

**2017 ANNUAL REPORT INSTRUCTIONS  
REGULAR ROUTE PASSENGER SERVICES**

**INSTRUCTIONS/CHECK SHEET**

**1. CARRIER MUST MAIL THE FOLLOWING TO THE PUBLIC STAFF'S TRANSPORTATION RATES DIVISION FOR DELIVERY BY APRIL 30, 2018. (*Retain a copy of the submitted forms for your records*)**

\_\_\_\_\_ **TWO** fully completed forms with original, notarized signatures in the Verification sections on Page 1 and Page 4 of the Annual Report.

**2. FILLING OUT FORMS**

\_\_\_\_\_ All information entered on the Annual Report forms must be printed in permanent black ink or typed. If there is nothing to report for a particular field, enter zero or N/A ("Not Applicable"); there should be no empty lines or spaces. If the information is not available, enter "NOT AVAIL" and provide a written note giving an explanation. Monetary entries throughout the report should be shown in **whole dollars**, even if reported in dollars and cents on the quarterly regulatory fee reports. All entries should be prepared in accordance with Generally Accepted Accounting Principles (GAAP). If additional copies of the form are needed, contact the Transportation Rates Division as shown below or access the Division's website at: <https://publicstaff.nc.gov/transportation/transportation-info-providers>.

**3. IF NO COMMON CARRIER OPERATIONS WERE CONDUCTED**

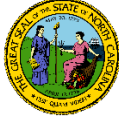
\_\_\_\_\_ In the event the reporting company did not conduct any North Carolina intrastate, regular route common carrier operations during the reporting calendar year, please complete the general information pages, and be sure to legibly enter, "NO OPERATIONS" in the individual lines or across the entire operating information pages when applicable. Remember, **charter operations** and **express services** are not under the jurisdiction of the N.C. Utilities Commission and should not be reported with jurisdictional revenue on the Annual Report or on the quarterly regulatory fee reports.

**4. VERIFICATION AND NOTARIZATION**

\_\_\_\_\_ Each Annual Report form must be verified and signed by the designated carrier official described in the verification. The carrier official's signature must be notarized, **only original signatures of the official and the notary showing the same signing date will be accepted**.

**5. QUESTIONS**

\_\_\_\_\_ If there are questions concerning this Annual Report or the filing requirements established by the Commission, please contact the Public Staff's Transportation Rates Division at (919) 733-7766 or via email [Tracy.Hodge@psncuc.nc.gov](mailto:Tracy.Hodge@psncuc.nc.gov) or [Krishna.Rajeev@psncuc.nc.gov](mailto:Krishna.Rajeev@psncuc.nc.gov).



# 2017 Annual Report

*of*

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Carrier's Name as shown on Certificate issued by Commission

Cert. Number

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Current Mailing Address

---

City

State

Zip Code

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( )

Phone number

Email address

*the*

## **NORTH CAROLINA UTILITIES COMMISSION**

**For the year ended December 31, 2017**

**Two (2) original forms, two (2) original Certificates of Insurance for General Liability, Cargo, and Vehicle Liability and Warehouse coverage, if applicable, and one (1) copy of the completed Cargo Claims Log Form should be mailed or delivered to the following for arrival by April 30, 2018:**

TRANSPORTATION RATES DIVISION  
PUBLIC STAFF – NC UTILITIES COMMISSION  
4326 MAIL SERVICE CENTER  
RALEIGH, NC 27699-4300

**For Fed-Ex or UPS Send to:**  
430 NORTH SALISBURY STREET (DOBBS BUILDING, ROOM 5060)  
RALEIGH, NC 27603

## GENERAL INFORMATION -- 2017

1. FILING STATUS: \_\_\_\_\_ Corporation \_\_\_\_\_ Corporation/Sub S  
\_\_\_\_\_ Partnership \_\_\_\_\_ Individual (Sole Proprietor) \_\_\_\_\_ LLC

2. Officer, owner, or partner to whom correspondence or questions are to be addressed:

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Name (print)	Title/Position
( _____ )	( _____ )
Phone number	Fax number

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Email address

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Website address

3. Accounting records are maintained at the following address:

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Address			
_____	_____	_____	( _____ )
City	State	Zip	Phone Number

## VERIFICATION UNDER OATH REGARDING ACCURACY OF REPORT

(NOTE: This verification shall be completed by the chief executive officer, a senior level financial officer, or the responsible accounting officer.)

