



# State of South Carolina

## Department of Motor Vehicles

### IMPORTANT NOTICE

**THIS WILL BE THE LAST YEAR NOTIFICATION WILL BE MAILED FOR THE UCR PROGRAM. BEGINNING 2018 TO FILE THE UCR FEE YOUR OPTIONS WILL BE TO FILE ONLINE AT [WWW.UCR.IN.GOV](http://WWW.UCR.IN.GOV) OR PRINT THE APPLICATION FROM [WWW.UCR.IN.GOV](http://WWW.UCR.IN.GOV) WEBSITE OR [WWW.SCDMVONLINE.COM](http://WWW.SCDMVONLINE.COM) WEBSITE. MAIL THE UCR APPLICATION TO S. C. DEPARTMENT OF MOTOR VEHICLES, MOTOR CARRIER SERVICES, P. O. BOX 1498, BLYTHEWOOD, SC 29016.**

### Renewal 2017

#### **UNIFIED CARRIER REGISTRATION AGREEMENT**

**You must register prior to January 1, 2017 in order to be in compliance.**

**Motor carriers can register and pay for their Unified Carrier Registration using their smart phone 24/7, 365 days a year at [www.ucr.in.gov](http://www.ucr.in.gov). This will automatically default to the mobile version. Motor Carriers can file their UCR and pay fees anytime at [www.ucr.in.gov](http://www.ucr.in.gov).**

If you offer services as a **freight forwarder, broker or leasing company** and you make arrangements for the transportation of cargo and goods in interstate or international commerce, the federal Unified Carrier Registration Agreement (UCR) applies to your business.

The UCR requires individuals and companies that provide freight forwarding, brokering or leasing services in interstate or international commerce to register their business with South Carolina Department of Motor Vehicles, Motor Carrier Services and pay an annual fee of \$76.00. The revenues generated will be used for enforcement of motor carrier safety programs.

If you operate as a **Motor Carrier For-Hire or a Private Motor Carrier** UCR requires that you register with the South Carolina Department of Motor Vehicles and pay an annual fee based on the number of power units that you currently have in your fleet.

To avoid delays it is highly recommended that you register on-line at the UCR web system hosted by the Indiana Department of Revenue. Go to [www.ucr.in.gov](http://www.ucr.in.gov) and follow the step by step instructions. Payments may be made on-line using MasterCard, Visa or e-Check.

Payments by mail must be made by money order or check made payable to the South Carolina Department of Motor Vehicles. Please place your USDOT # on the front of your check. Mail your payment together with your completed UCR application form to: South Carolina Department of Motor Vehicles, Motor Carrier Services, P. O. Box 1498, Blythewood, South Carolina 29016. If you would like to learn more about UCR go to [www.ucr.in.gov](http://www.ucr.in.gov) or call 803-896-3870.

**SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES**  
**MOTOR CARRIER SERVICES, P. O. BOX 1498, BLYTHEWOOD, SC 29016**  
**UNIFIED CARRIER REGISTRATION FORM -Year 2017**  
**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:

- Option A  The number of vehicles shown below has been taken from section 26 of your last reported MCS-150/MCSA-1 form.  
Option B  The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30, 2016.

**See Instructions for additional requirements if you select Option B.**

LINE NO.	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.				
2.	<b>Subtract:</b> (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.			(       )
2.	(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 <u>not shown on Line 1</u> above that are: (A) Commercial motor vehicles operating exclusively in intrastate commerce. (See instructions for definition of commercial motor vehicle.)			
3.	(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.	<b>Total Number of Vehicles (Line 1 minus Line 2 plus Line 3)</b>			

**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.

**CHECK MUST BE PAYABLE TO SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES. WRITE YOUR USDOT NUMBER ON THE 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

## 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).
- (B) 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.
- (C) 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
- (D) Select your base state as follows:
- 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.
  - 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.
  - 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.
  - 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.
- "Broker"** 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/MCSA-1 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.

## Instruction Sheet for UCR-1 Form

**(NOTE: This form is provided to assist you in maintaining required information. Carriers may also submit the requested data in electronic format or in a printout attached to this form. Contact your state agency for acceptable data formats.)**

### When do I need to use this form?

- If you subtracted vehicles used exclusively for intrastate transportation when you registered for UCR, you must maintain a list of the vehicles you subtracted. You must also provide this information to your base state on this form upon request. 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).
- **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.

### Section 3. – Vehicles Used Exclusively in Intrastate Transportation

- List the Make, Model/Gross Vehicle Weight Rating (GVWR), Number of Passengers, License Plate Number and State, and Vehicle Identification Number (VIN) of each vehicle used exclusively in intrastate transportation that you subtracted from your fleet count when you registered for UCR.
- If you need additional room you may use the continuation sheet on page 2 of the UCR-1 form. You may make additional copies of this continuation sheet as needed.
- You may NOT list any passenger vehicles (buses, vans, limousines, mini buses, motor coaches, etc.) on this form.

### Section 4. – 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.

# UNIFIED CARRIER REGISTRATION FORM – UCR-1 VEHICLES REMOVED IN INTRASTATE TRANSPORTATION UCR REGISTRATION YEAR 2017

(NOTE: This form is provided to assist you in maintaining required information. Carriers may also submit the requested data in electronic format or in a printout attached to this form. Contact your state agency for acceptable data formats.)

## 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

## SECTION 3. VEHICLES USED EXCLUSIVELY IN INTRASTATE TRANSPORTATION

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

MAKE	MODEL/GVWR/ Number of Passengers	LICENSE PLATE NUMBER/STATE	VIN NUMBER

Use reverse side if needed.

## SECTION 4. 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



## Instruction Sheet for UCR-2 Form

(NOTE: This form is provided to assist you in maintaining required information. Carriers may also submit the requested data in electronic format or in a printout attached to this form. Contact your state agency for acceptable data formats.)

### When do I need to use this form?

- If you obtained the vehicle count for the numbers you entered in Section 4 of the 2017 UCR Registration Form from the number of vehicles you owned and operated for the 12-month period ending June 30, 2016 (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 on the 2017 UCR Registration Form, you must maintain a list of vehicles covered by your 2017 UCR registration and provide this information on Form UCR-2 to your base state upon request.

### 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.

### Section 3. – Vehicle List

- List the Make, Model/Gross Vehicle Weight Rating (GVWR)/Number of Passengers, License Plate Number and State, and Vehicle Identification Number (VIN) of each vehicle you owned and operated for the 12-month period ending June 30, 2016.
- If you need additional room you may use the continuation sheet on page 2 of the UCR-2 form. You may make additional copies of this continuation sheet as needed.

### Section 4. – 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.

# UNIFIED CARRIER REGISTRATION FORM – UCR-2 VEHICLES OWNED AND OPERATED FOR THE 12 MONTH PERIOD ENDING June 30, 2016 UCR REGISTRATION YEAR 2017

(NOTE: This form is provided to assist you in maintaining required information. Carriers may also submit the requested data in electronic format or in a printout attached to this form. Contact your state agency for acceptable data formats.)

## 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

## SECTION 3. VEHICLE LIST

The above described carrier hereby declares that the following vehicles are the total number owned and operated for the 12 month period ending June 30, 2016:

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

Use reverse side if needed.

## SECTION 4. 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



