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# AUTO TRANSPORTATION COMPANIES

## ANNUAL REPORT

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, 2002**

**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.**

<b>TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL</b>														<b>For Commission Use Only</b>				
___ Check ___ Money Order ___ AMEX ___ Discover ___ Visa ___ MasterCard														Credit Card Authorization #: _____				
Credit Card Number:														Expiration Date Month/Year				
<b>CERTIFICATION:</b> 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 _____								

<i>For Commission Use Only</i>																	
Reception Number: _____						230-11: _____						Reference Number: _____					
230-01: _____						032-05: _____						108-0170-230-13: _____					

**Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250**  
**Web Site: [www.wutc.wa.gov](http://www.wutc.wa.gov)**

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

**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, 2002, to December 31, 2002, inclusive.

Name (Printed) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructions for preparing this report are included in the uniform system of accounts for buses. The instructions should be carefully studied and every item in this report definitely answered. Where the word "none" fully and completely states the fact it may be given as an answer.

### SCHEDULE 1

1. If partnership, give names and addresses of all persons having any interest or equity in the business and the amount of such equity. Indicate manager or managing partner by an X.

Names	Addresses	Interest or Equity

### ALLOWANCE FOR OWNER'S SERVICES

2. Show duties performed and estimated annual number of hours devoted to the business for a sole proprietor, or, for each member of partnership, and total allowances for such services if not included in Schedule 2.

Name	Address	Duties Performed	No. of Hours	Owner's Allowance

### FOR INCORPORATED COMPANIES ONLY

3. Give the names and addresses of the three largest stockholders and those serving as directors or officers and state the number of shares held by each.

Names of Stockholders	Addresses	Number of Shares Held	Titles of Officers	Indicate Directors by X

### OPERATIONS

4. Give the name of your terminal manager and address of each terminal located in Washington State.

Terminal Manager	Location of terminals in Washington State

### SAFETY/EQUIPMENT AND ADDITIONAL COMPANY INFORMATION

5. Give the name and telephone number of your safety director and the number of each size vehicle operated.

Safety Director Name/Telephone number	Number of Vehicles 16 passengers or less	Number of Vehicles 17 passengers or more

Current Insurance Company:	Policy Number:
Motor Carrier Safety Contact Name:	Telephone Number:
Customer Contact Name:	Telephone Number:
Number of commercial motor vehicle drivers employed in 2002: _____	
Did you have any recordable accidents in 2002: _____	
If yes, how many recordable accidents: _____ (please indicate total recordable accidents for both interstate and intrastate operations)	
<p><b>Accident Definition:</b> A recordable accident is defined as an occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:</p> <ol style="list-style-type: none"> <li>1. A fatality,</li> <li>2. Injury to a person requiring immediate treatment away from the scene of the accident, or</li> <li>3. Disabling damage to a vehicle requiring it to be towed from the accident scene.</li> </ol>	
Total operating miles in 2002: _____	

**SCHEDULE 2-INCOME STATEMENT**

**3000 Operating Revenues**

3210	Charter Bus Revenue	
3200	Passenger Revenue	
3220-3500	Baggage-Mail-Express-Newspapers	
3600	Misc. Station Revenue	
3700	Operating Revenue--Transfers from Governmental Authorities	
3800	Operating Revenue--Amortization of Deferred Transfers from Governmental Authorities	
3900	Other Operating Revenue	
	Total	\$

**4000 Operating Expenses**

4100	Equipment Maintenance and Garage Expense	\$
4200	Transportation Expense	
4300	Station Expense	
4400	Traffic Solicitation and Advertising Expense	
4500	Insurance and Safety Expense	
4600	Administrative and General Expense	
5000	Depreciation and Amortization Expense	
5200	Operating Taxes and Licenses Expense	
5300	Operating Rents Expense	
	<b>Net Operating Income</b>	

**Other Income and Expense**

6000	Other Income	\$
7500	Other Deductions	
	Net Income Before Taxes	
8000	Income Taxes	
	<b>Net Income or Loss</b>	

### SCHEDULE 3-STATISTICS

	This Year	Last Year
Miles of Highway Over Which Operations Were Conducted		
Vehicle-miles Operated by Motor Vehicles (Regular Route)*		
Vehicle-miles Operated by Motor Vehicles in Charter or Special Service*		
Vehicle-miles Operated by Combination Truck-buses in Intercity Service*		
Number of Revenue Passengers Carried by Motor Vehicles (Regular Route)		
Number of Revenue Passengers Carried by Motor Vehicles (Charter or Special Service)		
Number of Motor Vehicles Operated		

\*Include both loaded and empty mileage of both owned and leased vehicles.