

2017 ANNUAL REPORT FERRY SERVICE OPERATIONS

Instructions/Check Sheet

1. WHEN AND WHAT TO FILE

TWO completed Annual Report forms with properly notarized, original signatures must be mailed or delivered to the Public Staff's Transportation Rates Division to arrive by **April 30, 2018**. ***A copy of the mailed forms should be retained in the reporting carrier's files for reference purposes.*** Failure to file properly notarized Annual Reports by April 30, will generate action by the North Carolina Utilities Commission (NCUC) which may result in the cancellation of the operating authority held by the carrier (N.C. General Statute 62-36 and N.C. Utilities Commission Rule R1-32).

2. FILLING OUT THE FORM

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 on the form**. 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 conformance 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: <https://publicstaff.nc.gov/transportation/transportation-info-providers>

3. IF NO COMMON CARRIER OPERATIONS WERE CONDUCTED

If the reporting carrier did not conduct any North Carolina intrastate, regular route common carrier operations during the reporting year, please complete the cover page, Page 1, and as much of the rest of the report as possible. Be sure to legibly enter, "NO OPERATIONS" in the individual lines or across the entire pages 2 and 3, as applicable. Remember, carriers under an authorized suspension must still file annual reports and quarterly regulatory fee reports, even if no jurisdictional revenue is to be reported.

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 as provided for on Page 1 of the report. **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 Annual Report filing requirements established by the NCUC, contact the Public Staff's Transportation Rates Division at (919) 733-7766 or via e-mail to Tracy.Hodge@psncuc.nc.gov or krishna.Rajeev@psncuc.nc.gov.

2017 ANNUAL REPORT

of

Carrier's Name as shown on Certificate issued by NC Utilities Commission

Docket Number

Current Mailing Address

City

State

Zip Code

Phone number

Email address

to the

NORTH CAROLINA

UTILITIES COMMISSION

For the year ended December 31, 2017

**Two (2) properly verified and notarized original forms 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 27699-4326

or

430 NORTH SALISBURY STREET (DOBBS BUILDING, ROOM 5060)
RALEIGH, NC 27603

CARRIER SHOULD RETAIN ONE COPY OF MAILING FOR ITS OWN RECORDS

GENERAL INFORMATION -- 2017

1. FILING STATUS: _____ Corporation _____ Partnership _____ LLC
_____ Individual (Sole Proprietor) _____ Corporation – Sub S
2. TYPE OF CARRIER OPERATION: _____ Passenger _____ Freight/Vehicles
3. Officer, owner, or partner to whom correspondence or questions are to be addressed:

Name (print) Title/Position

(_____) _____ (_____) _____
Phone number Fax number

Email address

4. Accounting records are maintained at the following address:

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 Name of Common 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.

Notary Public Signature

Printed Name of Notary

My Commission Expires: _____

2017 OPERATING INFORMATION

(Note: Do not leave any blank lines. Entries should provide revenues as whole number or "zero" if there are no revenues to report. Use "N/A" if not applicable. If not applicable, enter explanation in Section V.)

I. OPERATING REVENUES

	Tariffed Ferry Operations (A)	Other Operations (see Line 16) (B)	Total: (A) + (B) (C)
1. Passenger	\$ _____	\$ _____	\$ _____
2. Freight and Other Commodities	XXXXXXXXXX	_____	_____
3. Other Jurisdictional Revenues (see line 15)	\$ _____	XXXXXXXXXX	_____
4. Other Non-jurisdictional Revenues (see line 16):	XXXXXXXXXX	\$ _____	_____
5. Total Operating Revenue	\$ _____	\$ _____	\$ _____

II. OPERATING EXPENSES

- | | |
|---|----------------------------------|
| 6. Salaries and Wages (exclude withdrawals of partners & owners) | \$ _____ |
| 7. Fuel and Lubricating Oil (including taxes) | \$ _____ |
| 8. Repairs (exclude labor included in line 6 above) | \$ _____ |
| 9. Depreciation | \$ _____ |
| 10. All Other Operating Expenses | \$ _____ |
| 11. Total Operating Expenses | \$ _____ |
| 12. Net Operating Income (line 5 (C) minus line 11) | \$ _____ |
| 13. Operating Ratio (line 11 divided by line 5 (C), round to three decimal places): | _____ |
| 14. Total Number of Full Time Employees: | _____ |
| 15. Describe the Operations Conducted Relative to Amounts Entered in Line 3 (A): | _____

_____ |
| 16. Describe the Operations Conducted Relative to Amounts Entered in Column (B): | _____

_____ |

III. JURISDICTIONAL REVENUES REPORTED ON LINE 1 OF THE QUARTERLY REGULATORY FEE REPORTS FILED DURING CALENDAR YEAR 2017

- 17. Quarter Ended March 31, 2017 \$ _____
- 18. Quarter Ended June 30, 2017 \$ _____
- 19. Quarter Ended September 30, 2017 \$ _____
- 20. Quarter Ended December 31, 2017 \$ _____
- 21. **Total Revenue Reported for CY 2017** \$ _____
Note: Should match line 5 (A) above

IV. OPERATING STATISTICS

- 22. Total Number of Passengers Carried During the Reporting Year: _____
- 23. Total Number of Charter Passengers Carried During Reporting Year. _____
- 24. Describe, in detail, all watercraft and other revenue producing equipment used in ferry boat operations. **(Be sure to include NAME OF BOAT, LENGTH, CAPACITY, MAKE, MODEL, & YEAR of each.)**

V. ADDITIONAL INFORMATION

- 25. Provide an explanation for any incongruous information or for any failure to provide requested information.

