



# The National Association of Small Trucking Companies

## New Authority Plus Services (NAPS)

The cost for **NASTC's New Authority Package** is \$649 which consists of the DOT and MC numbers, BOC-3 filing, and our Drug & Alcohol program. It typically takes about 3-4 weeks to go authorized unless your company is randomly selected for further vetting. The FMCSA computers generate a list of .5% of applicants who are vetted over a period of 4-5 months...a nightmare if you are wanting to get up and going quickly ... they don't harass you...it just takes longer to go authorized. I generally know within a couple of days if a company has been selected. It is rare but does happen occasionally. I have attached information for you about how the process works as well as paperwork to get you started. NASTC does not do any state-specific authorities, only federal. Beyond our federal trucking authority package, you **NEED** the following items in the below chart completed:

Item	Action
<b>Insurance Bound</b>	You choose a provider & have them file insurance online with the FMCSA. Please ask for NASTC Insurance Services if you would like a quote.
<b>UCR Registration</b>	You may get this online at ucr.in.gov or have NASTC do this for you.
<b>IRP Plating &amp; HVUT</b>	See your state commercial motor vehicle division once you go AUTHORIZED.
<b>IFTA Permit/Stickers</b>	See your state commercial motor vehicle division once you go AUTHORIZED.

You **may or may not** need any of the following items: ...**IF YOU WILL BE** transporting **INTRASTATE** regulated freight, motor carriers operating for hire **WITHIN STATE LINES** are generally required to register their operations on the state level. Below is a list of the states that have intrastate authorities...if you would be hauling intrastate in any of these states, you would want to contact them to see if you must have state authority for your operations. I know that Tennessee and Indiana do not require that you have both interstate and intrastate authority—although if you did not have an MC number, Tennessee would require that you had intrastate authority. Texas, on the other hand, insists that if you are an interstate motor carrier and also do intrastate hauling in Texas and have a **GVWR of > 26,000lbs** that you must have a **TXDOT Number** in addition to the MC number. This is done on a state-by-state basis **WHERE YOUR INTRASTATE OPERATIONS WILL TAKE PLACE**. If your intrastate operations are conducted in any of the following states, you must secure intrastate authority before you begin operations:

Alabama	Arkansas	California	Georgia	Illinois	Indiana
Iowa	Kansas	Kentucky	Michigan	Minnesota	Mississippi
Missouri	Nebraska	New Mexico	New York	Ohio	Oklahoma
Oregon	Pennsylvania	Rhode Island	South Carolina	Tennessee	Texas
Virginia	Washington	West Virginia	Wisconsin	Wyoming	

The below items **MAY** still need to be done, depending on your operation:

- New Mexico Weight Distance Tax Electronic Permit: [https://tap.state.nm.us/tap/ /](https://tap.state.nm.us/tap/)
- Kentucky Weight Distance License (KYU): <https://drive.ky.gov/motor-carriers/Pages/KYU.aspx>
- New York Highway Use Tax: <https://www.tax.ny.gov/bus/hut/huidx.htm>
- Oregon Weight Receipt/Tax Identifier: <https://www.oregon.gov/ODOT/MCT/Pages/RegistrationServices.aspx>

### Angel Clark

NASTC Director of Safety & Compliance

[angel.clark@nastc.com](mailto:angel.clark@nastc.com)

## Motor Carrier Authority Checklist

- Decide on name and organization (llc, inc, dba, etc.) of company
- Obtain Federal Employer Identification Number (FEIN) and a business license if your state requires this.
- Complete attached paperwork for NASTC's New Authority Plus Services program which will get you your MC and DOT numbers, BOC-3 filing, and enroll you in NASTC's Drug & Alcohol program.
- Research Insurance quotes and decide on provider who will then file the BMC-91-NASTC Insurance Services would be happy to give you a quote...please let me know if this is of interest in you.
- Pay for your Unified Carrier Registration receipt at [ucr.in.gov](http://ucr.in.gov) or NASTC may obtain this receipt for you...this is a federally mandated program enforced by participating states which levies fees on any motor carrier that operates interstate commerce
- Pay the IRS' Heavy Vehicle Use Tax (Form 2290)-you may pay online at [NASTC-2290.com](http://NASTC-2290.com)
- Motor carriers operating for hire WITHIN STATE LINES are generally required to register their operations on the state level. This is done on a state-by-state basis WHERE YOUR INTRASTATE OPERATIONS WILL TAKE PLACE.
- Once waiting period is exhausted and numbers are in authorized status, set up International Registration Plan (IRP) at your state's commercial motor vehicle division office to obtain your apportioned plate...while there, enroll in IFTA and get stickers for trucks.
- Set up Driver Qualification files and begin recordkeeping-upon your request, I will send you a driver qualification packet and FMCSA safety information.
- Be prepared for your New Entrant Audit-I will be glad to send you a checklist if you'd like.
- State and local governments often put new rules in place with little if any notice to the motor carrier industry. You are encouraged to check with each state in which you operate to ensure that you have every permit required to operate in that state.



