SOUTH CAROLINA PUBLIC SERVICE COMMISSION and

SOUTH CAROLINA OFFICE OF REGULATORY STAFF

GROSS RECEIPTS FOR THE YEAR ENDING DECEMBER 31, 2024 TRANSPORTATION REPORT

(Please correct preprinted information as required)

Company Name (as shown on Certificate))	F	EIN	
List d/b/a and/or f/k/a aliases				
Address	City	S	tate	Zip Code
Regulatory Contact	Area Code & Ph	one Number E	-Mail	
Hazardous Waste for Disposal Carriers)			
Revenues Derived Via South Carolina	a Operations for the	Year Ending 12/31/2024: \$	S	
Certificate Number:				
Household Goods Carriers				
Carrier:				
Gross Revenue Derived Via South Ca				
collected for moving property which meet 210(1). This includes all moves which both originate and terminate within the same management of the same of	h originate and term			
<u>Affidavit</u>				
State of				
Personally appeared before me				
is the	of	(Compan	y) and tha	t the foregoing
statement, for the year ending December 3 is true to the best of his/her knowledge an	-	taken from the books and	records of sa	id Company, and
Sworn to and subscribed before me this _	day of		20	
Notary Public			F	Place
My commission syniros				Seal
my continuosion expires			İ	Here
Return completed form to:				
South Carolina Office of Regulatory Staff		Failure to timely complete could result in the loss of y		

Gross Receipts Department 1901 Main Street, Suite 1500 Columbia, SC 29201

or certificate to operate in South Carolina.