**ANNUAL REPORT INSTRUCTIONS**

**FERRY SERVICE OPERATIONS**

**1. WHEN AND WHAT TO FILE**

A completed 2024 **Annual Report form**, with the **Report Verification Page** must be electronically filed at https://www.ncuc.gov in Docket No. M-2 Sub 2025A by **April 30, 2025**. **Both forms** should have the company name as the attachment(s) file name.

**(*Retain a copy of the filed forms for your records)***

**2. FILLING OUT THE FORM**

All information entered on the Annual Report forms must be typed or printed in permanent black ink. If there is nothing to report for a particular field, enter zero or N/A ("not applicable"); there should be no empty lines on the form. If the information is not available, enter "NOT AVAIL" and provide a written note giving an explanation. All entries should be prepared in conformance with Generally Accepted Accounting Principles (GAAP). If additional copies of the form are needed, access the Commission website at:   
https://www.ncuc.gov.

**3. IF NO COMMON CARRIER OPERATIONS WERE CONDUCTED**

If the reporting carrier did not conduct any North Carolina intrastate common carrier operations during the reporting year, please complete the Annual Report cover page and and note, “NO OPERATIONS” across pages 1 and 2, as applicable.

**4. VERIFICATION**

The carrier’s official’s electronic signature must be on the Report Verification Page and filed electronically with the Annual Report.

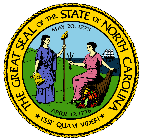
**5. QUESTIONS**

If you need help to electronically file your organization’s Annual Report, please contact the Chief Clerk’s Office at (919) 733-7328. If you have any other questions concerning this Annual Report, please contact the Utilities Commission Transportation Division at (919) 733-4036 or via email: njeffries@ncuc.gov.

**NCUC FORM WT-1**

Ferry Operations

Revised February 2025



**[Insert year] ANNUAL REPORT**

*Of*

**A -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carrier’s Name as shown on Certificate issued by NC Utilities Commission Docket Number

Current Mailing Address

City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_

Phone number Required Email address

*To the*

**NORTH CAROLINA**

**UTILITIES COMMISSION**

For the year ended December 31, **[Insert Year]**

**[Insert Year] OPERATING INFORMATION**

**(Note: Do not leave any blank lines. Entries should provide revenues as whole number or “zero” if there are no revenues to report**. Use “N/A” if not applicable. If not applicable, enter explanation in Section V.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. OPERATING REVENUES** | | |  | Tariffed Ferry Operations |  | Other Operations (see Line 16) |  | Total: (A) + (B) = (C) |
|  | |  |  | (A) |  | (B) |  | (C) |
| 1. | Passenger | |  | $ |  | $ |  | $ |
| 2. | Freight and Other Commodities | |  | **XXXXXXXX** |  | $ |  | $ |
| 3. | Other Jurisdictional Revenues (see line 15) | |  | $ |  | **XXXXXXXXX** |  | $ |
| 4. | Other Non-jurisdictional Revenues (see line 16): | |  | **XXXXXXXX** |  | $ |  | $ |
| **5.** | **Total Operating Revenue** | |  | $ |  | $ |  | $ |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **II. OPERATING EXPENSES** | | |  |  |  |  | |  |  |
|  |  | |  |  |  |  | |  |  |
| 6. | Salaries and Wages (exclude withdrawals of partners & owners) | |  |  |  |  | |  | $ |
| 7. | Fuel and Lubricating Oil (including taxes) | |  |  |  |  | |  | $ |
| 8. | Repairs (exclude labor included in line 6 above) | |  |  |  |  | |  | $ |
| 9. | Depreciation | |  |  |  |  | |  | $ |
| 10. | All Other Operating Expenses | |  |  |  |  | |  | $ |
| **11.** | **Total Operating Expenses** | |  |  |  |  | |  | $ |
|  |  | |  |  |  |  | |  |  |
| **12.** | **Net Operating Income (line 5 (C) minus line 11)** | | |  |  |  | |  | $ |
|  |  | |  |  |  |  | |  |  |
| 13. | Operating Ratio (line 11 divided by line 5 (C), round to three decimal places): | | | | | | |  | % |
|  |  | |  |  |  |  | |  |  |
| 14. | Total Number of Full Time Employees: | |  |  |  |  | |  |  |
|  |  | |  |  |  |  | |  |  |
| 15. | Describe the Operations Conducted Relative to Amounts Entered in Line 3 (A): | | | | | | |  |  |
|  |  | |  |  |  |  | |  |  |
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|  |  | |  |  |  |  | |  |  |
| 16. | Describe the Operations Conducted Relative to Amounts Entered in Column (B): | | | | | | |  |  |
|  |  | |  |  |  |  | |  |  |
|  |  | |  |  |  |  | |  |  |
|  |  | |  |  |  |  | |  |  |
| **Page 1**  **III. JURISDICTIONAL REVENUES REPORTED ON LINE #1 OF THE** | | | | | | | | | |
|  | | **QUARTERLY REGULATORY FEE REPORTS FILED DURING** | | | | | | | |
|  | | **CALENDAR YEAR [20\_\_\_\_\_\_]** |  |  |  | |  |  |  |
| 17. | | Quarter Ended March 31, **[Insert year]** |  | $ | | |  |  |  |
| 18. | | Quarter Ended June 30, **[Insert year]** |  | $ | | |  |  |  |
| 19. | | Quarter Ended September 30, **[Insert year]** |  | $ | | |  |  |  |
| 20. | | Quarter Ended December 31, **[Insert year]** |  | $ | | |  |  |  |
| **21.** | | **Total Revenue Reported for CY [20\_\_\_\_\_]** |  |  |  | | $ |  | |
|  | | Note: Should match line 5 (A) above |  |  |  | |  |  |  |
| **IV. OPERATING STATISTICS** | | |  |  |  | |  |  |  |
| 22. | | Total Number of Passengers Carried During the Reporting Year: | | |  | |  |  | |
| 23. | | Total Number of Charter Passengers Carried During Reporting Year. | | | | |  |  | |
|  | |  |  |  |  | |  |  |  |
| 24. | | Describe, in detail, all watercraft and other revenue producing equipment used in ferry boat operations. | | | | | | | |
|  | | **(Be sure to include NAME OF BOAT, LENGTH, CAPACITY, MAKE, MODEL, & YEAR of each.)** | | | | | | | |
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| **V. ADDITIONAL INFORMATION** | | |  |  |  |  | |  |  |
| 25. | | Provide an explanation for any incongruous information or failure to provide requested information. | | | | | | | |
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**VERIFICATION REGARDING ACCURACY OF REPORT**

(**NOTE:** This verification shall be completed by the chief executive officer, a senior level financial officer, or the responsible accounting officer.)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, state and attest under penalty of perjury that the attached Annual Report is filed on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full Certificated Name of Entity) as required by the North Carolina Utilities Commission; that I have reviewed said Report and, in the exercise of due diligence, have made reasonable inquiry into the accuracy of the information provided herein; and that, to the best of my knowledge, information, and belief, all of the information contained herein is accurate and true, no material information or fact has been knowingly omitted or misstated herein, and all of theinformation contained in said Report has been prepared and presented in accordance with all applicable North Carolina General Statutes, Commission Rules, and Commission Orders. (Note: Failure to provide information required by the Commission is punishable by criminal prosecution pursuant to North Carolina General Statute § 62-326, and refusal to obey Commission Rules or Orders may result in a fine under North Carolina General Statute § 62-310.)

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Signature of Person Making Verification Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date