# Application for Motor Property Carrier and Broker

This application is for businesses requesting operating authority as a motor carrier, broker, and/or U.S.-based enterprise carrier of property or household goods.

## SECTION 1 - 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):* \_\_\_\_\_

DOT NUMBER (If available): \_\_\_\_\_

IS YOUR DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FMCSA?  Yes  No

WILL YOUR COMPANY TRANSPORT HAZARDOUS MATERIALS?  Yes  No

WILL YOUR COMPANY OPERATE VEHICLES WITH A GROSS VEHICLE WEIGHT RATING OF LESS THAN 10,000 POUNDS?

Yes  No

LEGAL BUSINESS NAME: \_\_\_\_\_

DOING BUSINESS AS NAME (If different from Legal Business Name): \_\_\_\_\_

COMPANY EMAIL: \_\_\_\_\_

DUNN + BRADSTREET NUMBER (If available): \_\_\_\_\_

### Physical Business Address

STREET NAME & NUMBER (No PO Box): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

### Mailing Address (if different from Physical Business Address)

STREET NAME & NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Form of Business - Select only one

Corporation STATE OF INCORPORATION: \_\_\_\_\_ EIN: \_\_\_\_\_

Sole Proprietorship STATE OF INCORPORATION: \_\_\_\_\_ EIN or SOCIAL: \_\_\_\_\_

Partnership NAME OF EACH PARTNER: \_\_\_\_\_

\_\_\_\_\_ EIN: \_\_\_\_\_

## SECTION 2 - Type of Operating Authority

SELECT ONE:

Motor Contract Carrier (except Household Goods)  Broker of Property (except Household Goods)

## SECTION 3 - Insurance Information

**MOTOR CONTRACT CARRIER:** Applicants that will operate contract/common authority require a minimum amount of bodily injury and physical damage (liability) of \$750,000.

**BROKER OF PROPERTY:** Broker Authority requires a \$75,000 surety bond or Trust Fund filing.



**SECTION 4 - Safety Certification (n/a for Broker of Property)**

**FOR VEHICLE OPERATING APPLICANTS ONLY - Select Only One**

**APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS**

*If you will operate vehicles of more than 10,000 pounds GVWR and are, thus, 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 the 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 Parts 40 & 382).

Yes    No

**SECTION 5 - 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. Examples include, but are not limited to, a percentage of stock ownership, a loan, management position, common control, or a familial relationship. If this requirement applies to you, provide the name of the company, MC/FF Number, USDOT Number, and that company’s safety rating. You must indicate whether these entries are currently disqualified from operating commercial motor vehicles anywhere in the United States pursuant to Section 219 of the Motor Carrier Safety Improvement Act of 1999.

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## Register for Company Official FMCSA Portal Account

FMCSA requires applicants to have access to the FMCSA Portal to maintain their registration information and to monitor their safety information and activity. As part of submitting your application for registration, an individual needs to be assigned the Company Official role for the FMCSA Portal. The Company Official administers access to sensitive company information in the FMCSA Portal or Existing Systems for their specific entity.

