TENNESSEE SINGLE STATE REGISTRATION SYSTEM
FORM RS-2A CALCULATION OF FEE AMOUNTS DUE EACH STATE

REGISTRATION YEAR _____ **FEIN#-**_____

Make Check Payable and Return to: Tennessee Department of Safety 1150 Foster Avenue – Fiscal Division Cashier's Office Nashville, TN 37210	**CHECK HERE IF THIS IS A SUPPLEMETAL APPLICATION** _____ *There Will Be No Refunds After Receipt Has Been Issued!*

Motor Carrier Name: _____
Doing Business As: _____
US DOT Number: _____ FMCSA MC Number: _____
Mailing Address: Street: _____
City: _____ State:____ Zip: _____
Telephone Number: Area Code (_____)_____ Fax Number:_____
Carrier Whose Principal Place of Business is - Florida

(A) Participating States	(B) Total Number Of Vehicles	(C) Per Vehicle Fee	(D) Fee Times Number of Vehicles (Column B x Column C)
Alabama		**$6.00**	
Arkansas		**5.00**	
California		**5.00**	
Colorado		**5.00**	
Connecticut		**10.00**	
Georgia		**5.00**	
Iowa		**1.00**	
Idaho		**2.00**	
Illinois		**7.00**	
Indiana		**0.00**	
Kansas		**10.00**	
Kentucky		**10.00**	
Louisiana		**10.00**	
Massachusetts		**10.00**	
Maine		**8.00**	
Michigan		**0.00**	
Minnesota		**5.45**	
Missouri		**10.00**	
Mississippi		**10.00**	
Montana		**5.00**	
North Carolina		**1.00**	
North Dakota		**10.00**	
Nebraska		**3.50**	
New Hampshire		**10.00**	
New Mexico		**10.00**	
New York		**10.00**	
Ohio		**5.00**	
Oklahoma		**7.00**	
Rhode Island		**8.00**	
South Carolina		**5.00**	
South Dakota		**5.00**	
Tennessee		**8.00**	
Texas		**6.00**	
Utah		**6.00**	
Virginia		**10.00**	
Washington		**10.00**	
Wisconsin		**5.00**	
West Virginia		**3.00**	
TOTAL OF ALL STATES FEES . . . . . Tax Code: **092**			**$**

I, the undersigned, under penalty for false statement, certify that 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: _____ Date: _____