assets				$
Liabilities:				
Accounts Payable				$
Notes Payable				$
Mortgages Payable				$
Equipment Obligations				$
Accrued Salaries & Wages				$
Other Accrued Obligations				$
Other Liabilities				$
Total Liabilities				$
Equity:				
Capital Stock				$
Retained Earnings				$
Total Equity				$
Total Liabilities and Equity				$

MISCELLANEOUS INFORMATION
(Household Goods & Hazardous Waste Only)

Company:_____ Date:_____

Equipment Owned	# Units Owned	Purchase Price of Units Owned
Tractors		$
Trailers		$
Trucks (Pick-up & Delivery)		$
Automobiles		$
Service Trucks		$
Other Types of Equipment		$
Total Cost		$

Equipment Leased	# Units Leased	Monthly Cost of Lease
Tractors		$
Trailers		$
Trucks (Pick-up & Delivery)		$
Automobiles		$
Service Trucks		$
Other Types of Equipment		$
Total Cost		$

	Insurance Company	Policy Number
Current BI & PD Insurer (Form E) Effective Date:		
Current Cargo Insurer (Form H) Effective Date:		

Certification

State of _____

County of _____

I, _____ **of the**

_____ **Company**
hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

_____ **Signature**
_____ **Date**