ILLINOIS COMMERCE COMMISSION
527 EAST CAPITOL AVENUE
SPRINGFIELD, ILLINOIS 62701

TELEPHONE (217) 782-4702

RELOCATION TOWER NAME AND ADDRESS:

_____
_____
_____
_____
_____

RTV-R #: _____

DUE DATE: **MAY 15, 2013**

For Calendar Year

2012

ANNUAL REPORT

FOR RELOCATION TOWERS

RETURN COMPLETED REPORT TO ABOVE ADDRESS, BY FAX (217/782-9244) OR EMAIL (annualreports@icc.illinois.gov)

THIS INFORMATION IS REQUIRED PURSUANT TO 92 ILLINOIS ADMINISTRATIVE CODE 1710.100. FAILURE TO FILE A PROPERLY COMPLETED CALENDAR YEAR 2012 ANNUAL REPORT BY MAY 15, 2013 CAN RESULT IN THE REVOCATION OF YOUR AUTHORITY. INCOMPLETE OR ERRONEOUS REPORTS WILL BE REJECTED.

PART I: RELOCATION TOWER GENERAL INFORMATION:

A: TYPE OF COMPANY: Check the appropriate box as to the type of ownership of the company.

☐ **C-Corporation** ☐ **S-Corporation** ☐ **Partnership** ☐ **Sole Proprietor** ☐ **Other** _____

B: OWNERSHIP INFORMATION: Enter the names, telephone numbers, percent of ownership of the company for each stockholder, partner or owner. If the relocator is a corporation, list only the five major stockholders (principals) of the company.

Name	Phone Number	Percentage of Ownership

C: PERCENTAGE OF SHARES OUTSTANDING - CORPORATION ONLY: Enter the total number of shares that remain outstanding other than for the five major stockholders listed above.

_____ **% of shares**

D: CHANGE IN OWNERSHIP OR CONTROL: Was there a change in ownership or control during the calendar year.

☐ **YES** ☐ **NO**

E: BUSINESS OTHER THAN RELOCATION TOWING:

☐ **YES**, we are engaged in other than relocation towing. ☐ **NO**, we only do relocation towing business.

If you checked **"YES"**,

What is the other type of business? _____

Does it use any of the same facilities or equipment as the licensed relocation business? ☐ **YES** ☐ **NO**

F: LOCATION OF FACILITIES: List the addresses and telephone numbers of any and all facilities used in conducting relocation towing operations and/or storage of relocation towed vehicles, during the calendar year.

Street Address	City	Zip Code	County	Telephone Number	Storage Facility
					☐ **Yes** ☐ **No**
					☐ **Yes** ☐ **No**
					☐ **Yes** ☐ **No**

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PART II: EMPLOYEES and EQUIPMENT:

A: NUMBER OF ALL EMPLOYEES: (1) Enter only the number of all licensed operators and dispatchers and (2) enter the number of all other non-licensed employees employed in the relocation towing operations **at any time** during the calendar year.

NUMBER OF LICENSED OPERATORS AND DISPATCHERS

_____ **# of Licensed Operators and Dispatchers**.

NUMBER OF ALL OTHER RELOCATION EMPLOYEES

_____ # **of All Other Employees**, **including owners.**

B: LIST <u>ALL</u> EMPLOYEES, COUNTED IN PART A ABOVE, <u>EMPLOYED AT ANY TIME DURING THE YEAR</u> IN RELOCATION TOWING OPERATIONS: Enter the name, position with the company and employee permit identification number of **<u>ALL</u>** employees, including owners, employed during the year.

Employee's or Owner's Full Name: Last name, first name, middle initial	Position Within Company	ID #

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C: NUMBER OF PIECES OF EQUIPMENT: Enter the total number of towing vehicles, owned or leased, used or held for use in relocation towing operations, including those undergoing repairs, at the end of the calendar year.

