



United States Department of Transportation
Federal Motor Carrier Safety Administration

FMCSA Office of Information Management

Annual Report Form (Class I Motor Carriers of Passengers)

Worksheet for Calculating Carrier Classification

What is this about?

This is to help you determine your carrier classification, which affects the reporting requirements of Form MP-1.

Carrier classification and reporting requirements

Motor carriers of passengers are classified based on their adjusted annual operating revenue. Carrier classification, in turn, determines what reports are required by FMCSA. We are providing the worksheet below for your convenience to help you calculate your carrier classification. If your classification has changed or is incorrect, please contact us. We will make any necessary adjustments and give you further instructions on any filing requirements.

Classification	Adjusted Annual Operating Revenue	Report Required by Law
Class I	\$5 million or greater	Form MP-1
Class II	Less than \$5 million	None. Do not complete Form MP-1.

How to calculate your carrier classification

Upward and downward classification will be effective as of January 1 of the year immediately following the **third consecutive year** that your revenue qualifies. The steps in calculating your carrier classification are as follows:

1. Calculate your annual operating revenues. This is revenue from passenger motor carrier operations, including *interstate*, *intrastate*, and *local* service.
2. Multiply this figure by the revenue deflator. In Table 1, we have calculated the revenue deflator for you. The revenue deflator is the 1994 average producer price index of finished goods (PPI) divided by the revenue year's average PPI, as shown in Table 2. Table 3 is an example calculation: this carrier would be classified as Class I because of its 2013 revenue; if 2014 revenue was less than \$5 million, it would be reclassified as Class II in 2015.

Table 1

Year	Annual Operating Revenue	× Revenue Deflator	= Adjusted Annual Operating Revenue
2011	\$	0.87	\$
2012	\$	0.91	\$
2013	\$	0.88	\$

Table 2

Year	Producer Price Index (PPI)	Revenue Deflator
1994	125.5	1.00
2011	190.5	0.87
2012	194.2	0.91
2013	196.6	0.88

Table 3

Year	Annual Operating Revenue	× Revenue Deflator	= Adjusted Annual Operating Revenue
2011	\$5,795,000	0.87	\$5,041,650
2012	\$6,325,000	0.91	\$5,755,750
2013	\$6,655,000	0.88	\$5,856,400

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0031. Public reporting for this collection of information is estimated to be approximately 18 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

FMCSA Office of Information Management
 Annual Report Form (Class I Motor Carriers of Passengers)

FORM MP-1

CALENDAR/FISCAL YEAR: _____

NAME OF MOTOR CARRIER: _____ **MC NUMBER:** _____

TRADE or DOING BUSINESS AS: _____ **USDOT NUMBER:** _____

ADDRESS: Street: _____ **City:** _____

State: _____ **Zip Code:** _____ - _____

TELEPHONE (include area code): _____

1. TYPE OF OPERATION based on major sources of revenue (check one): Regular route service Charter service

2. If respondent is a consolidated group, list and describe all entities making up the consolidation.

3. If a merger, consolidation, or change in the company or consolidated group occurred during the year, please describe.

(continued on next page)

	Respondent only	Consolidated
4. Number of Passengers:	(a) Intercity regular route	
	(b) Charter or special	
	(c) Local or commuter	
	(d) Total passengers	
5. Revenue:	(a) Intercity regular route	\$
	(b) Charter or special	\$
	(c) Local or commuter	\$
	(d) Express and other revenue	\$
	(e) Total operating revenue	\$
6. Total Operating Expenses	\$	\$
7. Net Operating Income (Loss)	\$	\$
8. Other Income (Deductions)	\$	\$
9. Extraordinary Items, Net of Taxes	\$	\$
10. Total Provision for Income Taxes	\$	\$
11. Net Income (Loss)	\$	\$
12. Total Assets	\$	\$
13. Total Liabilities	\$	\$
14. Shareholders' Equity	\$	\$
15. Operating Ratio		

CERTIFICATION: *I hereby certify that this report was prepared by me or under my supervision, that I have examined it, and that the items reported on the basis of my knowledge and belief are correctly shown.*

NAME (print or type)

TITLE

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE (include area code)

SIGNATURE

DATE

RETURN THE COMPLETED FORM TO:

Department of Transportation
 Federal Motor Carrier Safety Administration
 Office of Registration and Safety Information (MC-RS)
 1200 New Jersey Avenue SE
 Washington, DC 20590

Phone: (800) 832-5660
 Fax: (202) 366-3477
 Web: www.fmcsa.dot.gov