

# Unified Carrier Registration (UCR)

This program requires individuals and companies that operate commercial motor vehicles in interstate to register their business with a participating state and pay an annual fee based on the size of their fleet.

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DOT / MC NUMBER

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OWNER'S NAME (FIRST & LAST)

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PHONE NUMBER

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EMAIL ADDRESS

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ADDRESS

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CITY

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STATE

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ZIP CODE

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NUMBER OF UNITS DRIVING UNDER THE DOT THAT YOU WILL BE PAYING UCR FOR (INCLUDING OWNER OPERATORS)

**PLEASE NOTE:** THE NUMBER OF UNITS SHOULD MATCH THE NUMBER OF UNITS SHOWN ON SAFER UNDER THAT DOT

## Payment Information

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CREDIT CARD NUMBER

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NAME ON CARD

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EXPIRATION DATE

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CVC CODE

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BILLING ZIP CODE

I hereby authorize All About Trucks to charge the credit card indicated in this authorization form according to the terms outlined here. This payment authorization is for the goods and or services described in the provided invoice, for the amount indicated on it. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form and the invoice that I received.