



# REGISTRATION AND AUTHORIZATION FORM BOC-3

ONLINE REGISTRATION AVAILABLE AT:  
[www.BOC3NOW.com](http://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 to assure my company's compliance with 49 C.F.R. §366 in all states. SPA is an authorized filer and has provided agents for service of process for over 35 years. We are a privately held company and are not affiliated with the FMCSA. 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 submitting the registration, 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)*

| DOCKET NUMBER |  | US DOT (if any) |  |
|---------------|--|-----------------|--|
| MC / MX / FF  |  | USDOT #         |  |

| *LEGAL NAME | *D/B/A NAME (if any) |
|-------------|----------------------|
|             |                      |

*\*The name on your official record with the FMCSA will be used for the BOC-3 Filing.*

| 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:             |  |

| I WOULD LIKE TO PAY BY CREDIT CARD FOR MY 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> |  |
| 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 FMCSA               | <input type="checkbox"/> FAX | <input type="checkbox"/> Friend | <input type="checkbox"/> OTHER |

**Please complete and fax to 1-202-347-5986 or email: [info@BOC3NOW.com](mailto:info@BOC3NOW.com)**

Registrations may be mailed with check to "SPA, Inc." to: SPA Inc c/o S&H LP 2240 Gallows Road Vienna VA 22182

**THANK YOU!**

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