

# Class I — Motor Carriers of Property and Household Goods

## Quarterly Report Calendar/Fiscal Year

QUARTER – Mark (X) ONE

1  2  3  4

IDENTIFICATION

MOTOR CARRIER NO. <input style="width:100%;" type="text"/>		U.S. DOT NO. <input style="width:100%;" type="text"/>	
Name of Company			
Trade or Doing Business As:			
Street Address			
City	State	ZIP Code	Telephone No. (Include Area code) (    )

CONTACT (for purposes of this report)

Contact name	Title	Telephone No. (Include Area code) (    )
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MAILING ADDRESS (if different from above)

Mailing Address		
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 . . . . .                                   | \$        |
| <b>4. Total Operating Revenue</b> (Sum of lines 1 through 3) . . . . . | <b>\$</b> |

### Operating Expenses

- |   |           |
|---|-----------|
| 5. Freight operating expenses . . . . .                             | \$        |
| 6. Household goods carrier operating expenses . . . . .             | \$        |
| <b>7. Total Operating Expenses</b> (Sum of lines 5 and 6) . . . . . | <b>\$</b> |

### Net Income (Loss) Calculation

- |   |           |
|---|-----------|
| 8. <b>Net Operating Income (Loss)</b> (Line 4 minus line 7) . . . . .   | \$        |
| 9. Net Non-Operating Income (Loss) . . . . .  | \$        |
| 10. Interest expenses - show as a positive number . . . . .   | \$        |
| <b>11. Ordinary income (loss) before taxes</b><br>(Sum of lines 8 and 9 minus line 10) . . . . .                      | <b>\$</b> |
| 12. Total provision for income taxes, extraordinary items,<br>effect of accounting changes, and other items . . . . . | \$        |
| <b>13. Net Income (Loss)</b> (Line 11 minus line 12) . . . . .  | <b>\$</b> |

### 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 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.

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  
c/o VISTRONIX, INC.  
8401 GREENSBORO DRIVE, SUITE 500  
MCLEAN, VA 22102

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