



# UNIFIED CARRIER REGISTRATION FORM -Year 2018

To register online go to [WWW.UCR.IN.GOV](http://WWW.UCR.IN.GOV)

| SECTION 1. GENERAL INFORMATION                                |                  |                |   |            |  |
|---|------------------|----------------|---|------------|--|
| USDOT Number  | MC /MX/FF Number | E-Mail Address | Telephone Number                              | Fax Number |  |
| Legal Name  |                  |                | Doing Business under the Following Name (DBA) |            |  |
| Principal Place of Business Street Address (See Instructions) |                  | City           | State   | Zip Code   |  |
| Mailing Address   |                  | City           | State   | Zip Code   |  |

**SECTION 2. CLASSIFICATION – Check All That Apply**

Motor Carrier   
  Motor Private Carrier   
  Broker   
  Leasing Company   
  Freight Forwarder

**SECTION 3. FEES DUE-BROKERS & LEASING COMPANIES ONLY**

*Note: If your company is also a motor carrier or motor private carrier, skip this section and go to section 4.*

Registrants that (1) hold broker authority and are NOT motor carriers or freight forwarders, or (2) are leasing companies that do not hold ANY interstate operating authority from USDOT, submit the amount of \$69 in the form of payment acceptable to your base state and go to Section 7.

**SECTION 4. MOTOR CARRIERS & FREIGHT FORWARDERS – NUMBER OF VEHICLES**

**Check only one box:**                      *The number of vehicles below is:*

Option A  Taken from section 26 of your last reported MCS-150/MCSA-1 form.

Option B  The total number of vehicles owned or operated for the 12-month period ending June 30, 2017.

*See Instructions for additional requirements if you select Option B.*

| LINE NO. |  |  |
|----------|--|--|
| 1.       | The total number of Straight Trucks and Tractors:  |  |
| 2.       | Number of passenger vehicles designed to carry more than 10 people, including the driver:  |  |
| 3.       | Add Lines 1 and 2 and enter results here:  |  |
| 4.       | (Optional for MOTOR CARRIERS & MOTOR PRIVATE CARRIERS ONLY): Enter the number of vehicles that are used EXCLUSIVELY in INTRASTATE transportation or have a Gross Vehicle Weight Rating less than 10,000 lbs. You are required to maintain a list of vehicles excluded under this option. See Instructions for additional requirements if you select this option. |  |
| 5.       | Subtract Line 4 from Line 3 enter total here:  |  |
| 6.       | (Optional for For-Hire Motor Carriers only). Add any other motor vehicle you operated for compensation, and not included on Line 1 or Line 2, regardless of weight, interstate or intrastate commerce or how many passengers the vehicle is designed to carry:   |  |
| 7.       | Add lines 5 and 6 and enter results here:  |  |
| 8.       | Grand Total – Enter amount from Line 3, Line 5, or Line 7, as applicable:  |  |

**SECTION 5. FEE TABLE**

| Number of Vehicles | Amount Due | Number of Vehicles | Amount Due | Number of Vehicles | Amount Due  |
|--------------------|------------|--------------------|------------|--------------------|-------------|
| 0-2                | \$69.00    | 6-20               | \$410.00   | 101-1000           | \$6,820.00  |
| 3-5                | \$206.00   | 21-100             | \$1,431.00 | 1001 or more       | \$66,597.00 |

**SECTION 6. FEES DUE – MOTOR CARRIER & MOTOR PRIVATE CARRIER**

Using the number of vehicles in Section 4, Line 8 above, enter the Amount Due from the table in Section 5.

*Note: Contact your selected base state for the types of accepted payment.*

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**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 |
| Signature  | Title |      |