### Portal Rules of Behavior

As a user of Federal Motor Carrier Safety Administration Information Technology (FMCSA IT) Systems, I understand that I am personally responsible for my use and any misuse of my system account and password. FMCSA IT systems are the property of the Federal government. FMCSA owns the data stored on FMCSA databases, including all data recorded for monitoring, email messages and information, even those deemed personal. I understand that by accessing a U.S. government information system that I must comply with the following requirements:

- 1) Sensitive information may not be transmitted at a level higher than what the system is approved for.
- 2) Any activity that violates Federal laws for information protection (e.g., hacking, spamming, etc) is not permitted.
- 3) Any password compromise or unauthorized usage of the user accounts must be reported immediately to the FMCSA ISSO to the FMCSA ISSO at FMCSA Headquarters (MC-RIS).

I understand that Federal law provides for punishment under Title 18, U.S. Code, including a fine and up to 10 years in jail for the first offense for anyone who:

- a) Knowingly accesses an information system without authorization, or exceeds authorized access, and obtains information that requires protection against unauthorized disclosure.
- b) Intentionally, without authorization, accesses a government information system and impacts the government's operation, including availability of that system.
- c) Intentionally accesses a government information system without authorization, and alters, damages or destroys information therein.

My acceptance below indicates that I have read, understand, and will comply with these requirements as a condition of maintaining active accounts with access to FMCSA IT systems. I also understand that failure to comply with these requirements may result in disciplinary action.

### Portal Roles and Responsibility

#### USDOT# COMPANY OFFICIAL USER CERTIFICATION

1. The USDOT# Company Official is responsible for ensuring all FMCSA Portal accounts for USDOT# Company Users are current and accurate. This includes approving USDOT# Company User accounts, deactivating that the accounts when a USDOT # Company User leaves the company, and ensuring appropriate roles and access are assigned to USDOT# Company Users.
2. The Company Official is responsible for ensuring that proper security measures are in place so that information is not obtained by unauthorized persons. This includes preventing the sharing of passwords as well as preventing passwords being posted where others can see them as well as physical security of the access points for FMCSA information.
3. The Company Official is responsible for ensuring that each authorized USDOT# Company User uses their individual user ID for every query they run and that they do not share IDs.
4. The Company Official is responsible for updating new users, users leaving the company, change in user status, or rights and if these duties are not performed the designated oversight person's authority could be removed.
5. The Company Official is required to certify annually that the list of persons on the User Status Report provided by FMCSA are still approved users in the employ of, or under contract or agreement with, that company. The report will be sent to the Company Official via email. Failure to provide the annual certifications could result in an audit follow-up by FMCSA to recommend whether the company has adequate oversight of usage, whether access for their users should be terminated, or the Company Official should be removed from that function.
6. The Company Official will report any security problems or password compromises immediately to the FMCSA Information Systems Security Officer (ISSO) at FMCSA Headquarters (MC-RIS) and local FMCSA IT security personnel.
7. The Company Official will inactivate all USDOT# User's accounts when security problems or password compromises have been discovered.

## FMCSA Portal Account (continued)

PLEASE PROVIDE ANSWERS FOR THREE OF THE FOLLOWING QUESTIONS. YOU WILL NEED TO REMEMBER YOUR ANSWERS TO ACCESS THE PORTAL ACCOUNT.

1. What is your favorite pet's name? \_\_\_\_\_
2. What is your mother's maiden name? \_\_\_\_\_
3. What is your maternal grandmother's name? \_\_\_\_\_
4. What was your high school mascot? \_\_\_\_\_
5. What city were you born in? \_\_\_\_\_
6. What is your least favorite vegetable? \_\_\_\_\_
7. What was your first car? \_\_\_\_\_

I \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(first name) (middle name) (last name) (title)

acknowledge that I read and agree to abide by the Rules of Behavior, and am able to comply with all pertinent statutory and regulatory requirements.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

### Company Operation *(please check)*

- Interstate Carrier     Broker     Intrastate Carrier

### Operation Classifications *(please check)*

- Authorized For-Hire     Exempt For-Hire     US Mail     Private Property     Other: \_\_\_\_\_

