UNIFIED CARRIER REGISTRATION FORM - Year 2017

To register online go to $\underline{WWW.UCR.IN.GOV}$

SECTION 1. GENERAL INFORMATION USDOT Number MC or MX Number FF Number Telephone Number Fax Number F								ımber		
T 1 N					E Mail Address					
Legal Name E-Mail Address										
Doing Business Under The Following Name (DBA)										
Principal Place Of Business Street Address (See Instructions)										
Principal Business City Principal Business State Zip Code										
Mailing Street Address										
THINING STORE FINANCES										
Mailing City	g City Mailing State						Mailing Zip Code			
SECTION 2. CLASSIFICATION – Check All That Apply										
	otor Carrier	☐ Motor Private C		Broke			Company		Freight Forwarder	
SECTION 3. FEES DUE-BROKERS, FREIGHT FORWARDERS AND LEASING COMPANIES ONLY Note: If your company is also a motor carrier or motor private carrier, skip this section and go to section 4.										
Brokers, freight forwarders and leasing companies (not combined with a motor carrier entity), please submit the amount due of \$76 in										
the form of payment acceptable by your base state and go to Section 7.										
SECTION 4. NO. OF MOTOR VEHICLES- MOTOR CARRIER & MOTOR PRIVATE CARRIER										
Check only one box: Option A The number of vehicles shown below has been taken from section 26 of your last reported MCS-150/MCSA-1 form.										
Option B The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30, 2016.										
See Instructions for additional requirements if you select Option B.										
LINE NO.		STRAIGHT TRUCKS FORS (COLUMN A)	(C	OLUMN B)	BUSES, MINI-BUS	SES, VAN	OACHES, SCHOO NS AND LIMOUSIN		TOTAL (COLUMN D)	
1,			`			COLUM	NC)		(
	Subtract:									
	(A) The number of vehicles on Line 1 in Column C above that has a vehicle capacity of 10 or less passengers, including the driver.								()	
2.	(B) (Optional)	(B) (Optional)The number of vehicles on Line 1 in Column A above that are used exclusively in								
	intrastate transportation. You are required to maintain a list of vehicles excluded under this option. See Instructions for additional requirements if you select this option.								()	
	_	ional) Add a number of vehicles not shown on Line 1 above that are:								
3.	(A) Commercial motor vehicles operating exclusively in intrastate commerce. (See instructions for definition of commercial motor vehicle.)									
3.	(B) Used in commerce to transport passengers or property for compensation and have a GVWR or									
	GVW of 10	of 10,000 lbs or less, or a passenger capacity of 10 or less, including the driver.								
4. Total Number of Vehicles (Line 1 minus Line 2 plus Line 3)										
SECTION 5. FEE TABLE										
Number of Vehicles Amount Due		Nu	mber of Vehicle	es Amount D	Amount Due			Amount Due		
	0-2	\$76		6-20	\$452		101-1000		\$7,511	
	3-5	\$227		21-100	\$1,576		1001 or more		\$73,346	
SECTION 6. FEES DUE – MOTOR CARRIER & MOTOR PRIVATE CARRIER										
Using the number of vehicles in Section 4, Line 4 above, enter the Amount Due from the table above. Note: See last page of this pamphlet for the types of payment your selected base state will accept.									\$	
SECTION 7. CERTIFICATION										
I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file										
this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.) Name Of Owner Or Authorized Representative (Printed)									Date	
						Tal				
Signature Title										