UNIFIED CARRIER REGISTRATION FORM – YEAR 20_____
To register online go to WWW.UCR.GOV
South Carolina Department of Motor Vehicles/Motor Carrier Services, P.O. Box 1498

Blythewood, SC 29016-0027

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 Forwarding

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 $62.00 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-l form

Option B ☐ The total number of vehicles owned or operated for the 12-month period ending June 30, 20_____.

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.	**(Only optional for MOTOR CARRIERS & MOTOR PRIVATE CARRIERS): 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.	**(Only optional for For-Hire Motor Carriers). 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	$41.00	6-20	$242.00	101-1000	$4,024.00
3-5	$121.00	21-100	$844.00	1001 or more	$39,289.00

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. ***CHECK MUST BE PAYABLE TO SOUTHCAROLINA DEPARTMENT OF MOTOR VEHICLES. WRITE YOUR USDOT NUMBER ON YOUR CHECK.***	$

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

Unified Carrier Registration Form — UCR-I
For UCR Registration Year ____

List of Vehicles Used ONLY in Intrastate Commerce

NOTE: This form is to be used if you subtracted vehicles you used ONLY in INTRASTATE commerce from your fleet when you computed your UCR fees for UCR registration Year ____.

Vehicles that Traveled in more than one state or in a foreign country or that ever carried freight in interstate or foreign commerce may not be subtracted from your fleet!

Freight forwarders may NOT subtract intrastate vehicles from their fleets.

Motor Carriers may not subtract intrastate PASSENGER vehicles from their fleets.

Carriers may also keep the information called for here in electronic or other format acceptable to their base state.

CARRIERS ARE TO SUBMIT THIS FORM ONLY ON REQUEST BY THEIR BASE STATE:
DO NOT SUBMIT THIS FORM WITH YOUR UCR REGISTRATION.

SECTION 1. GENERAL INFORMATION

USDOT 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)			
Principal Business City	Principal Business State		Zip Code
Mailing Street Address			
Mailing City	Mailing State		Mailing Zip Code

SECTION 2. CLASSIFICATION - *Check All That Apply*

☐ Motor Carrier ☐ Motor Private Carrier

SECTION 3. VEHICLE USED EXCLUSIVELY IN INTRASTATE TRANSPORTATION

The above described carrier hereby declares that the following vehicles are use exclusively for intrastate transportation of property, waste, or recyclable material:

MAKE	MODEL/GVWR	LICENSE PLATE	STATE	VIN NUMBER

Use reverse side if needed.

SECTION 4. CERTIFICATION

Name of Owner or Authorized Representative (Printed)	Date
Signature	Title

UNIFIED CARRIER REGISTRATION FORM UCR-I Continued

USDOT Number	Carrier Name

Continued

MAKE	MODEL/GVWR	LICENSE PLATE	STATE	VIN NUMBER

Make additional copies of this sheet if needed

Page _____ of _____

Unified Carrier Registration Form - UCR-2
For UCR Registration Year ___

Vehicles Operated for the 12-Month Period Ended June 30, 20___

NOTE: This form is provided to assist you in maintaining required records. It is to be used only by motor carriers and freight forwarders registering for the Unified Carrier Registration for the _____ UCR registration Year, who base their UCR fees on the number of vehicles they operated for the 12-months ended June 30, 20___. Carriers may also keep the information called for here in electronic or other format acceptable to their base state.

REGISTRANTS ARE TO SUBMIT THIS FORM ONLY ON REQUEST BY THEIR BASE STATE: DO NOT SUBMITT THE FORM WITH YOUR UCR REGISTRATION.

SECTION 1. GENERAL INFORMATION

USDOT 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)			
Principal Business City	Principal Business State		Zip Code
Mailing Street Address			
Mailing City	Mailing State		Mailing Zip Code

SECTION 2. CLASSIFICATION - *Check All That Apply*

Motor Carrier Motor Private Carrier Freight Forwarders

SECTION 3. VEHICLE LIST

The above described carrier or freight identified above operated the following vehicles under the U.S. DOT number entered above during the 12-month period ended June 30, 20__, and no others. (Vehicles operated only on a short term lease may be excluded.)

MAKE	MODEL/GVWR/ Number of Passengers	LICENSE PLATE	STATE	VIN NUMBER
A: STRAIGHT TRUCKS AND TRACTORS				
B: MOTOR COACHES, SCHOOL BUSES, MINIBUSES, VANS, AND LIMOUSINES				

Use reverse side if needed.

SECTION 4. CERTIFICATION

Name of Owner or Authorized Representative (Printed)	Date
Signature	Title

UNIFIED CARRIER REGISTRATION FORM UCR-2 Continued

USDOT Number	Carrier Name

VEHICLE LIST CONTINUED

MAKE	MODEL/GVWR	LICENSE PLATE	STATE	VIN NUMBER

Make additional copies of this sheet if needed

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