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.

DOT / MC NUMBER PHONE NUMBER ADDRESS		OWNER'S NAME (FIRST & LAST) EMAIL ADDRESS CITY						
				STATE		ZIP CO	ZIP CODE	
				NUMBER OF UNITS DRIVING UNDER THE DOT THAT YOU 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 Inform	nation							
CREDIT CARD NUMBER		NAME	NAME ON CARD					
EXPIRATION DATE	CVC CODE	BII	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.

