**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 DateCredit 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 CERTIFICATIONI 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 [ ]  NoIf 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) |  |