State of Michigan
Public Service Commission
Department of Licensing and Regulatory Affairs

UNIFIED CARRIER REGISTRATION FORM -Year 2015
Validate to Code 6015
To register online go to WWW.UCR.IN.GOV

SECTION 1. GENERAL INFORMATION

USDOT Number	MC or MX Number	FF Number	Telephone Number	Fax Number

Legal Name	E-Mail Address

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 ☐ Broker ☐ Leasing Company ☐ Freight Forwarder

SECTION 3. FEES DUE-BROKERS, FREIGHT FORWARDERS AND LEASING COMPANIES ONLY

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

Brokers, freight forwarders and leasing companies (not combined with a motor carrier entity), please submit the amount due of $76 in the form of payment acceptable by your base state and go to Section 7.

SECTION 4. NO. OF MOTOR VEHICLES– MOTOR CARRIER & MOTOR PRIVATE CARRIER

Check only one box ***(See Instructions for additional requirements if you select Option B.)****:*

Option A ☐ The number of vehicles shown below has been taken from section 26 of your last reported MCS-150 form.

Option B ☐ The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30, 2013.

LINE NO.	NUMBER OF STRAIGHT TRUCKS AND TRACTORS (COLUMN A)	(COLUMN B)	NO. OF MOTOR COACHES, SCHOOL BUSES, MINI-BUSES, VANS, LIMOUSINES (COLUMN C)	TOTAL (COLUMN D)
1.				
2.	**Subtract:** **(A) The number of vehicles on Line 1 in Column C above that has a vehicle capacity of 10 or less passengers, including the driver.** **(B) (Optional)The number of vehicles on Line 1 in Column A above that are used exclusively in intrastate transportation. You are required to maintain a list of vehicles excluded under this option.** ***See Instructions for additional requirements if you select this option.***			**( )**
3.	**(Optional) Add a number of vehicles not shown on Line 1 above that are:** **(A) Commercial motor vehicles operating exclusively in intrastate commerce.** ***(See instructions for definition of commercial motor vehicle.)*** **(B) Used in commerce to transport passengers or property for compensation and have a GVWR or GVW of 10,000 lbs or less, or a passenger capacity of 10 or less, including the driver.**			
4.	**Total Number of Vehicles** *(Line 1 minus Line 2 plus Line 3)*			

SECTION 5. FEE TABLE

Number of Vehicles	Amount Due	Number of Vehicles	Amount Due	Number of Vehicles	Amount Due
0-2	$76	6-20	$452	101-1000	$7,511
3-5	$227	21-100	$1,576	1001 or more	$73,346

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

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

Note: See last page of this pamphlet for the types of payment your selected base state will accept.

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

www.michigan.gov/mpsc - Phone (517) 284-8120 – Fax (517) 284-8127
Mail to: Michigan Public Service Commission, Motor Carrier Division, P.O. Box 30221, Lansing, MI 48909