

PLEASE TYPE OR PRINT  
**SERVICE CONTRACT 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) \_\_\_\_\_  
 [ ] Dial-up [ ] Internet-based

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 these permissions : For the Internet-based system, please list individual(s) who will need logons. If the individual is a publisher, a letter of authority must be submitted.

\_\_\_\_\_ Full Legal Name

If this is transfer of logon, please list for each the Existing Log-on \_\_\_\_\_

File Service Contracts

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Print or Type name of Authorized Official

\_\_\_\_\_  
date

FMC USE ONLY

Logon \_\_\_\_\_ Initial Password \_\_\_\_\_ ID \_\_\_\_\_ Directory \_\_\_\_\_  
 DateAsg \_\_\_\_/\_\_\_\_/\_\_\_\_ AsgBy \_\_\_\_\_

## INSTRUCTIONS FOR 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. Please check all that applies.

**Line 3. Registrant:** This must be the full name of the firm or individual registering for the FMC’s Service Contract Filing 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 Service Contract 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 file should be noted here. The person listed in line 7 is authorized only to submit filings.