I, \_\_\_\_\_ (**print name**), state and attest that the attached

Annual Report is filed on behalf of \_\_\_\_\_

(**print full Certificated Name of Household Goods Carrier**) as required by the North Carolina Utilities Commission; that I have reviewed said Report and, in the exercise of due diligence, have made reasonable inquiry into the accuracy of the information provided herein; and that, to the best of my knowledge, information, and belief, all of the information contained herein is accurate and true, no material information or fact has been knowingly omitted or misstated herein, and all of the information contained in said Report has been prepared and presented in accordance with all applicable North Carolina General Statutes, Commission Rules, and Commission Orders. (Note: Failure to provide information required by the Commission is punishable by criminal prosecution pursuant to NC General Statute 62-326, and refusal to obey Commission rules or orders may result in a fine under NC General Statute 62-310.)

\_\_\_\_\_  
Signature of Person Making Verification

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn before me this the \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

## OPERATING INFORMATION - 2017

**I. INCOME STATEMENT**  
 (TOTAL NORTH CAROLINA OPERATIONS)

1.	Total N.C. Operating Revenue	\$ _____
2.	Total N.C. Operating Expenses	\$ _____
3.	Net Operating Income	\$ _____
4.	Other Income and/or Deductions - Net	\$ _____
5.	Net Income	\$ _____
6.	Operating Ratio (Line 2 divided by Line 1, three decimal places)	\$ _____%

**II. OPERATING REVENUE DETAIL**

	Jurisdictional NC Intrastate	Non-jurisdictional NC Intrastate	Total Company
	(A)	(B)	(C)
7. Passenger (Regular Route Fares)	\$ _____	<u>XXXXXXXXXX</u>	\$ _____
8. Charter (Non-jurisdictional)	<u>XXXXXXXXXX</u>	_____	_____
9. Express (Non-jurisdictional)	<u>XXXXXXXXXX</u>	_____	_____
10. Other Operating Revenue	<u>XXXXXXXXXX</u>	_____	_____
11. Total Operating Revenue (Line 11(c) must agree with Line 1 above)	\$ _____	\$ _____	\$ _____

**III. JURISDICTIONAL REVENUES REPORTED ON LINE #1 OF QUARTERLY**

**REGULATORY FEE REPORTS FILED DURING CALENDAR YEAR 2017**

- |     |                                    |          |
|-----|------------------------------------|----------|
| 12. | Quarter Ended March 31, 2017       | \$ _____ |
| 13. | Quarter Ended June 30, 2017        | \$ _____ |
| 14. | Quarter Ended September 30, 2017   | \$ _____ |
| 15. | Quarter Ended December 31, 2017    | \$ _____ |
| 16. | Total Revenue Reported for CY 2017 | \$ _____ |
- Note: Line 16 should match Line 11(a) above

**IV. STATISTICAL DATA**

**NORTH CAROLINA INTRASTATE OPERATIONS ONLY**

**Passenger Operations**

- |     |  |          |
|-----|--|----------|
| 17. | Total NC Intrastate Bus Miles Operated                   | \$ _____ |
| 18. | Number of NC Intrastate Regular Route Passengers Carried | \$ _____ |

**Charter Operations**

- |     |                                       |          |
|-----|---------------------------------------|----------|
| 19. | Number of NC Intrastate Charter Trips | \$ _____ |
|-----|---------------------------------------|----------|

**TOTAL COMPANY OPERATIONS**

- |     |   |          |
|-----|---|----------|
| 20. | Total Number of Buses Owned             | \$ _____ |
| 21. | Total Gallons of Fuel Purchased or Used | \$ _____ |