



# REGISTRATION AND AUTHORIZATION FORM FILE FOR NEW AUTHORITY

## 1. SELECT AUTHORITY TYPE (Select all that apply and click to view and complete the corresponding forms):

- Motor Property Carrier (OP-1) [PRINT OP-1](#)
 Freight Forwarder (OP-1(FF)) [PRINT OP-1\(FF\)](#)  
 Motor Passenger Carrier (OP-1(P)) [PRINT OP-1\(P\)](#)
 Broker (OP-1) [PRINT OP-1](#)

## 2. ENTER YOUR COMPANY INFORMATION.

Company Name: \_\_\_\_\_  
 D/B/A Name (if any): \_\_\_\_\_  
 U.S. DOT# (if applicable): \_\_\_\_\_ US DOT PIN Number: \_\_\_\_\_  
 I don't know, please request.  \_\_\_\_\_

### BUSINESS

Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### MAILING (if different)

Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Date: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Name of Contact Person: \_\_\_\_\_  
 Signature: \_\_\_\_\_

## 3. AUTHORIZATION - CHECK BOTH BOXES.

- I hereby authorize the Law Office of Seaton & Husk, L.P. to file on my behalf with the Federal Motor Carrier Administration (FMCSA) for authority to operate in interstate commerce.  
*COST: \$350.00 (One-Time Fee) per authority type*  
*\$300.00 (One-Time Fee) filing fee charged by FMCSA per authority type*
- I hereby authorize Service of Process Agents, Inc. to file the necessary BOC-3 form (designation of agents) with the FMCSA.  
*COST: \$150.00 for all States (Annual Fee)*

## 4. PAY BY CREDIT CARD:

Type of Payment:  Visa      Total Paid: \$150.00 SPA      # of Authorities: \_\_\_\_\_  
                            MasterCard      (non-refundable) \$350.00 Law Office      (x \$800)  
                            American Express      \$300.00 FMCSA filing fee      Total Due: \_\_\_\_\_

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Full Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Billing Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Billing Telephone No.: \_\_\_\_\_  
 Signature: \_\_\_\_\_

## 5. HOW DID YOU HEAR ABOUT US?

- Referral from the FMCSA  
 Referral from a Friend  
 FAX from us  
 OTHER: \_\_\_\_\_

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

Or email [info@processagents.net](mailto:info@processagents.net)

THANK YOU!

If paying by check, please print and mail to:

Service of Process Agents, Inc.

P.O. Box 931, Washington, D.C. 20044