

FORM FMC-78

PLEASE TYPE OR PRINT

NVOCC SERVICE ARRANGEMENT REGISTRATION

(SEE ATTACHED INSTRUCTIONS)

1. Organization No. _____**2. Registrant** _____

Full Legal Name of firm (or individual, if not a firm)

(Doing Business As or Trade Name)

3. a. NVOCC OTI License No. _____ **Effective date:** _____

MM/DD/YYYY

OR b. If foreign-based unlicensed NVOCC, provide the following information for agent for service of process:**Name:** _____**Address:** _____**4. This Registration is:** Initial Amendment (Specify change)**5. Headquarters Address**_____
(Number and Street) Telephone (_____) __________
(Number and Street) Fax (_____) _____

(City/State/Zip/Country)

(Federal TIN Number, if any)

E-Mail (optional)

6. Mailing Address (If different)

c/o name _____

Address _____

Telephone (_____) _____

Fax (_____) _____

Email (optional) _____

7. Person(s) to be granted registration. Please list individual(s) for whom a log-on identifier is requested. If this is a transfer of log-on, please list the existing name and existing log-on

ID: Name: _____ Existing Log-on: _____

8. Is the person listed in question 7 a third party? (check one) Yes No. If yes, a letter of authority must be submitted with this form.**9.**_____
Signature of Authorized Official_____
Print or type name of Authorized Official_____
date (MM/DD/YYYY)_____
Title of Authorized Official**FMC USE ONLY**

Logon _____ ID _____ Directory _____ DateAsg ____ / ____ / ____ AsgBy _____