### Cargo Classifications *(please check any)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> General Freight          | <input type="checkbox"/> Liquids/Gases          | <input type="checkbox"/> Chemicals            |
| <input type="checkbox"/> Household Goods          | <input type="checkbox"/> Intermodal Cont.       | <input type="checkbox"/> Commodities Dry Bulk |
| <input type="checkbox"/> Metal Sheets/Coils/Rolls | <input type="checkbox"/> Construction           | <input type="checkbox"/> Refrigerated Food    |
| <input type="checkbox"/> Motor Vehicles           | <input type="checkbox"/> Oil Field Equipment    | <input type="checkbox"/> Beverages            |
| <input type="checkbox"/> Drive Away/Tow Away      | <input type="checkbox"/> Livestock              | <input type="checkbox"/> Paper Products       |
| <input type="checkbox"/> Logs/Poles/Beams/Lumber  | <input type="checkbox"/> Grain, Feed, Hay       | <input type="checkbox"/> Utility              |
| <input type="checkbox"/> Building Materials       | <input type="checkbox"/> Coal/Coke              | <input type="checkbox"/> Farm Supplies        |
| <input type="checkbox"/> Mobile Homes             | <input type="checkbox"/> Meat                   | <input type="checkbox"/> Passengers           |
| <input type="checkbox"/> Machinery, Large Objects | <input type="checkbox"/> Garbage, Refuse, Trash | <input type="checkbox"/> Water Well           |
| <input type="checkbox"/> Fresh Produce            | <input type="checkbox"/> U.S. Mail              | <input type="checkbox"/> Other: _____         |



<b>Number Of Vehicles Operated</b>								
	Straight Trucks	Truck Tractors	Trailers	HazMat Cargo Tank Trucks	IEP Trailers	Oper. in Mexico	Oper. in Canada	Non-CMV's
<b>Owned</b>								
<b>Trip Leased</b>								
<b>Term Leased</b>								

<b>Driver Information</b>				
	Interstate	Intrastate	Total Drivers	Total CDL Drivers
<b>Within 100-mile radius</b>				
<b>Beyond 100-mile radius</b>				
<b>Will Operate in Canada</b>				
<b>Will Operate in Mexico</b>				

**COMPLIANCE CERTIFICATIONS** *(please initial each blank for a yes response)*

By signing these certifications, the certifying official is on notice that the representations made herein are subject to verification through inspections in the United States and through the request for examinations of records and documents. Failure to support the representations contained in this application could form the basis of a proceeding to assess the civil penalties and/or lead to the revocation of the authority granted.

Does the Applicant certify it is willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U. S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards and minimum financial responsibility and designation of process agent requirements? \_\_\_\_\_

Does the Applicant certify it is willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the Department of Transportation, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, Commercial Regulations, Hazardous Materials Regulations, and Americans with Disabilities Act regulations within 48 hours of any written request? Applicant understands that the written request for documents may be served on the contact person identified in the company contact section of this application, or the designated process agent? \_\_\_\_\_

Does the Applicant certify it is not currently disqualified from operating commercial motor vehicles in the United States? \_\_\_\_\_

Does the Applicant certify it understands that the agent(s) for service of process designation will be deemed the Applicant's official representative(s) in the United States for receipt of filings and notices in administrative proceedings under 49 U. S. C. 13303, and for receipt of filings and notices issued in connection with the enforcement of any Federal statutes or regulations? \_\_\_\_\_

Does the Applicant certify that the carrier is not prohibited from filing this application because its FMCSA registration is currently under suspension, or was revoked less than 30 days before filing the application? \_\_\_\_\_

Does the Applicant certify it has paid all taxes owed under section 4481 of the U. S. Internal Revenue Code (26 U.S.C. 4481) for the most recent taxable period as defined under section 4482© of the Internal Revenue Code? \_\_\_\_\_

If the Applicant's registration is currently revoked, does the Applicant certify the deficiencies cited in the revocation proceeding have been corrected? \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**NOTE:** All motor carriers operating within the United States, including foreign-domiciled motor carriers applying for USDOT registration by this form, must comply with all applicable Federal, State, local, and tribal statutory and regulatory requirements when operating within the United States. Such requirements include, but are not limited to, all applicable statutory and regulatory requirements administered by the U. S. Department of Labor, or by an OSHA State plan agency pursuant to section 18 of the Occupational Safety and Health Act of 1970. Such requirements also include all applicable statutory and regulatory environmental standards and requirements administered by the U. S. Environmental Protection Agency or a State, local or tribal environmental protection agency. Compliance with these statutory and regulatory requirements may require motor carriers and/or individual operators to produce documents for review and inspection for the purpose of determining compliance with such statutes and regulations.