_____ Total number of vehicles owned or leased, including those under repair, at end of the calendar year.

D: DESCRIPTION OF TOWING EQUIPMENT: Enter the make, model, year, license plate number of all towing equipment used in relocation towing operations **at any time during the calendar year** and indicate whether the piece of equipment was leased or owned. The list should include the number of pieces of equipment reported in Part C above.

Year of Equipment	Make of Equipment	Model of Equipment	License Plate Number	Owned or Leased
				☐ Owned ☐ Leased
				☐ Owned ☐ Leased
				☐ Owned ☐ Leased
				☐ Owned ☐ Leased
				☐ Owned ☐ Leased
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				☐ Owned ☐ Leased

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PART III: OPERATIONAL INFORMATION:

A: TOTAL NUMBER OF ALL VEHICLES TOWED: Enter the number of all vehicles towed during the calendar year including relocation, non-relocation, police, disabled and other vehicles.

_____Total number of **ALL** vehicles 10,000 pounds or less towed during the year.

_____Total number of **ALL** vehicles over 10,000 pounds towed during the year .

B: RELOCATION TOWS ONLY: Enter only the number of vehicles towed under your relocation towing authority during the calendar year. Do not include non-relocation, police, disabled or any vehicles towed other than relocator tows.

_____Total number of **RELOCATION TOWED** vehicles 10,000 pounds or less towed during the year.

_____Total number of **RELOCATION TOWED** vehicles over 10,000 pounds towed during the year .

C: RELOCATION TOWING INVOICE NUMBERS: (1) State the total number of all invoices used during the entire calendar year; (2) Enter the invoice number of the first invoice used at the beginning of the calendar year; (3) Enter the invoice number of the last invoice used at the end of the calendar year.

Total Number of All Invoices used during the calendar year.	**First Invoice Number used at the beginning of the calendar year.**	**Last Invoice Number used at the end of the calendar year.**
_____**Total # Invoices Used**		

D: RELOCATION TOWING CONTRACTS: Enter the number of non-expired contracts, **as of December 31, 2012,** that you are providing or could provide relocation towing service. Do not include contracts that were expired.

_____Total number of non-expired relocation towing contracts as of **December 31, 2012.**

_____ Total number of valid relocation contracts presently entered into the ILCC e-Relocator contract system**.**

_____ Total number of valid relocation contracts which have not been entered into the ILCC e-Relocator contract system (contracts entered into which were dated and signed prior to January 1, 2006 and presently in effect)**.**

E: TOTAL NUMBER OF ALL VEHICLES STORED (CLAIMED & UNCLAIMED): Enter the total number of ALL vehicles stored during the calendar year. Include relocation, non-relocation, police, disabled and any other towed vehicles, but do not include relocation towed vehicles in your possession less than 24 hours.

_____ Total number of **ALL** vehicles 10,000 pounds and less that were stored.

_____ Total number of **ALL** vehicles over 10,000 pounds that were stored.

F: RELOCATION TOWED VEHICLES, ONLY, STORED (CLAIMED & UNCLAIMED) Enter the number of relocation towed vehicles stored (beyond the initial 24 hour holding period) during the calendar year. Do not include non-relocation, police, disabled or any vehicles that were stored. Include only those vehicles towed under your relocator license.

_____ Total number of **RELOCATION TOWED** vehicles 10,000 pounds and less that were stored.

_____ Total number of **RELOCATION TOWED** vehicles over 10,000 pounds that were stored.

G: NUMBER OF ALL UNCLAIMED VEHICLES: (1) Enter the total number of all vehicles unclaimed during the year; and, (2) Enter the number of those unclaimed vehicles that were relocator towed during the year. An unclaimed vehicle is one that you filed an abandoned vehicle title with Secretary of State to dispose of the vehicle.

