

# **2018 ANNUAL REPORT** **FERRY SERVICE OPERATIONS**

## **Instructions/Check Sheet**

### **1. WHEN AND WHAT TO FILE**

**ONE** completed Annual Report form, with the Report Verification Page must be submitted to the Public Staff's Transportation Rates Division to arrive by **April 30, 2019**.  
**Both forms may be submitted electronically via E-mail or mailed.**

### **2. FILLING OUT THE FORM**

All information entered on the Annual Report forms must be typed or printed in permanent black ink. 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. 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 common carrier operations during the reporting year, please complete the Annual Report cover page and and note, "NO OPERATIONS" across pages 1 and 2, as applicable.

### **4. VERIFICATION AND NOTARIZATION**

The carrier official's signature must be notarized on the Report Verification Page. **Only signatures of the official and the notary showing the same signing date will be accepted.** This form may also be submitted via email upon notarization.

### **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](mailto:Tracy.Hodge@psncuc.nc.gov) or [krishna.Rajeev@psncuc.nc.gov](mailto:krishna.Rajeev@psncuc.nc.gov).

# 2018 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, 2018

**One (1) properly completed Annual Report and Report Verification Page should be submitted to the following for arrival by April 30, 2019:**

[Transportation@psncuc.nc.gov](mailto:Transportation@psncuc.nc.gov)

**or**

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

**For Fed-Ex or UPS Send to:**

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

CARRIER SHOULD RETAIN ONE COPY OF MAILING FOR ITS OWN RECORDS

## 2018 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	\$ _____	_____
<b>5. Total Operating Revenue</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

### 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	\$ _____
<b>11. Total Operating Expenses</b>	<b>\$ _____</b>

**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 2018**

- 17. Quarter Ended March 31, 2018 \$ \_\_\_\_\_
- 18. Quarter Ended June 30, 2018 \$ \_\_\_\_\_
- 19. Quarter Ended September 30, 2018 \$ \_\_\_\_\_
- 20. Quarter Ended December 31, 2018 \$ \_\_\_\_\_
- 21. **Total Revenue Reported for CY 2018** \$ \_\_\_\_\_  
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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_