|  |  |  |
| --- | --- | --- |
| PUC logo | COMMONWEALTH OF PENNSYLVANIA  PENNSYLVANIA PUBLIC UTILITY COMMISSION  P.O. BOX 3265, HARRISBURG, PA 17105-3265 | **IN REPLY PLEASE REFER TO OUR FILE** |

October 25, 2013

**Notice of 2014 Unified Carrier Registration**

**You Must Register With the UCR Program and Pay the Appropriate Fee for 2014**

Pennsylvania, through the Public Utility Commission (“PUC”), participates in the Unified Carrier Registration Program (“UCR Program”). The UCR Program requires individuals and companies that provide freight forwarding, brokering or leasing services in interstate or international commerce to register their business with the program and pay an annual fee of $76.00. Fees are established by the Federal Motor Carrier Safety Administration of the United States Department of Transportation. Fees will fund motor carrier safety and enforcement programs in Pennsylvania. The PUC encourages you to register and pay the UCR fee by **December 31, 2013.**

**How to Register and Pay Fee - You Have Two Options:**

1. *On-line*. To avoid delays, we highly recommend that you register on-line. Go to [www.ucr.in.gov](http://www.ucr.in.gov) and follow the instructions. The UCR web site is sponsored by the State of Indiana, and is the exclusive national on-line registration system businesses may use to register with the UCR Program. The instructions on the UCR web site will guide you through the registration process. Payments may be made on-line using MasterCard, Visa or e-check, and you may print a receipt from the web site. There is a small credit card processing fee. Payment by e-check will permit you to avoid any credit card fees; however, there is a $4.00 processing fee for e-checks. This does not apply to checks sent in for processing. Please make sure the address ends in .gov when you are going online as any other site may charge excessive fees.

**(OVER)**

2. *Mail*. Enclosed are a registration form and instructions. To register by mail, please complete the enclosed UCR application form and send your application and payment to: UCR Program, PA Public Utility Commission, PO Box 3265, Harrisburg, PA 17105-3265. Checks or Money Orders must be made payable to the “Commonwealth of Pennsylvania.” **Please do not send cash**. You will not receive a receipt for payments made by mail. Please understand that registering by mail requires much more processing time than if you register via the internet.

**Delinquent 2012 & 2013 UCR Fees**

This notice concerns the 2014 calendar year registration and fee. If you did not pay the 2012 or 2013 UCR fee and provided interstate service in 2012 or 2013, you are required to pay the 2012 and/or 2013 UCR fee now. Please contact the PUC at either of the phone numbers listed below to complete the 2012/2013 registration and pay the fee, or you may register and pay the fee on-line at www.ucr.in.gov. Failure to pay your delinquent 2012/2013 UCR fee may subject you to penalties.

**Additional Information**

Further information on the UCR Act can be found at [www.ucr.in.gov](http://www.ucr.in.gov/), and the Pa. PUC’s web site at http://www.puc.pa.gov. We encourage you to visit both web sites.

If you have any questions about the registration process, please contact the Pa. PUC’s Bureau of Transportation and Safety at either or 717-783-3846 or 717-783-5934.

