

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, 2024 – December 31, 2024

Enforcement Date: January 1, 2024

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

SECTION 1. GENERAL INFORMATION									
USDOT Number N		MC /MX/FF Number	E-Mail Address	Telephone Numb		er	Fax Number	Fax Number	
Legal Name Doing Business under the Following Name (DBA)									
Principal Place of Business Street Address (See Instructions)					City			Zip Code	
Mailing Address				City	ty			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 \$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, 2023.									
See Instructions for additional requirements if you select Option B.									
LINE									
NO.	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:								
	(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								
4.									
	excluded under this option. See Instructions for additional requirements if you select this option.								
5.	Subtract Line 4 from Line 3 and enter total here:								
٥.									
	(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								
6.	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									
			N. I. CVIII		4 D	N 1 637.1	. ,	4 A D	
Number of	venicles	Amount Due	Number of Vehicles	Amou	nt Due	Number of Veh	icles	Amount Due	
0-2		\$37.00	6-20	\$22	1.00	101-1000		\$3,670.00	
2	5	¢111 00	21 100	Φ <b>7</b> .	0.00	1001		\$25,926,00	
3-:		\$111.00	21-100		9.00	1001 or mor	e	\$35,836.00	
		DUE – MOTOR CARRI							
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.									
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								e	
Signature Title									