



REGISTRATION AND AUTHORIZATION FORM

ONLINE REGISTRATION AVAILABLE AT:

www.BOC3NOW.com

I hereby authorize **Service of Process Agents, Inc.**, to file the necessary designation of agent form with the Federal Motor Carrier Safety Administration (formerly Federal Highway 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.

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

DOCKET NUMBER (MC/MX/FF)		US DOT (if any)	
Docket #:		USDOT #	

LEGAL NAME	D/B/A NAME (if any)

BUSINESS		MAILING (if different)	
Address:		Address:	
City, State, Zip:		City, State, Zip:	

Name of Contact Person:			
Telephone:		Fax:	
Email:			
Date:			
Signature of Authorized Person:			
Type or Print Name:			

REINSTATEMENT: \$80 FMCSA Fee. I authorize SPA, Inc. to file for my reinstatement of authority.

I WOULD LIKE TO PAY BY CREDIT CARD FOR MY BOC-3 FILING AND REINSTATEMENT:			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	\$150	BOC-3 filing
<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	\$ 80	FMCSA Reinstatement fee
		\$ 5	Processing fee
			Total Paid: \$235.00 (nonrefundable)
Number:		Exp. Date:	
Full Name on Card:		Security Code:	
Billing Address:			
City, State, Zip:			
Billing Telephone:			
Signature:			

HOW DID YOU HEAR ABOUT US? (Please select all that apply.)			
<input type="checkbox"/> Referral from the FMCSA	<input type="checkbox"/> FAX from us	<input type="checkbox"/> Referral from a Friend	<input type="checkbox"/> Other: _____

Please complete and fax to 1-202-347-5986

If paying by check to "SPA, Inc.", please print and mail to:

SPA, Inc. c/o Seaton & Husk, LP, 2240 Gallows Road, Vienna, VA 22182

Thank You!