

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0040. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE Washington, DC, 20590, Washington, D.C. 20590.

**APPENDIX: SUGGESTED DESIGNATION
OF AGENT FOR SERVICE OF PROCESS
UNDER 49 U.S.C. 30164 and 49 C.F.R. Part 551, Subpart D**

PART A: DESIGNATION BY FOREIGN MANUFACTURER

Pursuant to 49 U.S.C. 30164 and 49 C.F.R. Part 551, Subpart D, the Foreign Manufacturer listed below hereby designates the following Agent on whom service of all administrative and judicial processes and notices may be made. This designation is for service of process only and for no other purpose. It shall remain in effect until it is withdrawn or another Agent is designated in accordance with the requirements of 49 U.S.C. 30164 and 49 C.F.R. Part 551, Subpart D.

The Manufacturer identified below hereby certifies:

1. This designation is in valid form and binding on the Manufacturer under the laws, corporate bylaws or other requirements governing the making of designations at the place and time where it is made.
2. The full legal name, principal place of business and mailing address of the Manufacturer are:

Company Name: _____
Address 1: _____
Address 2: _____
Address 3: _____
City: _____
State: _____
Country: _____
Post Code: _____
Email Address: _____

3. The Manufacturers products will be sold under the following trade or brand names, marks, logos or other designations of origin (**List all names, marks, logos or designations**):

4. The full legal name, principal place of business, mailing address and telephone number of the Agent are:

Agent Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____

State: _____ (two letter abbreviation)

Zip Code: _____

Phone: _____

Email: _____

By:

Signature of Manufacturers Authorized Representative
Month / Day / Year

Printed Name: _____

Title: _____

PART B: ACCEPTANCE BY AGENT

The undersigned hereby accepts appointment as Agent solely for the purpose of service of process on the Manufacturer under 49 U.S.C. 30164 and 49 C.F.R. Part 551, Subpart D. I understand that this appointment shall remain in effect until withdrawn or replaced by the Manufacturer in accordance with the requirements of 49 U.S.C. 30164 and 49 C.F.R. Part 551, Subpart D. I understand also that I may not assign performance of my functions under this Designation to another person.

By:

Signature of Agent
Month / Day / Year

(Date of acceptance must be *on or after* date of designation)

Printed Name: _____

Title: _____

TO AVOID DELAYS, LEAVE NO SPACES BLANK; DO NOT SEND VIA FACSIMILE OR EMAIL

Mail **original documents** with **ink signatures only** to: U.S. Department of Transportation,
NHTSA Correspondence Unit, 1200 New Jersey Avenue, SE, Room W41-306, Washington,
D.C. 20590