UNIFIED CARRIER REGISTRATION FORM - Year

201<u>7</u>6

SECTION 1. GENERAL INFORMATION								
USDOT Number		MC or MX Number FF Number		Telephone Number		Fax N	Fax Number	
Legal Name				F-Mail Address	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 C							ode	
Mailing Street Address								
Mailing City	ling City Mailing State M						g Zip Code	
SECTION 2. CLASSIFICATION – Check All That Apply								
	otor Carrier	☐ Motor Private C		oker 🔲 Le	easing 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, 20165. See Instructions for additional requirements if you select Option B.								
		-			TOR COACHES, S	CHOOL	тоты	
LINE NO.		STRAIGHT TRUCKS CORS (COLUMN A)	(COLUMN B)	BUSES, MINI-BUSE (C	ES, VANS AND LIM COLUMN C)	IOUSINES	TOTAL (COLUMN D)	
1.								
2.	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)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 definition of commercial motor vehicle.)								
	(B) Used in commerce to transport passengers or property for compensation and have a GVWR or GVW 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								
	er of Vehicles	Amount Due	Number of Vehic	cles Amount Du	e Numb Vehi		Amount Due	
	0-2	\$76	6-20	\$452	101-3	1000	\$7,511	
	3-5	\$227	21-100	\$1,576	1001 o	r 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.)								
							Date	
Signature Title								