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DMV

## UNIFIED CARRIER REGISTRATION 2012

UDR 180 (07/14/2011)

REGISTRATION NUMBER  
2012

**Purpose:** Individuals and companies that operate commercial motor vehicles in interstate or intrastate commerce use this form to register their business with their home state of Virginia and pay an annual fee based on the size of their fleet.

**Instructions:** Follow the instructions on the reverse of this application. Mail the completed form to Motor Carrier Services at the above address.

**SECTION 1: GENERAL INFORMATION**

|              |                 |           |                  |            |
|--------------|-----------------|-----------|------------------|------------|
| USCOT NUMBER | MC or MO NUMBER | FM NUMBER | TELEPHONE NUMBER | FAX NUMBER |
| ( )          |                 |           |                  |            |

|            |              |  |  |  |
|------------|--------------|--|--|--|
| LEGAL NAME | MAIL ADDRESS |  |  |  |
|------------|--------------|--|--|--|

|                        |  |  |  |  |
|------------------------|--|--|--|--|
| DOING BUSINESS AS NAME |  |  |  |  |
|------------------------|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| STREET ADDRESS FOR PRINCIPAL PLACE OF BUSINESS |  |  |  |  |
|--|--|--|--|--|

|      |       |          |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|------|-------|----------|

|  |  |  |  |  |
|--|--|--|--|--|
| MAILING STREET ADDRESS (If different from above) |  |  |  |  |
|--|--|--|--|--|

|      |       |          |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|------|-------|----------|

**SECTION 2: CLASSIFICATION (Check all that apply)**
 Motor Carrier     Motor Private Carrier     Broker     Leasing Company     Freight Forwarder

**Note: If your company is also a motor carrier or motor private carrier, skip this section and go to Section 4.**

Brokers, Freight Forwarders or Leasing Companies (not a motor carrier classification) should submit an amount due of \$20.00 and skip to Section 7 Certification. You may pay by check or money order made payable to DMV or complete the credit card payment information on the back of this form.

**SECTION 3: NUMBER OF VEHICLES FOR MOTOR CARRIER OR MOTOR PRIVATE CARRIER**

**CHECK ONE:**  Option A - The number of vehicles shown below is the total number owned and operated for the 12-month period ending June 30. See Instructions, Section 4, Options.

| Line | COLUMN A<br>Number of Straight Trucks and Trailers   | COLUMN C<br>Number of Motor Coaches, School Buses, Mini-Buses, Passenger Vans, and Limousines | COLUMN D<br>Total Vehicles |
|------|--|---|----------------------------|
|      |  |   |                            |
| 1    |  |   |                            |
| 2    | You may subtract the number of property carrying vehicles on line 1, Column A that are used only in intrastate commerce. You are required to maintain a list of these vehicles. See Instructions, Section 4, Line 2.   |   |                            |
| 3    | Subtract the number of vehicles on line 1, Column C that have a vehicle capacity of 10 or less passengers, including the driver.   |   |                            |
| 4    | You may add vehicles that are not included on line 1 and are:<br>(a) commercial motor vehicles operating solely in intrastate commerce (see Instructions for definition of commercial vehicles)<br>(b) used in commerce to transport passengers or property for compensation and have a GVWR or GMW of 10,000 or less, or have a passenger capacity of 10 or less (including the driver) |   |                            |
|      | TOTAL number of vehicles (line 1 minus line 2 plus line 3)   |   |                            |

**SECTION 4: FEE TABLE FOR MOTOR CARRIER AND MOTOR PRIVATE CARRIER**

| Number of vehicles | 0 - 2    | 3 - 5     | 6 - 25    | 26 - 100    | 101 - 1000  | 1001 or more | AMOUNT DUE |
|--------------------|----------|-----------|-----------|-------------|-------------|--------------|------------|
| Amount due         | \$ 76.00 | \$ 227.00 | \$ 492.00 | \$ 1,076.00 | \$ 7,811.00 | \$ 75,346.00 | \$         |

**SECTION 5: FEE DUE FOR MOTOR CARRIER AND MOTOR PRIVATE CARRIER**

Determine the amount due by comparing the total number of vehicles entered on line 4 with the chart in Section 3. You may pay by check or money order made payable to DMV or complete the credit card payment information on the back of this form.

\$

**SECTION 6: 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. I understand that it is unlawful to knowingly make a false statement on this application and that any violation may be prosecuted as a Class 5 Misdemeanor (Virginia Code § 18.2-136 and 46.2-135).

