



West Consult

Your trusted partner for ticket resolution and business setup—simplifying challenges, maximizing opportunities

Unified Carrier Registration (UCR)

Company Information:

PRESIDENT'S FIRST AND LAST NAME:

City, state, zip code -----

ADDRESS: -----

PHONE NUMBER: -----

EMAIL ADDRESS: -----

MC DOT NUMBER: -----

Total number of commercial vehicles operating under your DOT number that you'll be paying UCR fees for — this includes all company-owned units and any owner-operators leased to your authority:

:

Payment Information:

CREDIT CARD NUMBER: -----

NAME ON CARD: -----

EXPIRATION DATE: -----

CVC CODE: -----

BILLING ZIP CODE: -----