



**REGISTRATION APPLICATION
SCHEDULE FOR NEW ACCOUNT
OR RENEWAL
(SINGLE VEHICLE ONLY)**

For Department Use Only
Bureau of Motor Vehicles • Commercial Registration Section
P.O. Box 68286 • Harrisburg, PA 17106-8286

Account # _____ Merge Fleet: YES NO

A Applicant Information

TIN/EIN	Registrant Name	D.B.A.	Carrier Type
US DOT #	Business Street Address	Mailing Street Address	
Acct #	City	County	State Zip Code
Contact Name	E-mail Address	Fax Number	Telephone Number

B Jurisdiction Registration Information

Weight	Jurisdiction	Mileage	Weight	Jurisdiction	Mileage	Weight	Jurisdiction	Mileage
	Pennsylvania (PA)			Massachusetts (MA)			Texas (TX)	
	Alabama (AL)			Michigan (MI)			Utah (UT)	
	*Alaska			Minnesota (MN)			Vermont (VT)	
	Arkansas (AR)			Mississippi (MS)			Virginia (VA)	
	Arizona (AZ)			Missouri (MO)			Washington (WA)	
	California (CA)			Montana (MT)			West Virginia (WV)	
	Colorado (CO)			Nebraska (NE)			Wisconsin (WI)	
	Connecticut (CT)			Nevada (NV)			Wyoming (WY)	
	Delaware (DE)			New Hampshire (NH)			*Mexico	
	Dist Columbia (DC)			New Jersey (NJ)			Alberta (AB)	
	Florida (FL)			New Mexico (NM)			Brit Columbia (BC)	
	Georgia (GA)			New York (NY)			Manitoba (MB)	
	Idaho (ID)			North Carolina (NC)			New Brunswick (NB)	
	Illinois (IL)			North Dakota (ND)			Newfoundland (NF)	
	Indiana (IN)			Ohio (OH)			*Northwest Terr	
	Iowa (IA)			Oklahoma (OK)			Nova Scotia (NS)	
	Kansas (KS)			Oregon (OR)			Ontario (ON)	
	Kentucky (KY)			Rhode Island (RI)			Prince Ed Isle (PE)	
	Louisiana (LA)			South Carolina (SC)			Quebec (QC)	
	Maine (ME)			South Dakota (SD)			Saskatchewan (SK)	
	Maryland (MD)			Tennessee (TN)			Total Fleet Miles	

C Vehicle Information - NOTE: *Indicates non-IRP participant; mileage entered for this jurisdiction/country is not used to calculate apportioned registration fees.

PA Title Number	Vehicle Identification Number	Equipment Number	Year/Make	Body Type	Axles	Fuel
Unladen Weight	Requested GVW	Requested GCW	Purchase Price	Purchase Date	Factory Price	
Owner	US DOT #	TIN/EIN	UT Tk Indicator <input type="checkbox"/> YES <input type="checkbox"/> NO		CO Miles <input type="checkbox"/> YES	
NAIC Number	Insurance Company Name	Policy Number	Policy Effective Date	Policy Expiration Date		

If additional registration cards are desired, the fee is \$2 for each card. **Number of Duplicate Registration Cards Requested @ \$2 each** _____.

D Signature

Unless otherwise indicated, I certify the mileage above represents all intrastate and interstate miles, including miles trip leased to other carriers, traveled by this vehicle between July 1, 20__ and June 30, 20__, and includes loaded and empty miles. I acknowledge that I may lose my operating privilege or vehicle registration for failure to maintain financial responsibility on this vehicle for the period of registration. My signature attests to knowledge of all applicable State and Federal Motor Carrier safety laws and regulations.

I/We certify that the vehicle being renewed for account number # _____ is a motor carrier vehicle and has a currently valid safety inspection.

By: _____ Title _____ Date _____ Telephone No. _____

Pennsylvania Apportioned Registration Program (International Registration Plan)

Complete this application if you have a single vehicle and you are applying to establish a new apportioned account or renewing an existing apportioned account. If you have multiple vehicles, please complete, Form MV-550, "Apportioned Registration Application - Schedule A," and Form MV-551, "Pennsylvania Apportioned Registration Application - Schedule B."

INSTRUCTIONS

If you have an existing apportioned account, place the account number on the line provided at the top of the form. Under the Full Reciprocity Plan (FRP), there is no longer a need to segment vehicles by the jurisdiction in which they travel. If you have multiple fleets and wish to combine them into one fleet, please check the appropriate box next to your account number at the top of the page.

Section A – Applicant Information: Complete this section by providing the registrant or business name, business account TIN/EIN number, carrier type, US DOT number, business address (no P.O. Boxes permitted), mailing address, city, county, state, zip code and contact name. Indicate your email address for your account along with the 10-digit fax and telephone number.

Section B – Jurisdiction registration Information: List the maximum weight the fleet will operate in the desired jurisdictions followed by the total fleet distance traveled during the previous reporting period (July 1 through June 30).

New fleets: Under the FRP, beginning January 1, 2015, all new fleets will have all IRP jurisdictions displayed on their cab card. Distance for new accounts will be calculated using the Average per Vehicle Distance Chart.

Renewing fleets: List the actual distance traveled in each jurisdiction during the previous reporting period (July 1 through June 30). If actual distance was not accrued in some of the jurisdictions, leave the jurisdiction mileage box blank.

* - Indicates non-IRP participant, mileage entered for this jurisdiction/country is not used to calculate apportioned registration fees.

Section C: Complete items where applicable. For body type, use one of the following: Tractor (TR), Single Truck (TK) or Bus (BS). If the body type is a truck, list the total number of the axles on the truck including trailer axles if requesting combination weight. For tractor, list the number of axles on the tractor and the total number of axles for the tractor and trailer. Example: 3/5 means 3 axles for the tractor and 2 on the trailer. If it is a bus body type list its seating capacity.

List the title number for the vehicle with a Pennsylvania title only. Also, provide insurance information. If you are leased on to a company who is responsible for the vehicle safety, list their TIN/EIN and USDOT number information and submit a copy of the lease with this application.

Utah Truck Indicator: If the truck type entering Utah is a cement pump, well boring unit, or crane the Utah Special Truck block should be checked as "yes". If this does not apply select "no."

Colorado Miles: If the vehicle fleet operates more than 10,000 miles nationally per year, the box should be checked "Yes."

Section D: List the apportioned account number, provide applicant or authorized representative's signature of the applicant signature and title of the signee. The signature certifies the acknowledgement and understanding of the applicable requirements and that the information provided in the application is true and correct.

Visit us at www.dmv.state.pa.us or call us at:

In state: 1-800-932-4600 ♦ TDD: 1-800-228-0676 ♦ Out-of-State: 1-717-412-5300 ♦ TDD Out-of-State: 1-717-412-5380