## **UNIFIED CARRIER REGISTRATION FORM - Year 2013**

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

| SECTION USDOT Nun  |  | L INFORMATION MC or MX Number | FF Number        | Telephone Number     |         |          |              | Fax Number       |                   |  |
|--|--|-------------------------------|------------------|----------------------|---------|----------|--------------|------------------|-------------------|--|
|  |  |                               |                  | •                    |         |          |              |                  |                   |  |
| 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   |  |                               |                  |                      |         |          | Zip Code     | Cip Code         |                   |  |
| Mailing Stree  | t Address  |                               |                  |                      |         |          |              |                  |                   |  |
| Mailing City   |  |                               | Mailing State Ma |                      |         |          | Mailing 7    | Mailing Zip Code |                   |  |
|  |  |                               |                  | - Annual Grand       |         |          |              | S P              |                   |  |
|  |  | ICATION – Check               |                  |                      |         |          |              |                  |                   |  |
|  | otor Carrier   | ■ Motor Private C             |                  | ∐ Broke<br>ORWARDERS |         |          | 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 form.  Option B  The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30, 2012. |  |                               |                  |                      |         |          |              |                  |                   |  |
| See Instructions for additional requirements if you select Option B.   |  |                               |                  |                      |         |          |              |                  |                   |  |
| LINE   | NUMBER OF STRAIGHT TRUCKS AND TRACTORS (COLUMN A)  NUMBER OF MOTOR COACHES, SCHOOL BUSES, MINI-BUSES, VANS AND LIMOUSIN (COLUMN B)                       |                               |                  |                      |         |          | TOTAL        |                  |                   |  |
| NO.  | AND TRACT  | ORS (COLUMN A)                |                  | OLUMN B)             | ((      | COLUN    | IN C)        |                  | (COLUMN D)        |  |
| 1.   | Subtract:  |                               |                  |                      |         |          |              |                  |                   |  |
|  | (A) The number of vehicles on Line 1 in Column C above that has a vehicle capacity of 10 or less   |                               |                  |                      |         |          |              | 5                |                   |  |
| 2.   | passengers, including the driver.  (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.  (Optional) Add a number of vehicles not shown on Line 1 above that are: |                               |                  |                      |         |          |              |                  |                   |  |
|  | (A) Commercial motor vehicles operating exclusively in intrastate commerce. (See instructions for  |                               |                  |                      |         |          |              |                  |                   |  |
| 3. definition of commercial motor vehicle.) (B) Used in commerce to transport passengers or property for compensation and have a GVWR of   |  |                               |                  |                      |         |          |              |                  |                   |  |
|  |  | ,000 lbs or less, or a        |                  |                      |         |          |              |                  |                   |  |
| 4. Total Number of Vehicles (Line 1 minus Line 2 plus Line 3)  |  |                               |                  |                      |         |          |              |                  |                   |  |
|  | ON 5. FEE TAB  |                               |                  | 1 037.7.7.           |         |          | Number of    |                  |                   |  |
| Number of Vehicles Amount Due  |  | Number of Vehic               |                  |                      |         | Vehicles |              | Amount Due       |                   |  |
|  | 0-2  | \$76                          | _                | 6-20                 | \$452   |          | 101-1000     |                  | \$7,511           |  |
|  | 3-5 \$227  |                               |                  | 21-100               | \$1,576 |          | 1001 or more | 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)   |  |                               |                  |                      |         |          | Da           |                  |                   |  |
| Signature  |  |                               |                  |                      |         | Title    |              |                  |                   |  |