**The PUC Encourages You to Register and Pay the UCR Fee by December 31, 2013**



2014 UNIFIED CARRIER REGISTRATION

**Jan. 1, 2014 – Dec. 31, 2014**

**To register online go to WWW.UCR.IN.GOV**

**UCR Program**

**PA Public Utility Commission**

**PO Box 3265**

**Harrisburg, PA 17105-3265**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) | | | | | | | | | | | | | | | | |
| Principle Place of Business Street Address (See Instructions) | | | | | | | | | | | | | | | | |
| Principle Business City | | | | | | | Principle 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 carrier entity), please submit the amount due of $76 in the form of a Check or Money Order payable to **Commonwealth of PA** and go to Section 7. | | | | | | | | | | | | | | | | |
| **SECTION 4. NO. OF MOTOR VEHICLES– MOTOR CARRIER & MOTOR PRIVATE CARRIER** | | | | | | | | | | | | | | | | |
| *Check only one box:*  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.  ***See Instructions for additional requirements if you select Option B.*** | | | | | | | | | | | | | | | | |
| LineNo. | **NUMBER OF STRAIGHT TRUCKS** **AND TRACTORS (COLUMN A)** | | | **(COLUMN B)** | | | | | **NUMBER OF MOTOR COACHES, SCHOOL BUSES, MINI-BUSES, VANS AND LIMOUSINES** **(COLUMN C)** | | | | | | | **TOTAL** **(COLUMN D)** |
| 1. |  | | | **LEAVE BLANK** | | | | |  | | | | | | |  |
| 2. | **Subtract:** **The number of vehicles on Line 1 in Column C above that has a vehicle capacity of 10 or less**  **passengers, including the driver. ONLY applies to passenger carrier vehicles.** | | | | | | | | | | | | | | | ( ) |
| 1. **(Optional)The number of vehicles on Line 1 in Column A above that are used exclusively in intrastate transportation (do not leave PA). 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:~~**   1. **~~Commercial motor vehicles operating exclusively in intrastate commerce.~~ *~~(See instructions for definition of commercial motor vehicle.)~~*** | | | | | | | | | | | | | | |  |
| 1. **~~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.  Please submit the amount due in the form of a Check or Money Order payable to **Commonwealth of PA** | | | | | | | | | | | | | | | | $ |
| **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 | | | | | |

**SEE REVERSE SIDE FOR INSTRUCTIONS**

Instruction Sheet for UCR Carrier Registration

**What is my base state for UCR?**

(A) If your principal place of business as completed in Section 1 of the form is AK, AL, AR, CA, CO, CT, DE, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NM, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI or WV, **you must use that state as your base state**. If your principal place of business is not in one of these states, go to (B).

1. If your principal place of business is not one of the states listed in (A) above but you have an office or operating facility located in one of the states listed in (A) above, you must use that state as your base state.
2. If you cannot select a base state using (A) or (B) above, you must select your base state from (A) above that is nearest to the location of your principal place of business; or
3. Select your base state as follows:
   1. If your principal place of business is in DC, MD, NJ, or VT or the Canadian Province of ON, NB, NL, NS, PE, or QC, you may select one of the following states: CT, DE, MA, ME, NH, NY, PA, RI, VA, or WV.
   2. If your principal place of business is in FL or a state of Mexico, you may select one of the following states: AL, AR, GA, KY, LA, MS, NC, OK, SC, TN, or TX.
   3. If your principal place of business is in the Canadian Province of ON, MB or NU, you may select one of the following states: IA, IL, IN, KS, MI, MN, MO, NE, OH, or WI.
   4. If your principal place of business is in AZ, HI, NV, OR, or WY or the Canadian Province of AB, BC, MB, NT, NU, SK, or YT or a state of Mexico, you may select one of the following states: AK, CA, CO, ID, MT, ND, NM, SD, UT, or WA.

**Change of Base State**

* If you selected your base state using (C) or (D) above and your principal place of business has moved to a qualified state in (A) or (B) above, you may at the next registration year change your base state to a state listed in (A) or (B).

**Section 1. – General Information**

* Enter all identifying information for your company. The owner and DBA name should be identical to what is on file for your USDOT number (See <http://safer.fmcsa.dot.gov/CompanySnapshot.aspx>). Enter the principal place of business address that serves as your headquarters and where your operational records are maintained or can be made available.

**Section 2. – Classification** **(***Definitions****)***

* “**Motor carrier**” means a person providing motor vehicle transportation for compensation.
* “**Motor private carrier**” means a person who provides interstate transportation of property in order to support its primary line of business.
* “**Broke**r” means a person, other than a motor carrier, who sells or arranges for transportation by a motor carrier for compensation.
* “**Freight forwarder**” means a person who arranges for truck transportation of cargo belonging to others, utilizing for-hire carriers to provide the actual truck transportation, and also performs or provides for assembling, consolidating, break-bulk and distribution of shipments and assumes responsibility for transportation from place of receipt to destination.
* “**Leasing company**” means a person or company engaged in the business of leasing or renting for compensation motor vehicles they own without drivers to a motor carrier, motor private carrier, or freight forwarder.

