**2012**

HOUSEHOLD GOODS CARRIERS

ANNUAL REPORT

Due May 1, 2013

***\*\*Not Confidential\*\****

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Full name and address of Company |  | Correct name and address, if different than shown. |

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

**for the**

**YEAR ENDED DECEMBER 31, 2012**

**Inquiries concerning this Annual Report should be addressed to:**

**NAME**: **TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FAX:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **E-MAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The company must notify the Commission, in writing, of any changes to the above information. | | | | | | | | | | | | | | | | | | | |
| TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL   |  | | --- | | For Commission Use OnlyCredit Card Authorization #:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |     \_\_\_Check \_\_\_Money Order \_\_\_AMEX \_\_\_Visa \_\_\_MasterCard \_\_\_Discover  Expiration Date  Credit Card Number: Month/Year | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |
| **CERTIFICATION FOR CREDIT CARD PAYMENT**: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.  Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| **For Commission Use Only** |
| **Reception Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **001-111-02-68-207-01:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 001-111-02-68-207-11:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 001-111-02-68-032-20:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Total Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

# Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250

**Web Site: www.utc.wa.gov**

**Washington Unified Business Identifier (UBI) No**.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If you do not know your UBI No. please contact Business Licensing Service at 1-800-451-7985 or BLS@dor.wa.gov)*

|  |
| --- |
| ANNUAL REPORT CERTIFICATION  I certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the responsible account officer for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2012, to December 31, 2012, inclusive.  Name (Printed) Title  Signature Date |

**Online Annual Report Certification**

I acknowledge that the foregoing Annual Report has been submitted electronically; that, to the best of my knowledge, information and belief, all statements of fact contained in all attached schedules are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2012, to December 31, 2012, inclusive. I agree that my name typed in lieu of my handwritten signature shall be sufficient to deem the report complete.

Authorized By:

Please Type Full Name Here

Authorized Date:

Please Type Full Date Here

###### SCHEDULE 1

|  |  |
| --- | --- |
|  | |
| **TYPE OF MOTOR CARRIER**  Individual  Partnership  Corporation,  Other (LP, LLP, LLC, etc.)  List the name, title, and percentage of partner’s share or stock distribution for major stockholders. If LLC, list members and percentage of ownership.  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent/Shares/Stock/Ownership:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent/Shares/Stock/Ownership:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent/Shares/Stock/Ownership:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Safety Director Name: | Telephone Number: |
| Claims Manager Name: | Telephone Number: |
| Drivers employed during the year: | |
| |  |  |  |  | | --- | --- | --- | --- | | Total Vehicles operated during the year: | Total Vehicles Owned: | Total Vehicles Leased: | Total Vehicles Under 10,000 lbs. (gvw rating): | |  |  |  |  | |  |  |  |  | | |
| Number of recordable intrastate and interstate accidents in 2012.  *(Please include the total recordable accidents for both intrastate and interstate operations based in Washington.)*   |  |  |  | | --- | --- | --- | | **Recordable Accidents**  An occurrence involving a commercial vehicle on a public road in interstate or intrastate commerce that resulted in: | **Intrastate** | **Interstate** | | **A.** A fatality. |  |  | | **B.** An injury to a person requiring immediate treatment away from the scene of the accident. |  |  | | **C.** Disabling damage to a vehicle, requiring it to be towed from the accident scene. |  |  | | Total number of recordable accidents |  |  |   Total operating miles for the year 2012:  Intrastate Interstate  *Intrastate: Trips that operate exclusively within the state of Washington.*  *Interstate: Trips that operate outside the state of Washington.* | |
| **TERMINAL FACILITIES**  Do you operate terminals at locations other than the primary address of record?  Yes  No  If yes, list (or attach a list) the address of each terminal located in Washington State: | |
|  | |
| **STORAGE FACILITIES**  Do you operate your own storage facilities?  Yes  No  If yes, list (or attach a list) the address of each warehouse located in Washington State: | |
|  | |
|  | |
| **INTERSTATE OPERATIONS**  Do you have interstate operating authority?  Yes  No  If yes, what is your MC#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Do you operate as the agent of an interstate carrier?  Yes  No  If yes, what is the name of the carrier? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **HOUSEHOLD GOODS MOVES**  Total number of household goods moves completed during the year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of household goods moves completed in Washington (intrastate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total number of written estimates issued during the year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of written estimates in Washington (intrastate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total number of Loss and/or Damage Claims received during the year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of Loss and/or Damage Claims for Washington (intrastate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **CARGO INSURANCE**  Cargo Insurance Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cargo Insurance Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

###### SCHEDULE 2

You are **not** required to complete **Schedule 2** if you are reporting “$0" revenue;

This schedule is **mandatory** for all others.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line No.** | **Item** | | **Total Amount** |
|  | OPERATING REVENUES | |  |
| 1 |  | Gross Washington Intrastate Operating Revenue  (**Note:** This amount must be the same amount used in the Regulatory Fee Calculation Schedule; Line 1) |  |
| 1A |  | Non-Fee Paying Revenue |  |
|  | **OPERATING EXPENSES** | |  |
| 2 |  | Total Salaries and Wages |  |
| 3 |  | Total Payroll Taxes and Related Expenses |  |
| 4 |  | Total Payroll Fringes |  |
| 5 |  | Fuel, Including Fuel Tax |  |
| 6 |  | Oil and Lubricants; Repairs; Vehicle Parts and Outside Maintenance; Tires and Tubes; Other Operating Supplies and Expenses |  |
| 7 |  | Total General Supplies & Expenses |  |
| 8 |  | Total Operating Taxes & Licenses |  |
| 9 |  | Total Insurance and Safety |  |
| 10 |  | Total Communications & Utilities |  |
| 11 |  | Total Depreciation & Amortization |  |
| 12 |  | Total Operating Rents |  |
| 13 |  | Gain or Loss on Disposition of Operating Assets |  |
| 14 |  | Legal Services |  |
| 15 |  | Accounting Services |  |
| 16 |  | Uncollectible Revenue; Other Miscellaneous Expenses & Professional Fees |  |
| 17 |  | **TOTAL OPERATING EXPENSES** (Total of Lines 2 through 16) |  |
| 18 |  | **NET CARRIER OPERATING INCOME** (Line 1 minus Line 17) |  |
| 19 |  | Other Income (Credit) (describe) |  |
| 20 |  | Interest Expense |  |
| 21 |  | Corporate Income Tax |  |
| 22 |  | Other Deductions (describe) |  |
| 23 |  | **INCOME DEDUCTIONS** (Total of Lines 19 through 22) |  |
| 24 |  | **NET INCOME** (Show loss in brackets) (Line 18 minus Line 23) |  |