## SOUTH CAROLINA PUBLIC SERVICE COMMISSION and

## SOUTH CAROLINA OFFICE OF REGULATORY STAFF

## **GROSS RECEIPTS FOR THE YEAR ENDING DECEMBER 31, 2023 TRANSPORTATION REPORT**

(Please correct preprinted information as required)

Company Name (as shown on Certificate)		FEIN	
List d/b/a and/or f/k/a aliases			
Address	City	State	Zip Code
Regulatory Contact	Area Code & Phone	Number E-Mail	
Hazardous Waste for Disposal Carriers	s		
Revenues Derived Via South Carolin	a Operations for the Yea	r Ending 12/31/2023: \$	
Certificate Number:			
Household Goods Carriers			
Carrier:			
Gross Revenue Derived Via South C	arolina Operations: \$		
Preparer's Signature  Affidavit		Date	
State of	County of		
Personally appeared before me			
is the			
statement, for the year ending December			
is true to the best of his/her knowledge a	•		, ,
Sworn to and subscribed before me this	day of	20	
eworn to and subscribed before the this _	day oi	, 20	
Notary Public	_		Place
M			Seal
			Here
Return completed form to:			
South Carolina Office of Regulatory Staff	Fai	ilure to timely complete and sululd result in the loss of your lice	

Gross Receipts Department 1401 Main Street, Suite 900 Columbia, SC 29201

or certificate to operate in South Carolina.