_____Total number of unclaimed vehicles in 2012. (The number entered in this box should be equal to the sum of the numbers below.)	_____Total number of relocation towed unclaimed vehicles in 2012. (The number entered in this box should be equal to the sum of the numbers below.)
_____Total number of above vehicles sold at auction. _____Total number of vehicles sold as scrap. _____Total number of vehicles remaining unclaimed in any of your lots as of December 31, 2012.	_____Total number of above vehicles sold at auction. _____Total number of vehicles sold as scrap. _____Total number of vehicles remaining unclaimed in any of your lots as of December 31, 2012.

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PART IV: INSTRUCTIONS FOR COMPLETING OPERATING REVENUE AND EXPENSE STATEMENT FOR CALENDAR YEAR 2012:

OPERATING REVENUES FOR THE CALENDAR YEAR:

RELOCATION TOWING REVENUE: Include the total of all revenue you received during the year for licensed relocation tows, where

1. the vehicles were 10,000 pounds or less; and
2. over 10,000 pounds.

3. TOTAL RELOCATION TOWING REVENUE: Enter the total of all revenue you received during the year for licensed relocation tows, **only**. **Add lines 1 and 2.**

RELOCATION STORAGE REVENUE: Include the total of all revenue you received during the year for licensed relocation tows, where

4. the vehicles were 10,000 pounds or less; and
5. over 10,000 pounds.

6. TOTAL RELOCATION STORAGE REVENUE: Enter the total of all revenue you received during the year for licensed relocation storage **only. Add lines 4 and 5.**

7. TOTAL OF ALL OTHER RELOCATION OPERATING REVENUE: Enter the total of all other revenue you received during the year for all other relocation operations not listed above. Please indicate how this revenue was earned. If there are multiple sources please attach an additional sheet of paper. Be sure to Include and identify revenue from sale of unclaimed vehicles at auction or as scrap.

8. TOTAL REFUNDS OF RELOCATION TOWING, STORAGE or OTHER CHARGES: Enter the total of all refunds you made during the year for relocation towing, relocation storage or other relocation charges.

9. TOTAL OF ALL RELOCATION OPERATING REVENUE: Enter the total of all relocation operating revenues less refunds you received during the year. **Add lines 3, 6 and 7 above then SUBTRACT line 8.**

10. TOTAL ALL OTHER OPERATING REVENUES: Enter the total of all other operating revenues, other than relocation revenue, that you received during the year. Do not include any revenues from licensed relocation operations as stated above in lines 1 through 5. If you answered NO to Part I (E) this line should be zero. If you answered YES to Part I (E) your revenue from operations other than relocation towing and storage must be reported here.

11. TOTAL COMPANY OPERATING REVENUES: Enter the sum total of both the total of all relocation operating revenues and the total of all other operating revenues. **Add lines 9 and 10.**

OPERATING EXPENSES FOR THE CALENDAR YEAR:

TOTAL RELOCATION TOWING EXPENSE: Enter the total expense directly attributable solely to the relocation towing operations during the year, where

12. the vehicles were 10,000 pounds or less; and
13. over 10,000 pounds.

14. TOTAL RELOCATION TOWING EXPENSE: Enter the total expense directly attributable solely to the relocation towing operations during the year, **only. Add lines 12 and 13.**

TOTAL RELOCATION STORAGE EXPENSE: Enter the total expense directly attributable solely to the relocation storage operations during the year, where

15. the vehicles were 10,000 pounds or less; and
16. over 10,000 pounds.

17. TOTAL RELOCATION STORAGE EXPENSE: Enter the total expense directly attributable solely to the relocation storage operations during the year, **only. Add lines 15 and 16.**

18. TOTAL OF ALL OTHER RELOCATION OPERATING EXPENSE: Enter the total expense directly attributable to all other relocation operations. Do not include relocation expenses already reported on lines 8 and 9 above. Please describe the type of expense. If there are multiple expenses please attach an additional sheet of paper to list the type and amount of each expense totaling the expense on this line. Be sure to include and identify expense related to sale of unclaimed vehicles at auction or as scrap.

