

Montana Public Service Commission

RECEIVED
MAR 16 2017
MONT. P.S. COMMISSION

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

MICHAEL R. IRVIN DBA IRVIN TRANSFER

PSC Number

1083 - | See General Instruction # 5

See General Instruction # 1

Reporting Year 2016
Reporting Period (if other than calendar year) mm/yyyy to mm/yyyy format

CARRIER
OFFICIAL
ADDRESS
(SHOW AS ON
FILE IN
COMMISSION
RECORDS)

P.O. BOX 950 SHELBY, MT 59474

Carrier e-mail
address

Person Completing Report

Name MICHAEL R. IRVIN
Phone Number 406-434-5583
E-mail Address

Check One
YES
NO x

WERE REGULATED INTRASTATE MOVEMENTS
CONDUCTED DURING THE FILING PERIOD?

If NO See General
instruction #3

Montana Public Service Commission
Transportation Division
1701 Prospect Avenue / PO Box 202601
Helena, MT 59620-2601

Name	MICHAEL R. IRVIN DBA IRVIN TRANSFER
PSC#	1083
YEAR	2016

OATH

STATE OF MONTANA

SS.

County of TOOLE

I, the undersigned representative of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and records of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct statement of the business and affairs of said motor carrier in respect to each and every matter and thing therein set forth, to the best of my knowledge, information and belief; and I further say that no deductions were made before stating the gross earnings or receipts herein set forth except those shown in the foregoing accounts; and that the accounts and figures contained in the foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.



(Signature of owner/officer/authorized representative)

OWNER

(Title)

SUBSCRIBED AND SWORN to before me this

15 day of MARCH 2017

Bonnie Whitney

Notary Public

In and for the State of MONTANA

Residing at SHELBY

My Commission Expires 9/30/2018

