

**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
<b>PART I INCOME</b>		
1.	Estimate Revenues	\$ _____
<b>PART II EXPENSES</b>		
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.	<b>NET PROFIT (OR LOSS)* (Line 1 minus Line 26)</b>	\$ _____

\* 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