19. TOTAL OF ALL RELOCATION OPERATING EXPENSES: Enter the sum total of all relocation operating expenses incurred during the year. **Add lines 14, 17 and 18 above.**

20. TOTAL ALL OTHER OPERATING EXPENSES: Enter the total of all other operating expenses incurred during the year from any operation other than relocation. **DO NOT INCLUDE** any expenses directly attributable to licensed relocation operations reported in lines 8 through 11. If you answered NO to Part I (E) this line should be zero. If you answered YES to Part I (E) your revenue from operations other than relocation towing and storage must be reported here.

21. TOTAL COMPANY OPERATING EXPENSES: Enter the sum total of all relocation operating expenses and all other operating expenses incurred during the year. **Add lines 19 and 20 above.**

22. NET PROFIT OR LOSS: Enter the net results (profit or loss) by subtracting the total company operating expenses from the total company operating revenues. **Subtract line 21 from line 11 above**. (Indicate a loss with parenthesis.)

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Part IV: OPERATING REVENUE AND EXPENSE FOR THE CALENDAR YEAR 2012:

OPERATING REVENUES FOR THE CALENDAR YEAR:

COMMISSION LICENSED RELOCATION REVENUES ONLY:

1. Relocation Towing Revenue for vehicles 10,000 pounds or less, only: $ _____
2. Relocation Towing Revenue for vehicles over 10,000 pounds, only: $ _____
3. TOTAL Relocation Towing Revenue (Add lines 1 and 2 above) $ _____
4. Relocation Storage Revenue for vehicles 10,000 pounds or less, only: $ _____
5. Relocation Storage Revenue for vehicles over 10,000 pounds, only: $ _____
6. TOTAL Relocation Storage Revenue: (Add lines 4 and 5 above) $ _____
7. All Other Licensed Relocation Operating Revenue: $ _____ Source _____
8. **Less:** Relocation Towing, Storage or Other Refunds: **$ (_____)**
9. **TOTAL RELOCATION OPERATING REVENUES ONLY:** (Add lines 3, 6 and 7 above **THEN** subtract line 8.) $ _____
10. **TOTAL ALL OTHER OPERATING REVENUE:** (Do **NOT** include revenues from licensed relocation activity stated above.) $ _____
11. **TOTAL COMPANY OPERATING REVENUES**: (Add lines 9 and 10 above.) $ _____

OPERATING EXPENSES FOR THE CALENDAR YEAR:

12. Relocation Towing Expense for vehicles 10,000 pounds or less, only: $ _____
13. Relocation Towing Expense for vehicles over 10,000 pounds, only: $ _____
14. TOTAL Relocation Towing Expense (Add lines 12 and 13 above) $ _____
15. Relocation Storage Expense for vehicles 10,000 pounds or less, only: $ _____
16. Relocation Storage Expense for vehicles over 10,000 pounds, only: $ _____
17. TOTAL Relocation Storage Expense: (Add lines 15 and 16 above) $ _____
18. All Other Relocation Operating Expense: $ _____ Type _____
19. **TOTAL RELOCATION OPERATING EXPENSES:** (Add lines 14, 17 and 18 above.) $ _____
20. **TOTAL ALL OTHER OPERATING EXPENSE:** (Do **NOT** include expenses from licensed relocation activity as stated above.) $ _____
21. **TOTAL COMPANY OPERATING EXPENSES:** (Add lines 19 and 20 above.) $_____
22. **NET OPERATING LOSS or PROFIT**: (Subtract line 21 from line 11. Indicate loss with parenthesis.) $ _____

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PART V: The following officer and/or owner herein certifies that the information submitted is true, correct and complete.

_____	_____	_____	_____
PRINT: Name of Signatory	**Telephone Number**	**Fax Number**	**Email Address**

_____	_____	_____/ _____/ ____
Signature of Owner, Partner or Officer Submitting Questionnaire Form	**Capacity of Signatory**	**Date**

If sufficient space was not provided for any part of this form, please complete the information requested on an additional page(s) and attach to the form. If you have any questions on the form requirements, please telephone 217-782-4702.

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