



REGISTRATION AND AUTHORIZATION FORM (PASSENGER CARRIER)

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)

I hereby also authorize the Law Office of Seaton & Husk, L.P. to file on my behalf with the Federal Motor Carrier Administration for authority to operate in interstate commerce.

COST: \$350.00 (One-Time Fee), plus \$300.00 filing fee charged by Federal Motor Carrier Safety Administration

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:	<input type="checkbox"/> Visa	Total Paid:	\$150.00 SPA
	<input type="checkbox"/> MasterCard	(non-refundable)	\$350.00 Law Office
	<input type="checkbox"/> American Express		\$300.00 FMCSA filing fee

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
- Referral from a Friend
- FAX from us
- OTHER: _____

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



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 2126-0016. It is estimated that an average of 2 burden hours per response is required to complete this collection of information. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of this burden estimate or suggestions for reducing this burden should be directed to the Federal Motor Carrier Safety Administration, Systems Operations Team, 1200 New Jersey Avenue SE, Washington, DC 20590.

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

FORM OP-1(P) APPLICATION FOR MOTOR PASSENGER CARRIER AUTHORITY

This application is for all businesses requesting operating authority as motor passenger common or contract carriers.

EIN/Federal ID:

FOR FMCSA USE ONLY	
Docket No. MC	Fee No.
Filed	CC Approval No.

SECTION I Applicant Information

Do you now have authority from or an application being processed by the FMCSA, FHWA, OMCS, or ICC?
 YES NO If yes, identify the MC/FF Number (or lead docket number): _____

LEGAL BUSINESS NAME	DOING BUSINESS AS NAME <i>(If different from Legal Business Name)</i>
----------------------------	--

BUSINESS ADDRESS

Physical Street Name and Number	City	State	Zip Code	Telephone Number
---------------------------------	------	-------	----------	------------------

MAILING ADDRESS *(If different from Business Address above)*

Physical Street Name and Number	City	State	Zip Code
---------------------------------	------	-------	----------

REPRESENTATIVE *(Person who can respond to inquiries)*

Name	Title, Position, or Relationship to Applicant			
Street Name and Number	City	State	Zip Code	
Telephone Number	Fax Number			

USDOT NUMBER *(If available; if not, see instructions)*

FORM OF BUSINESS *(Select only one)*

Corporation State of Incorporation _____

Sole Proprietorship Legal Name of Owner _____

Partnership Legal Name of Each Partner _____
(separate names with a comma)

SECTION II Type of Operating Authority

Check box(es) for each type of Operating Authority requested. **You must submit a filing fee of \$300.00 for each box checked.**

Motor Common Carrier of Passengers Motor Contract Carrier of Passengers

SECTION III Insurance Information

All motor passenger carrier applicants must maintain public liability insurance. The amounts in parentheses represent the minimum amount of coverage required. Applicant will use vehicle with seating capacities of (select only one):

16 passengers or more (\$5,000,000) 15 passengers or fewer only (\$1,500,000)

SECTION IV Safety Certification**APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS.**

If you are subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations (FMCSRs) at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:

Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

- (1) Has in place a system and an individual responsible for ensuring overall compliance with FMCSRs;
- (2) Can produce a copy of the FMCSRs and the Hazardous Materials Transportation Regulations;
- (3) Has in place a driver safety training/orientation program;
- (4) Has prepared and maintains an accident register (49 CFR Part 390.15);
- (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
- (6) Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395, and 396);
- (7) Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

YES NO

EXEMPT APPLICANTS.

If you will operate only small vehicles (GVWR under 10,000 pounds) and will not transport hazardous materials, you are exempt from FMCSRs, and must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any applicable State and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials.

YES NO

SECTION V Compliance Certification

All Motor Passenger Carrier applicants must certify as follows:

Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements.

YES NO

SECTION VI Government Funding Status

Specify the nature of governmental financial assistance you receive, if any, by selecting the appropriate box below. Select only one.

- Public recipient** - Applicant is any of the following: any state; any municipality or other political subdivision of a state; any public agency or instrumentality of such entities of one or more state(s); an Indian tribe; and any corporation, board or other person owned or controlled by such entities or owned by, controlled by, or under common control with such a corporation, board, or person which is receiving or has ever received governmental financial assistance for the purchase or operation of any bus.
- Private recipient** - Applicant is not a public recipient but is receiving, or has received in the past, governmental financial assistance in the form of a subsidy for the purchase, lease, or operation of any bus.
- Non-recipient** - Applicant is not receiving, or using equipment acquired with, governmental financial assistance.