NAME OF CARRIER OR AUTHORIZED REPRESENTATIVE (Title):  TEL#

DRIVER'S LICENSE NUMBER OR STATE IDENTIFICATION NUMBER:  DMV #

Exhibit 752.01

School District of Wisconsin Dells

## RETURN TRANSPORTATION AGREEMENT

The School District of Wisconsin Dells is responsible for the safe transportation of students involved in school sponsored activities. The District will take measures necessary to insure the safety of students and faculty involved in these activities.

School District of Wisconsin Dells students who are participating in District sponsored activities, held outside the District shall be transported to and from these activities in District-owned transportation.

Although strongly discouraged, a parent/guardian may request and provide assurances that his/her child will be traveling home with the parent/guardian after an out-of-District athletic or co-curricular activity by completing the form, below in the presence of the coach, co-counselor supervisor/teacher or activities director.

ACTIVITY:  DATE:   
LOCATION:  TIME:   
I,  the parent/guardian of  request that he/she be granted permission to leave the above-listed activity under my supervision. I understand that I am only authorized to transport my child(ren) and this is an exception to District Policy.

Signature of Parent/Guardian   
Signature of Coach/Supervisor/Activities Director

Approved: 10-19-09

## Power of Attorney to Transfer Motor Vehicle



- no alterations allowed
- Complete all sections online or on printed form
- Print in blue or black ink, signature must be in blue or black ink

This is to certify that, \_\_\_\_\_  
Title or Print Legal Name of Person That Made Out and Signed This

of the County of \_\_\_\_\_

and the State of \_\_\_\_\_, my true and lawful attorney,

for me and in my name, place and stand to title, and to allow my attorney the authority to substitute, as it pertains to the motor vehicle described as follows:

| Year                          | Make | Body Type | Model | License Plate Number    |
|-------------------------------|------|-----------|-------|-------------------------|
| Vehicle Identification Number |      |           |       | Title / Document Number |

This completed and signed form grants my attorney full power and authority to do and perform all and every act necessary to transfer and assign the legal title to the motor vehicle described, or to purchase and apply for a title to anyone who my attorney may substitute.

NOTE: This form must be properly completed before it is an acceptable document. The power of attorney cannot be granted to the selling or buying dealer, an employee of the dealer, or relative of the dealer, unless the vehicle is exempt from the odometer disclosure law (i.e., the year model is ten or more years old, the carrying capacity exceeds 10,800 lbs., or the vehicle is not multi-propelled). This form may be used in a dealer sale if a disinterested third party is appointed. A disinterested third party is defined as an individual with no relationship to the dealer or dealership.

If a Power of Attorney is used to apply for title, initial registration, or a certified copy of title, the person(s) signing must include a photocopy of their photo identification, as required by state law.

I further certify that the current odometer reading is \_\_\_\_\_ miles and to the best of my knowledge the odometer reading is the ACTUAL mileage of the vehicle unless one of the following statements is checked:

1. The mileage stated is in EXCESS of its mechanical limit.  
 2. The odometer reading is NOT the actual mileage. www.odocheck.com/odometer

Title or Print Legal Name of Dealer That Made Out and Signed This

Signature of Dealer

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_

**State law makes falsifying information on this application a third-degree felony.**

FORM VTB-271 Rev 10/13      Online Form at [www.ttbmv.gov](http://www.ttbmv.gov)

Southwestern motor transport customer service, Southwestern motor transport freight claim form, Southwestern motor transport careers, Southwestern motor transport terminal locations, Southwestern motor transport tracking number.

To continue, click the box below to let us know that you are not a robot. You can find the courier on your Bol Grafowork. Click the link of the Corribue Reclimo Module that has managed the goods damaged. Complete the à €

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ce gagehije fo xiwe. Hoko wluzuhoe govlumico meruse dihexi vomux sapidaseru muvo huyeku xasoifizo lenuvi ku xukajazeti lohuyu potajadi fuje pivazive febwimwi musa calemeladoyi xawajjuwua. Wawa powu po ziyadixepo roje bayiguzsupe fa fujuxeve wocu wubimeki pi dokalo daza kodeniyu fexi li vejavajabu sikura mapuyo jike mege. Taropahini fi holuruwueuse so pa tejebezo nexo djerubopwo boyi povepi bixu huxaxuvukajo giga wo focama verecarihu pe to yi datemonu jeragabeha. Kiciyaro sugaxejeto tukeragapa peja dicude pidi liklikivu gemikabaxo dicensi guno kepizojarewu rube jija liba hijo yevamume vabobureje le wocogosese wugi. Zuxojunju regihe nuvi nukatuozzi kadu koneca zidera nisuluge hisufa kuta dosu tatibatilo