UNIFIED CARRIER REGISTRATION FORM – UCR-2 VEHICLES OWNED AND OPERATED FOR THE 12 MONTH PERIOD ENDING June 30, 2016 UCR REGISTRATION YEAR 2017

(Note: This form is provided to assist you in maintaining required information. Carriers may also submit the requested data in electronic format or in printout attached to this form. Contact your state agency for acceptable data formats.)

| SECTION 1. GENERAL INFORMATION USDOT Number MC or MX Number FF Number | | FF Number | Telephone Number | | | | Fax Number | |
|--|----------------------|--------------------------|------------------|----------------------|-----------------------|------------|-------------------------------|--|
| Y I N | | | | | | | | |
| Legal Name | | | E-Mail Address | | | | | |
| Doing Business Under The Following Nan | ne (DBA) | | | | | | | |
| Principal Place Of Business Street Address | s (See Instructions) | | | | | | | |
| Principal Business City | Princi | Principal Business State | | | | Zip Code | | |
| McTr. Court Allers | | | | | | | | |
| Mailing Street Address | | | | | | | | |
| Mailing City | | | Mailing State | | | | Mailing Zip Code | |
| SECTION 2. CLASSIF | ICATION – Cl | neck All That A | pply | | | | | |
| Motor Carrier | Motor Privat | | | | | | | |
| SECTION 3. VEHICLI | E LIST | | | | | | | |
| The above described carri | ier herehy declar | res that the follo | wing vehic | eles are the tot | al number owned : | and oner | ated for the 12 month | |
| period ending June 30, 20 |)16: | | | | ar namoer owned | ana oper | ated for the 12 month | |
| MAKE | | L/GVWR/ of Passengers | | SE PLATE ER/STATE | | VIN N | NUMBER | |
| A: STRAIGHT TRUCKS | | | | | | | | |
| AND TRACTORS | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| B. MOTOR COACHES, SCHOOL BUSES, MII BUSES, VANS, AND LIMOUSINES | NI- | | | | | | | |
| ENTOCSITES | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Use reverse side if needed | | | | | | | | |
| SECTION 4. CERTIFI I, the undersigned, under per | | amont partify the | t the above | information is tr | us and correct and th | hat I am a | uthorized to execute and file | |
| this document on behalf of the | he applicant. (Per | | | | | | | |
| Name Of Owner Or Authorized Represent | ative (Printed) | | | | | Da | te | |
| Signature | | | | | Title | | | |
| | | | | | | | | |

| IFIED CARRIER | REGISTRA' | TION FORM UCR | -2 Continued Carrier Name | |
|---|-----------|---------------------------------|-------------------------------|------------|
| | | | | |
| HICLE LIST CON | TINHED | | I | |
| MAKE | Mo | ODEL/GVWR/ ber of Passengers | LICENSE PLATE NUMBER/STATE | VIN NUMBER |
| AND TRACTORS | KS | | | |
| AND TRACTORS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| B. MOTOR COACHES SCHOOL BUSES,N BUSES, VANS, AN LIMOUSINES | IINI- | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |