

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

For a time period of _____
(Not less than 90 days but not more than 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.

Date: _____

Signature of Applicant(s)

If applicant is a corporation:

Signature of Corporate Officer

Title of Corporate Officer