Motor Carrier Annual Report

Carrier Name
MICHAEL R. IRVIN  DBA IRVIN TRANSFER

PSC Number
1083  See General Instruction # 5

Reporting Year
2018

Reporting Period (if other than calendar year)

CARRIER OFFICIAL ADDRESS
P.O. BOX 950  SHELBY, MT 59474

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/officeauthorized representative)

OWNER

(Title)

SUBSCRIBED AND SWORN to before me this

15 day of MARCH 20 19

(S E A L)

Bonnie Whitney Notary Public

In and for the State of MONTANA

Residing at SHELBY

My Commission Expires 9/30/2022