

**PUBLIC UTILITIES COMMISSION**

505 Van Ness Avenue  
San Francisco, CA 94102-3298



**PUC WORKERS' COMPENSATION REPORT**

**FOR PERIOD OF: January 1, 2018 To December 31, 2018**

**\* INCLUDE ALL EMPLOYEES AND OWNER-OPERATOR DRIVERS HIRED OR ENGAGED DURING THE 2018 CALENDAR YEAR. REFER TO THE ATTACHED SHEET FOR A DEFINITION OF EMPLOYEES. REFER TO OTHER SIDE FOR A LIST OF CLASSIFICATIONS.**

**TOTAL ANNUAL SALARIES PAID DURING 2018 FOR THIS JOB CLASS**

<u>* CODE</u>	<u>JOB CLASSIFICATION</u>	<u>TOTAL NUMBER OF EMPLOYEES IN THIS JOB CLASSIFICATION</u>
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**\* SEPARATE EMPLOYEE'S PAYROLL FROM OWNER OPERATOR'S**

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\_\_\_\_\_  
**WORKERS' COMPENSATION INSURANCE CARRIER**

\_\_\_\_\_  
**POLICY NUMBER**

\_\_\_\_\_  
**(ADDRESS)**

\_\_\_\_\_  
**(CITY)**

\_\_\_\_\_  
**(STATE)**

\_\_\_\_\_  
**(ZIP)**

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\_\_\_\_\_  
**ADMINISTRATOR OF WORKERS' COMPENSATION SELF-INSURANCE PLAN  
(IF SELF-INSURED)**

\_\_\_\_\_  
**(ADDRESS)**

\_\_\_\_\_  
**(CITY)**

\_\_\_\_\_  
**(STATE)**

\_\_\_\_\_  
**(ZIP)**

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**CERTIFICATION**

I certify that the information I have provided on this form is true and correct to the best of my knowledge and belief. Where the CPUC operating authority is held by a corporation, I further certify that I am an officer of the corporation and am authorized to make this certification on its behalf. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
TITLE (IF SIGNED BY CORPORATE OFFICER)

USE ADDITIONAL PAGES  
IF NECESSARY

**Please return this copy and make a copy for your records.**