## APPLICANT'S OATH

By signing these certifications, the certifying official is on notice that the representations made herein are subject to verification through inspections in the United States and through the request for examination of records and documents. Failure to support the representations contained in this application could form the basis of a proceeding to assess civil penalties and/or lead to the revocation of the authority granted.

This oath applies to all supplemental filings to this application. The signature must be that of the applicant, not the legal representative. I, \_\_\_\_\_ verify under penalty of perjury, under the laws of the United States of America, 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 \$250,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U. S. C. 1621, which provides for fines up to \$250,000 or imprisonment up to 5 years for each offense.

I certify that I am familiar with the FMCSA Regulations and, if applicable, the Federal Hazardous Materials Regulations, and the Federal Motor Carrier Commercial Regulations. Under penalties of perjury, under the laws of the United States, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

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. 826).

I certify that I am not domiciled in Mexico, Canada, or another foreign country, or owned or controlled by persons of that country. I certify that I am a citizen of the United States or \_\_\_\_\_  
*Name of Country (if not US)*

(NOTE: This portion of the Applicant's Oath does not pertain to applicants that are United States-based Enterprises owned or controlled by persons of Mexico seeking to provide truck services for the transportation of international cargo.)

I certify I am willing and able to provide the proposed operations or service and to comply with all pertinent statutory and regulatory requirements and regulations issued or administered by the U. S. Department of Transportation, including operational regulations, safety fitness requirements, motor vehicle safety standards and minimum financial responsibility and designation of process agent requirements.

I certify I am willing and able to produce for review or inspection documents which are requested for the purpose of determining compliance with applicable statutes and regulations administered by the Department of Transportation, including the Federal Motor Carrier Safety Regulations, Federal Motor Vehicle Safety Standards, Commercial Regulations, Hazardous Materials Regulations, and Americans With Disabilities Act regulations within 48 hours of any written request. I understand that the written request for documents may be served on the contact person identified in the company contact section of this application, or the designated process agent.

I certify I am not currently disqualified from operating commercial motor vehicles in the United States.

I certify I understand that the agent(s) for service of process designation will be deemed the official representative(s) in the United States for receipt of filings and notices in administrative proceedings under 49 U. S. C. 13303, and for receipt of filings and notices issued in connection with the enforcement of any Federal statutes or regulations.

I certify that I have paid all taxes owed under section 4481 of the U. S. Internal Revenue Service (26 U. S. C. 4481) for the most recent taxable period as defined under section 4482(c) of the Internal Revenue Code.



**APPLICANT'S OATH (continued)**

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.

I authorize NASTC to represent my company and such representation expires upon the granting of this authority.

\_\_\_\_\_

Applicant Signature	Title	Date
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**NOTE:** All motor carriers operating within the United States, including foreign-domiciled motor carriers applying for USDOT registration by this form, must comply with all applicable Federal, State, local, and tribal statutory and regulatory requirements when operating within the United States. Such requirements include, but are not limited to, all applicable statutory and regulatory requirements administered by the U. S. Department of Labor, or by an OSHA State plan agency pursuant to section 18 of the Occupational Safety and Health Act of 1970. Such requirements also include all applicable statutory and regulatory environmental standards and requirements administered by the U. S. Environmental Protection Agency or a State, local or tribal environmental protection agency. Compliance with these statutory and regulatory requirements may require motor carriers and/or individual operators to produce documents for review and inspection for the purpose of determining compliance with such statutes and regulations.

**SELECT PAYMENT METHOD**

**CREDIT CARD PAYMENT AUTHORIZATION**

Select Credit Card:  Visa  Mastercard

_____	_____	_____	_____
(Credit Card Number)	(Exp. Date)	(CVV #)	(Phone # for card)
_____			
(Billing Address)			
_____			
(Card Holders Name - as shown on card)	(Date)	(Signature)	

**PAYMENT AMOUNT: \$649.00** You will see an immediate charge on your card to the FMCSA for \$300. NASTC will charge the remaining \$349 to the card.

