

Class I — Motor Carriers of Property and Household Goods

Quarterly Report Calendar/Fiscal Year

QUARTER – Mark (X) ONE

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
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IDENTIFICATION

MOTOR CARRIER NO.		U.S. DOT NO.	
<input type="text"/>		<input 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 | \$ |
| 4. Total Operating Revenue <i>(Sum of lines 1 through 3)</i> | \$ |

Operating Expenses

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

Net Income (Loss) Calculation

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

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
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

Phone: (202) 366-4383
 Fax: (703) 749-8480
 Email: fos@fmcsa.dot.gov
 Web site: www.fmcsa.dot.gov