

U.S. Department of Transportation Federal Motor Carrier Safety Admin. Class I — Motor Carriers of Property and Household Goods

Troporty and froutonicia doubt							
uarterly Repo alendar/Fiscal Year	ort	QUARTER -	Mark (X) ONE 2 3 4				
DENTIFICATION							
MOTOR CARRIER NO.		U.S. DOT	T NO.				
Name of Company							
Trade or Doing Business As:							
Street Address							
City	State	ZIP Code	Telephone No. (Include Area code)				
	Title		Telephone No. (Include Area code)				
MAILING ADDRESS (if different from a Mailing Address	above)						
City		State	ZIP Code				
AFFILIATED COMPANIES: Name		MC number (if any)	U.S. DOT number (if any)				
Parent							
Affiliates							

GENERAL INSTRUCTIONS —

- Use Generally Accepted Accounting Principles (GAAP)
- Report dollar values in whole dollars.
- Respond to each item. Use "0," "none," or "not applicable" as appropriate.
- Explain any unusual items, such as large differences between figures reported in the current report and those for the preceding report.
- Use parentheses to indicate negative numbers.

Operating Revenues	
1. Freight operating revenue – intercity	\$
2. Household goods carrier operating revenue	\$
3. Other operating revenue	\$
4. Total Operating Revenue (Sum of lines 1 through 3)	\$
Operating Expenses	
5. Freight operating expenses	\$
6. Household goods carrier operating expenses	\$
7. Total Operating Expenses (Sum of lines 5 and 6)	\$
Net Income (Loss) Calculation	
8. Net Operating Income (Loss) (Line 4 minus line 7)	\$
9. Net Non-Operating Income (Loss)	\$
10. Interest expenses - show as a positive number	\$
11. Ordinary income (loss) before taxes (Sum of lines 8 and 9 minus line 10)	\$
12. Total provision for income taxes, extraordinary items, effect of accounting changes, and other items	\$
13. Net Income (Loss) (Line 11 minus line 12)	\$
Operating Statistics (all carriers)	
14. Miles – intercity: highway	
15. Miles – intercity: rail, water, and air	
16. Tons – intercity	
17. Total freight bills (shipments and/or loads) – intercity	

Certification - I hereby	certify that this report was	s prepared by me o	r under my supervision,	that I have examined
it, and that the items herein	reported on the basis of r	ny knowledge are d	correctly shown.	

Name

Signature

Robert A Davidson

Title

Date

Return the completed form to:

U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
OFFICE OF INFORMATION MANAGEMENT
Fax:

c/o VISTRONIX, INC.

8401 GREENSBORO DRIVE, SUITE 500 MCLEAN, VA 22102

(202) 366-4383

Fax: Email: (703) 749-8480

Web site: www.fmcsa.dot.gov

fos@fmcsa.dot.gov