

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA PROJECTED PROFIT AND LOSS STATEMENT

For a time period of (check one): 90 Days 120 Days 180 Days One year

Line No.	ITEM	AMOUNT
PART I INCOME		
1.	Estimate Revenues	\$ _____
PART II EXPENSES		
2.	Preventive Maintenance _____	
3.	Repairs _____	
4.	Tires & Tubes _____	
5.	Safety Education and Training Program _____	
6.	Mechanics Wages _____	
7.	Driver and Helper Wages _____	
8.	Drivers, Helper and Mechanic Welfare and Pensions _____	
9.	Fuel & Oil Expenses _____	
10.	Vehicle Leases _____	
11.	Other Transportation Expenses _____	
12.	Rent _____	
13.	Office Wages and Benefits _____	
14.	Other Office Expenses _____	
15.	Legal and Accounting _____	
16.	Insurance, PL & PD _____	
17.	Insurance, Workers' Compensation _____	
18.	Insurance, Cargo _____	
19.	Depreciation _____	
20.	Payroll Taxes _____	
21.	Fuel & Oil Taxes _____	
22.	Vehicle Registrations _____	
23.	P.U.C. Fees & Taxes _____	
24.	Other Taxes & Licenses _____	
25.	Interest _____	
26.	Total Expenses (Add Lines 2 through 25)	\$ _____
27.	NET PROFIT (OR LOSS)* (Line 1 minus Line 26)	\$ _____

* If a net loss is shown, please explain how the loss will be paid. If the loss is to be paid out of funds currently available, please complete the verification form.

CERTIFICATION

I (WE) CERTIFY (OR DECLARE), UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THE PROPOSED SERVICE WILL BE FINANCIALLY ABLE TO OPERATE SAFELY.

Signature of Individual Applicant, or
authorized officer, managing member, or LLP/LP partner

Title

Print Name

Date