

PLEASE TYPE OR PRINT
ATFI HISTORICAL REGISTRATION
 (SEE ATTACHED INSTRUCTIONS)

1. Organization Number _____

2. Registrant Type VOCC Tariff Publisher/Agent/Other
 (Check all that applies) Agreement Conference/Joint Service

3. Registrant

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

 (Doing Business As)

4. This Registration is: Initial Amendment (Specify change)_____

5. Address of Home Office

(Please record any changes)

	()	
(Number and Street)		Telephone
	()	
(Number and Street)		Fax
(City/State/Country)	(Federal TIN Number)	E-Mail (optional)

6. Billing Address If Different

	()	
(Number and Street)		Telephone
	()	
(Number and Street)		Fax
(City/State/Country)		E-Mail (optional)

7. Permissions Requested and Person granted permission to review historical data:

 Full Legal Name

If this is transfer of logon, please list
Existing Log-on_____

 Signature of Authorized Official

 Print or Type name of Authorized Official

 date

FMC USE ONLY

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

INSTRUCTIONS FOR HISTORICAL FORM FMC-83

INSTRUCTIONS

Line 1. Organization Number: Complete if known. (Regulated Persons Index or “RPI” number.)

Line 2. Registrant Type: Indicate the type of organization. A registrant cannot be more than one type. This data cannot be changed by the registrant after registration without submission of an amended registration form.

Line 3. Registrant: This must be the full name of the firm or individual registering for the FMC’s Historical ATFI System and any trade names. The registrant name should match the corporate charter or business license, conference membership, etc. It should be noted that the registrant name cannot be changed by the registrant after the registration without submission of an amended registration form.

Line 4. Registration: Indicate whether this is the initial (first time) registration or an amendment to an existing ATFI Historical Registration.

Line 5. Address of Home office: The complete street address should be shown in addition to the post office box. Also, provide the registrant’s Federal Taxpayer Identification Number (“TIN” Number).

Line 6. Billing Address if Different: This should be completed if the billing address differs from the home office address. Show the firm name (if different from the registrant), street address and post office box (if applicable).

Line 7. Permissions Requested and Person Granted These Permissions: Delegation of the authority to review historical data should be noted here. The person listed in line 7 is authorized to review ATFI historical data.