



# REGISTRATION AND AUTHORIZATION FORM BOC-3 / BOND APPLICATION (BMC-84)

Please mark your membership. If you are not currently a member of any group, you must join SPA upon acceptance of your bond to receive the 25% discount.

**I AM A MEMBER OF:**  TEANA  AEMCA  NASTC  AHAA  SPA, INC.  OTHER \_\_\_\_\_

No, I am not currently a member of any group. I would like to join SPA, Inc. upon acceptance of the bond.

Upon acceptance of the bond, I hereby authorize **Service of Process Agents, Inc.**, to file the necessary designation of agent form with the Federal Motor Carrier Safety Administration to assure my company's compliance with 49 C.F.R. §366 in all states. According to FMCSA Ruling, the filing of a BOC-3 form listing all 48 states will meet the requirement to designate agents and will comply with the requirement for obtaining FMCSA authority. **I hereby request all paperwork Served upon my process agent to be sent via certified mail to the current address on my official record with the United States Department of Transportation.**

By acceptance of the bond, you enter into an agreement for the BOC-3 coverage for an annual fee. Your initial payment provides coverage for 12 months. A renewal invoice will be sent to you via U.S. Mail in 12 months to continue coverage. Please mark your calendar to ensure proper coverage.

**COST: \$150.00 for all States (Annual Fee)**

<b>DOCKET NUMBER</b>		<b>US DOT (if any)</b>	
MC / MX / FF		USDOT #	
<b>LEGAL NAME</b>		<b>DOING BUSINESS AS NAME (if any)</b>	
<b>BUSINESS</b>		<b>MAILING (if different)</b>	
Address:		Address:	
City, State, Zip:		City, State, Zip:	

<b>Name of Contact Person:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>Email:</b>	
<b>Date:</b>	
<b>Signature of Authorized Person:</b>	
<b>Type or Print Name:</b>	
<b>Invoice Preference (Select one.)</b>	<input type="checkbox"/> EMAIL <input type="checkbox"/> BUSINESS ADDRESS <input type="checkbox"/> MAILING ADDRESS
<b>HOW DID YOU HEAR ABOUT US? (Select all that apply.)</b> <input type="checkbox"/> FMCSA <input type="checkbox"/> FAX <input type="checkbox"/> Friend <input type="checkbox"/> OTHER	

**If you are not a member of any group, please complete the section below.**  
**Upon acceptance of the bond, please process the below credit card payment for the BOC-3 Filing:**

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	<b>Total Paid: \$150.00 (nonrefundable)</b>
<b>Number:</b>	<b>Exp. Date:</b>
<b>Full Name on Card:</b>	<b>Security Code:</b>
<b>Billing Address:</b>	
<b>City, State, Zip:</b>	
<b>Billing Telephone:</b>	
<b>Signature:</b>	

**Fax:** 202-347-5986 or 703-573-9786  
**Email:** brokers@processagents.net, info@processagents.net  
**Mail:** SPA, Inc. Bond App, Seaton & Husk, 2240 Gallows Rd, Vienna VA 22182



# LEXON SURETY GROUP

## APPLICATION FOR BOND BMC - 84

Please provide MC or FF Number here

<b>BOND INFORMATION</b>	TYPE OF BOND OT OUCEU;[ ] ^iε Ó{ \^i Ó{ } á	AMOUNT A I EEE	ACCT OR LICENSE #	EFFECTIVE DATE
OBLIGEE'S NAME & ADDRESS: (ENTITY REQUIRING THE BOND)			COUNTY BOND IS REQUIRED IN	

PLEASE ATTACH ANY FORMS PROVIDED FOR THIS PARTICULAR BOND TYPE

<b>BUSINESS INFORMATION</b>	COMPANY NAME (AS IT MUST APPEAR ON THE BOND)	PHONE #	HOW LONG IN BUSINESS
# of Employees	COMPANY ADDRESS	CITY	STATE ZIP
COMPANY IS A: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP	DATE FORMED	# OF OWNERS, PARTNERS OR MEMBERS	CONTACT PERSON WEBSITE
NATURE OF BUSINESS		FEDERAL TAX ID #	

<b>PERSONAL INFORMATION, APPLICANT # 1</b>	LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER
SPOUSES NAME	SPOUSES SSN	RESIDENCE ADDRESS	
EMPLOYER	EMPLOYER PHONE #	CITY	STATE ZIP RESIDENCE/MOBILE PHONE
ARE YOU THE TRUSTEE, TRUSTOR OR BENEFICIARY OF ANY TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO	EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?	PENDING OR PRIOR IRS LIENS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY LAWSUITS PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO EVER FAILED IN BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU OWN REAL ESTATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT MARKET VALUE	CURRENT LOAN BALANCE	NAME OF LENDER

<b>PERSONAL INFORMATION, APPLICANT # 2</b>	LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER
SPOUSES NAME	SPOUSES SSN	RESIDENCE ADDRESS	
EMPLOYER	EMPLOYER PHONE #	CITY	STATE ZIP RESIDENCE/MOBILE PHONE
ARE YOU THE TRUSTEE, TRUSTOR OR BENEFICIARY OF ANY TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO	EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?	PENDING OR PRIOR IRS LIENS <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY LAWSUITS PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO EVER FAILED IN BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU OWN REAL ESTATE: <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT MARKET VALUE	CURRENT LOAN BALANCE	NAME OF LENDER

HAVE YOU, YOUR SPOUSE OR COMPANY EVER: FAILED IN ANY BUSINESS VENTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO BEEN A PRINCIPAL OR INDEMNITOR ON A BOND WHICH A CLAIM WAS BROUGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO SUBJECT TO A FEDERAL OR STATE TAX LIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A GUARANTOR FOR A THRID PARTY LIABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE ANY OF YOUR ASSETS IN TRUST(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, ATTACH A DETAILED EXPLANATION.
---	--

<b>AFFILIATED COMPANIES</b>	LIST THE NAME, ADDRESS AND TYPE OF BUSINESS FOR ALL AFFILIATED COMPANIES
COMPANY NAME/TYPE OF BUSINESS	ADDRESS
COMPANY NAME/TYPE OF BUSINESS	ADDRESS
COMPANY NAME/TYPE OF BUSINESS	ADDRESS

<b>INFORMATION REQUIRED</b>	PLEASE LIST ALL INDUSTRY TRADE GROUP MEMBERSHIP:
-----------------------------	--

<b>APPLICANT MUST PROVIDE:</b> <input type="checkbox"/> CPA FISCAL YEAR END STATEMENT, OR <input type="checkbox"/> MOST RECENT IN-HOUSE BALANCE SHEET & PROFIT LOSS STATEMENT <input type="checkbox"/> CURRENT BANK LINE OF CREDIT <input type="checkbox"/> CURRENT BUSINESS BANK STATEMENT	*Required info: PLEASE PROVIDE
---	--------------------------------

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Title: \_\_\_\_\_