**--- PLEASE INCLUDE A COPY OF YOUR IDENTIFICATION WITH COMPLETED APPLICATION ---**



**The National Association of Small Trucking Companies**  
**New Authority Plus Services**

## Power of Attorney

I, \_\_\_\_\_ an officer of \_\_\_\_\_ ,  
(Your Name) (Your Company Name)

hereby appoint \_\_\_\_\_ , and its employees to act on my behalf in processing all  
(Please write "NASTC, Inc.")

applications with the Federal Motor Carrier Safety administration, including, but not limited to, signing all  
required certifications and oaths as my representative and establishing an FMCSA Portal account on my behalf.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# NASTC MEMBER REGISTRATION AUTHORIZATION FORM BOC-3

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. 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: First year = \$69.00, \$39.00 every year after***

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

LEGAL NAME

DOING-BUSINESS-AS NAME (if any)

BUSINESS ADDRESS	
Street:	
City, State, Zip:	

MAILING ADDRESS (if different)	
Street:	
City, State, Zip:	

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

**Please complete and fax to 1-615-451-0041  
Or email [angel.clark@nastc.com](mailto:angel.clark@nastc.com)  
THANK YOU!**



2054 Nashville Pike • Gallatin, TN 37066  
800.264.8580 • fax 615.451.0041 • www.nastc.com

# - NAPS - Drug Testing Program Agreement

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Contact 1:

Company Contact 2:

Name \_\_\_\_\_ Name \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

**We recognize that NASTC, Inc. is acting as a consortium/third party administrator and we acknowledge and allow NASTC, Inc. to serve as an intermediary for the collection and distribution of test results, paperwork, and MRO decisions.**

**We understand that all laboratory work will be done by an approved lab.**

**We understand that the lab will provide kits, chain of custody forms, mailing expense, and will inventory the needed supplies to us at our location or at the location of the collection site.**

**We understand that NASTC will contract with a Medical Review Officer (MRO) to review all tests.**

**We understand that we will be billed by NASTC for our drug tests and that payment is due in full to NASTC in ten (10) days from receipt of invoice.**

**We understand that the rate per test for the lab work and MRO services is \$35.00 per test. Collection costs are not included in this Agreement and will need to be negotiated with the collection site.**

**We understand that there is an initial setup fee of \$125.00. This fee is included in the cost for the NAPS Service. This fee pays for the written company drug policy and two Collector Certification Courses.**

Name of Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



2054 Nashville Pike • Gallatin, TN 37066  
 800.264.8580 • fax 615.451.0041 • www.nastc.com

## Drug / Alcohol Testing Program Controlled Substances and Alcohol Policy

# Customized Policy Order Form

I have reviewed the generic company policy for “Buster’s Trucking Company” and accept it for its content.

Please customize it for my company by changing the name of the company to:

Company Name: \_\_\_\_\_

Change the name of the program administrator(s) to:

Company Contact: \_\_\_\_\_

This policy was prepared by The National Association of Small Trucking Companies (NASTC) and is protected by copyright. It was prepared for use as a tool to assist our member companies in the development of their own company policy. It has been reviewed by attorneys to insure it is in compliance with all Federal Motor Carrier Safety Regulations at the time it was written and is recommended for use to our members without changes. Although it is our goal to keep you apprised of regulatory changes that might affect the content of this policy via our quarterly newsletters and special communiqués, we cannot guarantee compliance with Federal, State or Local laws.

I understand that The National Association of Small Trucking Companies (NASTC) prepared this policy for the purpose of assisting us in the formulation of our own policy and understand that the responsibility for the content of the policy we issue is ours alone. I agree to honor the copyright and distribute this policy, or any copies of this policy, before and after it is customized, to only my company’s officers, employees and independent contractors operating under my company’s authority.

\_\_\_\_\_  
 Name of Authorized Person

\_\_\_\_\_  
 Signature

Quantity	Product	Price	Total
1	Master Copy	\$95.00	No Charge (Included)
	Additional Master Copy - 3 ring binder	\$10.00	
	Driver Copies - spiral bound	\$7.00	
	Driver Copies - 3 ring binder	\$10.00	

Master Copies are single sided to simplify editing, printing or copying.  
 Driver Copies are double sided to reduce volume and conserve paper.

**SHIPPING CHARGES WILL BE ADDED TO EACH ORDER.**

Fax completed order form to NASTC (615) 451-0041. Call if you have any questions (800) 264-8580.

