Montana Public Service 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

/ to /

P.O. BOX 950 SHELBY, MT 59474

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

Carrier e-mail address

Person Completing Report

Name

MICHAEL R. IRVIN

Phone Number

406-434-5583

E-mail Address

Check One

WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?

YES ☑ NO X

If NO See General Instruction # 3

Montana Public Service Commission
Transportation Division
1701 Prospect Avenue / PO Box 202601
Helena, MT 59620-2601
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 20 17

Notary Public

In and for the State of MONTANA

Residing at SHELBY

My Commission Expires 9/30/2018