

**UNIFIED CARRIER REGISTRATION FORM—UCR-2
VEHICLES OWNED AND OPERATED FOR
THE 12 MONTH PERIOD ENDING June 30, _____
UCR REGISTRATION YEAR _____**

(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 Nebraska DMV 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,

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

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 Nebraska.)

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 ____ UCR Registration Form from the number of vehicles you owned and operated for the 12-month period ending on June 30, ____ (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 ____ UCR Registration Form, you must maintain a list of vehicles covered by your ____ 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.fmsca.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 provide interstate transportation of property in order to support it primary line of business.

Section 3. — Vehicle List

- List the Make, Model, 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, ____.
- If you need addition room you may use the continuation sheet on page 2 of the UCR-2 form. You many make additional copies of this continuation sheet as needed.

Section 4. — Certification

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