This form has been designed to be completed online. Simply fill out the necessary information, print, sign and mail.

MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES
1320 CREEK TRAIL DRIVE, P.O. BOX 893
JEFFERSON CITY, MO 65102-0893
PHONE: (866) 831-6277 OR (573) 751-7100
FAX: (573) 522-6708
WEB ADDRESS: www.modot.org/mcs

RS-2 SUPPLEMENT YEAR 2006

Reset Print

CALCULATION OF FEE AMOUNTS DUE EACH STATE FOR SUPPLEMENTAL SSRS RECEIPT

CARRIER NAME	FMCSA NO. MC-
D/B/A	US DOT NO.
	FEIN NO. -
PRINCIPAL PLACE OF BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	INDICATE YEAR OF OPERATION TO BE ON THE RECEIPT MO 2006

TRANSPORTING - ☒ PASSENGERS - CHARTER ☐ PASSENGERS-REGULAR ROUTE ☐ PROPERTY

(A) PARTICIPATING STATES	(B) TOTAL NO. OF VEHICLES	(C) PER VEHICLE FEE	(D) FEE TIMES NUMBER OF VEHICLES (COLUMN B x COLUMN C)
AL — ALABAMA		$ 6.00	$ 0.00
AR — ARKANSAS		0.00	0.00
CA — CALIFORNIA		5.00	0.00
CO — COLORADO		5.00	0.00
CT — CONNECTICUT		0.00	0.00
GA — GEORGIA		5.00	0.00
IA — IOWA		1.00	0.00
ID — IDAHO		2.00	0.00
IL — ILLINOIS		0.00	0.00
IN — INDIANA		0.00	0.00
KS — KANSAS		10.00	0.00
KY — KENTUCKY		10.00	0.00
LA — LOUISIANA		0.00	0.00
MA — MASSACHUSETTS		0.00	0.00
ME — MAINE		0.00	0.00
MI — MICHIGAN		0.00	0.00
MN — MINNESOTA		.45	0.00
MO — MISSOURI		10.00	0.00
MS — MISSISSIPPI		10.00	0.00
MT — MONTANA		5.00	0.00
NC — NORTH CAROLINA		0.00	0.00
ND — NORTH DAKOTA		10.00	0.00
NE — NEBRASKA		0.00	0.00
NH — NEW HAMPSHIRE		10.00	0.00
NM — NEW MEXICO		10.00	0.00
NY — NEW YORK		10.00	0.00
OH — OHIO		0.00	0.00
OK — OKLAHOMA		0.00	0.00
RI — RHODE ISLAND		8.00	0.00
SC — SOUTH CAROLINA		5.00	0.00
SD — SOUTH DAKOTA		0.00	0.00
TN — TENNESSEE		8.00	0.00
TX — TEXAS		0.00	0.00
UT — UTAH		6.00	0.00
VA — VIRGINIA		3.00	0.00
WA — WASHINGTON		10.00	0.00
WI — WISCONSIN		0.00	0.00
WV — WEST VIRGINIA		3.00	0.00
TOTAL made out to **Director of Revenue**			$ 0.00

– STAPLE MONIES HERE –

I, the undersigned, under penalty for false statement, certify that the current copies of my FMCSA authority, the FMCSA Form No. BOC-3 and a copy of proof of public liability security are on file in the registration state and that I am authorized to execute and file this document on behalf of the applicant. If current information is not on file, updated information is attached.

SIGNATURE	TITLE	PHONE NUMBER	FAX NUMBER

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	FEIN NO. -
PRINCIPAL PLACE OF BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	INDICATE YEAR OF OPERATION TO BE ON THE RECEIPT **MO 2005**

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GA — GEORGIA		5.00	0.00
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IL — ILLINOIS		0.00	0.00
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KS — KANSAS		10.00	0.00
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