SOUTH CAROLINA PUBLIC SERVICE COMMISSION and SOUTH CAROLINA OFFICE OF REGULATORY STAFF

GROSS RECEIPTS FOR THE YEAR ENDING DECEMBER 31, 2022 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 & Pr	none Number	E-Mail		
Hazardous Waste for Disposal	Carriers				
Revenues Derived Via South Car	olina Operations for the Ye	ar Ending 12/31/2022	2: \$ <u> </u>		
Certificate Number:					
Household Goods Carriers					
Carrier:					
Certificate Number:					
Gross Revenue Derived Via South Carolina Operations: \$					
Preparer's Signature		Date			
Affidavit	Carreto	-£			
State of					
Personally appeared before me _ is the					
statement, for the year ending De said Company, and is true to the	cember 31, 2022, is correct	y taken from the boo			
Sworn to and subscribed before r	ne this	day of		, 20	
Notary Public				Place	
My commission expires				Seal	
,		-		Here	
Return completed form to:					
South Carolina Office of Regulatory Staff Gross Receipts Department		Failure to timely complete and submit this form could result in the loss of your license, authority or certificate to operate in South Carolina.			

Return Deadline is August 31, 2023

1401 Main Street, Suite 900 Columbia, SC 29201