FORM MP-1 Revised 01/15/2014

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0031. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



FMCSA Office of Information Management

Annual Report Form (Motor Carriers of Passengers)

FORM MP-1

CALENDAR/FISCAL YEAR: _____

OMB No.: 2126-0031 Expiration: XX/XX/XXXX

NAME OF MOTOR CARRIER: TRADE or DOING BUSINESS AS: ADDRESS: Street: State: Zip Code: TELEPHONE (include area code):	USDOT NUMBER:			
1. TYPE OF OPERATION based on major sources of revenue (check one): Regular route service Charter service 2. If respondent is a consolidated group, list and describe all entities making up the consolidation.				
3. If a merger, consolidation, or change in the company or cons	olidated group occurred during the year, please describe.			

(continued on next page)

		Respondent only	Consolidated
4. Number of Passengers:	(a) Intercity regular route		
	(b) Charter or special		
	(c) Local or commuter		
	(d) Total passengers		
5. Revenue:	(a) Intercity regular route	\$	\$
	(b) Charter or special	\$	\$
	(c) Local or commuter	\$	\$
	(d) Express and other revenue	\$	\$
	(e) Total operating revenue	\$	\$
6. Total Operating Expenses		\$	\$
7. Net Operating Income (Loss)		\$	\$
8. Other Income (Deductions)		\$	\$
9. Extraordinary Items, Net of Taxes		\$	\$
10. Total Provision for Income Taxes		\$	\$
11. Net Income (Loss)		\$	\$
12. Total Assets		\$	\$
13. Total Liabilities		\$	\$
14. Shareholders' Equity		\$	\$
15. Operating Ratio			

CERTIFICATION: I hereby certify that this report was prepared by me or under my supervision, that I have examined it, and that the items reported on the basis of my knowledge and belief are correctly shown.

NAME (print or type)		TITLE
STREET ADDRESS		CITY
STATE	ZIP CODE	TELEPHONE (include area code)
SIGNATURE		DATE

RETURN THE COMPLETED FORM TO:

Department of Transportation
Federal Motor Carrier Safety Administration
Office of Registration and Safety Information (MC-RS)
1200 New Jersey Avenue SF

1200 New Jersey Avenue SE Washington, DC 20590 Phone: (800) 832-5660