

**SECTION 1. GENERAL INFORMATION**

USDOT Number	MC/MX/FF Number	E-Mail Address	Telephone Number	Fax Number
Legal Name			Doing Business under the Following Name (DBA)	
Principal Place of Business Street Address (See Instructions)		City	State	Zip Code
Mailing Address		City	State	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 **\$69** 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, 2017.

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

LINE NO.		
1.	<b>The total number of Straight Trucks and Tractors:</b>	
2.	<b>Number of passenger vehicles designed to carry more than 10 people, including the driver:</b>	
3.	<b>Add lines 1 and 2 together and enter total here:</b>	
4.	<b>(Optional for MOTOR CARRIERS &amp; MOTOR PRIVATE CARRIERS ONLY): Enter the number of vehicles that are used EXCLUSIVELY in INTRASTATE transportation or have a Gross Vehicle Weight Rating of less than 10,000 lbs. You are required to maintain a list of vehicles excluded under this option. See Instructions for additional requirement if you select this option.</b>	
5.	<b>Subtract Line 4 from Line 3 and enter result here:</b>	
6.	<b>(Optional for For-Hire Motor Carriers only): Enter any additional vehicles you operated for compensation and NOT included on Lines 1 or 2 above, regardless of weight, interstate or intrastate commerce, or how many passengers the vehicle is designed to carry. Enter 0 if not applicable.</b>	
7.	<b>Add lines 5 and 6 and enter total here:</b>	
8.	<b>Grand Total – Enter amount from Line 3, Line 5 OR Line 7, as applicable:</b>	

**SECTION 5. FEE TABLE**

Number of Vehicles	Amount Due	Number of Vehicles	Amount Due	Number of Vehicles	Amount Due
0-2	\$69	6-20	\$410	101-1000	\$6,820
3-5	\$206	21-100	\$1,431	1001 or more	\$66,597

**SECTION 6. FEES DUE – MOTOR CARRIER & MOTOR PRIVATE CARRIER**

Using the number of vehicles in Section 4, Line 8 above, enter the Amount Due from the table in Section 5.

See top of page for online payment instructions. If paying by mail, acceptable forms of payment include company, personal or certified checks or money orders (US Funds only).

**PLEASE MAKE CHECKS PAYABLE TO: New York State Dept. of Transportation**

\$

**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