**Section 3. - Fees Due-Brokers, Freight Forwarders and Leasing Companies**

* Brokers, freight forwarders and leasing companies pay the lowest fee tier. If your company is also a motor carrier (whether private or for-hire) you will skip this section of the application.
* **Section 4. - No. Of Motor Vehicles– Motor Carrier & Motor Private Carrier**

Check the appropriate box indicating where you obtained the vehicle count for the numbers you entered into the table in this section. If you select Option B, and your fleet count using this method places you in a bracket with a lower fee than if you had selected Option A, you are required to maintain a list of vehicles covered by your UCR registration and submit this information on **Form UCR-2** to your base state upon request. **Form UCR-2 may be obtained from your base state or at** [**www.ucr.in.gov**](http://www.ucr.in.gov)**. You only need to provide Form UCR-2 to your base state upon request, do not submit the form with your UCR registration!**

* **Line 1.** In the table, enter the number of commercial motor vehicles you reported on your last MCS-150 form or the total number of commercial motor vehicles owned and operated for the 12-month period ending June 30 of the year immediately prior to the year for which the UCR registration is made. This table includes owned and leased vehicles (term of lease for more than 30 days). Do not include any trailer counts in Columns A, C or D on this line. Trailers are no longer counted in determining fees under this program.
* **Line 2. (A) Subtract the number of** vehicles designed to transport 10 passengers or less, including the driver, that are included in Column C of Line 1. **(B)** (**Optional)**. You may also subtract the number of vehicle(s) that you included in Section 4, Column A that are used exclusively in the intrastate transportation of property, waste, or recyclable material. In order to subtract a commercial motor vehicle under this option, during the UCR registration year 1) the vehicle did not or will not travel outside the state; 2) the vehicle did not or will not carry property, waste, or recyclable material that originated outside the state or is destined for a location outside the state; AND 3) the vehicle was not or will not be registered under the International Registration Plan (IRP) (vehicle must not have an apportioned plate). You may not enter on this line the number of passenger carrying vehicles included in Column C that were used solely in intrastate commerce. You must maintain a list of vehicles you subtracted under this option and provide this information on **Form UCR-1** to your base state upon request. **Form UCR-1 may be obtained from your base state or at** [**www.ucr.in.gov**](http://www.ucr.in.gov)**. You only need to provide Form UCR-1 to your base state upon request, do not submit Form UCR-1 with your UCR registration!**
* **Line 3~~. (Optional)~~**~~.~~ **~~(A)~~** ~~You may add the number of owned commercial motor vehicles (straight trucks, tractors, motor coaches, school buses, mini-buses, vans or limousines) that were used exclusively in intrastate commerce if they were not included in Column A or C above.~~ **~~(B)~~** ~~You may also include on this line the number of other self-propelled vehicles used in interstate or intrastate commerce to transport passengers or property for compensation that are not defined as a commercial motor vehicle that have a gross vehicle weight rating or gross vehicle weight of 10,000 lbs or less or a passenger capacity of 10 or less, including the driver.~~
* **Line 4, Total Number of Vehicles**. Total the number of vehicles shown in Column D. Use this total and go to the fee table in Section 5. Pay the amount due for your total number of vehicles.
* Definition - “**Commercial motor vehicle**” (as defined under 49 USC Section 31101) means a self-propelled vehicle used on the highways in commerce principally to transport passengers or cargo, if the vehicle: (1) Has a gross vehicle weight rating or gross vehicle weight of at least 10,001 pounds, whichever is greater; (2) Is designed to transport more than 10 passengers, including the driver; or (3) Is used in transporting material found by the Secretary of Transportation to be hazardous under section 5103 of this title and transported in a quantity requiring placarding under regulations prescribed by the Secretary under section 5103.”

**Section 5. – Fee Table for Motor Carrier & Motor Private Carrier**

* This table is the approved UCR fees you will pay dependent upon the number of vehicles reported in Section 4. This fee may change from year to year. Contact your base state if you do not have the fee table for the correct registration period.

**Section 6. – Fee Due for Motor Carrier & Motor Private Carrier**

* Enter the amount due for the total number of vehicles calculated in Section 4.

**Section 7. – Certification**

* The owner or an individual who has a power of attorney to sign on behalf of the owner or owners must sign this form. This certification indicates that the information is correct under penalty of perjury.