

Department of The Secretary of State Bureau of Motor Vehicles Motor Carrier Services 29 State House Station Augusta ME 04333-0029

UNIFIED CARRIER REGISTRATION January 1, 2021 – December 31, 2021

Enforcement Date: January 1, 2021

Register online at: www.ucr.gov Fax (207) 622-5332

USDOT Number	I. GENE	MC /MX/FF Number	E-Mail Address	Telep	phone Number	Fax	Number	
Legal Name	egal Name			Doin	g Business under the Follow			
·								
Principal Place of	Business Street A	ddress (See Instructions)		City			Zip Code	
Mailing Address				City			Zip Code	
GEGTION	2 CT A C							
	Carrier	SIFICATION – Check A			Lassing Compan		Traight Forwarder	
					Leasing Compan	у L	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 \$59 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, 2020.								
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							
5.	excluded under this option. See Instructions for additional requirements if you select this option. 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 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.	, , , , , , , , , , , , , , , , , , , ,							
SECTION Number of			Number of Web 1	A	N	of Wol-i-land	Amount Des	
		Amount Due \$59.00	Number of Vehicles	\$351.00	-	of Vehicles	Amount Due	
0-2			6-20			1-1000	\$5,835.00	
3-		\$176.00	21-100	\$1,224.0		or more	\$56,977.00	
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. \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$								
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)								
Name Of Owner Or Authorized Representative (Printed) Date Date								
Signature					Title			