



REGISTRATION AND AUTHORIZATION FORM

WE ACCEPT VISA, MASTERCARD, and AMERICAN EXPRESS

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)

Company Name: _____

Company Address: _____

City State, Zip: _____

Name of Contact _____

MC #: _____ Docket (MC/MX/FF) PIN Number: _____
I don't know, please request.

U.S. DOT#: _____ US DOT PIN Number: _____
I don't know, please request.

Telephone: _____

Fax: _____

Email: _____

Date: _____

Type or Print Name: _____

Signature of Authorized _____

I WOULD LIKE TO PAY BY CREDIT CARD:

Type of Payment: Visa MasterCard American Express Total Paid: \$150.00 (non-refundable)

Number: _____ Exp. Date: _____

Full Name on Card: _____ Security Code: _____

Billing Street Address: _____

City, State, Zip: _____

Billing Telephone No.: _____

Signature: _____

HOW DID YOU HEAR ABOUT US?

Referral from the FMCSA FAX from us Referral from a Friend Other _____

REINSTATEMENT OF AUTHORITY:

I AUTHORIZE SERVICE OF PROCESS AGENTS TO FILE FOR REINSTATEMENT OF MY AUTHORITY. I UNDERSTAND THERE IS AN \$80 ONE TIME FEE TO FMCSA FOR THIS WHICH WILL ALSO BE CHARGED TO MY CREDIT CARD.

SIGNATURE: _____

Please complete and fax to 1-202-347-5986 or email info@processagents.net

If paying by check, please print and mail to:

Service of Process Agents, Inc., P.O. Box 931, Washington, D.C. 20044