Public Interest Criteria: Regular route applicants and private recipient applicants may introduce supplemental evidence describing how the proposed service will respond to existing transportation needs or is otherwise consistent with the public interest. Filing this evidence with the application is optional, but it may be needed later, if the application is protested.

Public Recipient Applicants: All public recipient applicants for charter or special transportation must submit evidence to demonstrate either that:

- 1) No motor common carrier of passengers (other than a motor common carrier of passengers that is a public recipient of governmental assistance) is providing, or is willing and able to provide, the transportation to be authorized by the certificate; or
- 2) The transportation to be authorized by the certificate is to be provided entirely in the area in which the public recipient provides regularly scheduled mass transportation services.

Supplemental evidence should be provided on a separate sheet of paper attached to this application.

Fitness Only Criteria: No additional evidence is needed from non-recipient applicants for charter and special transportation and applicants for contract carrier operations.

SECTION VII Scope of Operating Authority

- (1) **Charter and special transportation**, in interstate or foreign commerce, between points in the United States.
- (2) **Charter and special transportation**, between points in the United States, provided by United States-based enterprises owned or controlled by persons of Mexico.
- (3) Service as a common carrier over **regular routes**. (Regular route passenger carrier authority to perform regularly scheduled service only over named roads or highways.) Regular route passenger service includes authority to transport newspapers, baggage of passengers, express packages, and mail in the same motor vehicle with passengers, or baggage of passengers in a separate motor vehicle.
- (4) Service as a common carrier over **regular routes** provided by United States-based enterprises owned or controlled by persons of Mexico. Applicants requesting authority to operate over regular routes - On a separate sheet of paper attached to the application, describe the specific routes over which you intend to provide regularly scheduled service. You must also furnish a map clearly identifying each regular route involved in your passenger carrier service description(s).

(5) **Intrastate authority**

- (a) Are you also requesting **intrastate authority** to provide the service described in item 3?
 YES NO
- (b) Do you already hold **interstate authority** to provide the service described above?
 YES NO
- (c) If you responded "YES" to 5(b) (i.e., if you already hold interstate authority to provide this service), was the authority issued on or before November 19, 1982?
 YES NO

If you responded "YES" to 5(c), you must attach to your application a copy of the interstate authority or authorities issued on or before November 19, 1982, authorizing the transportation of passengers on the routes over which you request intrastate authority. You must mark the envelope and the application in the upper right corner of the front page "90-Day Intrastate Passenger Application."

NOTE: The FMCSA has no jurisdiction to grant intrastate authority independently of interstate authority on the same routes. Also, no carrier may conduct operations under a certificate authorizing intrastate regular route service unless it actually is conducting substantial operations in interstate commerce over the same route.

- (6) Service as a **contract carrier** between points in the United States, under continuing contract(s) with persons or organizations requiring passenger transportation service;
- OR
- Service as a **contract carrier** between points in the United States, under continuing contract(s) with:

Contracting persons or organizations

As a **contract carrier**, I will: (Check the box(es) indicating how you will meet the statutory requirements for contract carriage.)

- (a) Furnish the transportation service through the assignment of motor vehicles for a continuing period of time for the exclusive use of each group or organization served;
- (b) Furnish the transportation service designed to meet the distinct needs of each group, organization, or class of groups or organizations. Describe briefly the distinct need(s) below and/or introduce supplemental supporting evidence to identify service needs corresponding to the operations proposed.

(7) **Alternative Service Descriptions**

If you request authority that is not covered by items 1-6 above, (i.e., authority to operate in specific territories not identified in the service options previously set forth), describe in the space below.

This service description takes into account the applicant's operational capacity, is responsive to applicant's present and prospective service interest, is not unduly restrictive, and is consistent with the purposes of the Interstate Commerce Act. Certify by checking:

- YES NO

SECTION VIII Affiliations

Disclose any relationship you have or have had with any other FMCSA-regulated entity (including entities licensed by the FHWA, OMCS, or ICC) within the past 3 years. For example, this could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC/FF Number, USDOT Number, and that company's latest DOT safety rating. If you require more space, attach the information to this application form.

SECTION IX Applicant's Oath

This oath applies to all supplemental filings to this application. The signature must be that of applicant, not legal representative.

I, _____ , verify under penalty of perjury, under the laws of the United States of America,
(Print Name)

that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).

Signature _____ Title _____ Date _____