

APPORTIONED REGISTRATION SUPPLEMENT APPLICATION

For Department Use Only

A APPLICANT INFORMATION													
Acct #	Name of Applicant			Business Address			City		County		State	Zip	Telephone Number
USDOT #	Person to Contact Regarding Application			Mailing Address			City		County		State	Zip	Fax Number
TIN/EIN	E-Mail Address			Registration Year		<input type="checkbox"/> New Vehicle Only <input type="checkbox"/> Registration Transfer with Weight Increase <input type="checkbox"/> Increase Weight on Vehicle Originally Registered at a Lower Weight <input type="checkbox"/> Registration Transfer <input type="checkbox"/> Correct Information <input type="checkbox"/> Registration Plate Replacement <input type="checkbox"/> Delete Only							

B WEIGHTS												
PA	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	IA	ID
IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS	MT
NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	RI	SC
SD	TN	TX	UT	VA	VT	WA	WI	WV	WY	AB	BC	MB
NB	NF	NS	ON	PE	QC	SK						

C VEHICLE ADDITIONS													D DELETIONS		
Title #	Vehicle Identification Number			Equipment Number	Year	Make	Body Type*	Axles	Seats	Fuel**	UT Spec	CO Miles	Will the designated carrier responsible for safety change during the year?	Equipment Number	Current Registration Plate Number
										<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Unladen or Chassis Wt.	Gross Vehicle Weight	Gross Combination Weight		Purchase Price		Purchase Date		Factory Price		USDOT #		TIN/EIN for USDOT		Vehicle Identification Number	
Title #	Vehicle Identification Number			Equipment Number	Year	Make	Body Type*	Axles	Seats	Fuel**	UT Spec	CO Miles	Will the designated carrier responsible for safety change during the year?	Equipment Number	Current Registration Plate Number
										<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Unladen or Chassis Wt.	Gross Vehicle Weight	Gross Combination Weight		Purchase Price		Purchase Date		Factory Price		USDOT #		TIN/EIN for USDOT		Vehicle Identification Number	
Title #	Vehicle Identification Number			Equipment Number	Year	Make	Body Type*	Axles	Seats	Fuel**	UT Spec	CO Miles	Will the designated carrier responsible for safety change during the year?	Equipment Number	Current Registration Plate Number
										<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Unladen or Chassis Wt.	Gross Vehicle Weight	Gross Combination Weight		Purchase Price		Purchase Date		Factory Price		USDOT #		TIN/EIN for USDOT		Vehicle Identification Number	

Use one of the following designations for the Body Type: **BS** – Bus **TR** – Tractor **TK** – Truck (Single)

**** FUEL** **D** – Diesel **G** – Gas **P** – Propane
 H – Hybrid **N** – Natural Gas **O** – Other

E INSURANCE AND ACKNOWLEDGEMENT			
I acknowledge that I may lose my operating privilege or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. My signature attests to knowledge of all applicable State and Federal Motor Carrier safety laws and regulations. My signature attests to the fact that this vehicle is a motor carrier vehicle and it has a current valid safety inspection. It also attests to my knowledge of all applicable State and Federal Motor Carrier safety laws and regulations. By _____ Title _____ Date _____ <small>Owner or Authorized Representative</small>		NAIC # _____ Insurance Company Name _____	
		Policy Number _____ Effective Date _____ Expiration Date _____	

Number of duplicate cab cards for each vehicle in the fleet _____

Section A - Applicant Information

Enter the apportioned account number, the applicant name that appears on the apportioned account, business address and mailing address (if the mailing address is different than the business address). Post Office Box addresses may only be used in conjunction with a bona fide numbered street address. Post Office Box addresses alone are not permitted. The Pennsylvania Vehicle Code requires actual or bona fide addresses on applications for title and registration. Also fill in the telephone number, US DOT number, contact person, fax number, TIN/EIN number of the applicant, e-mail address, and registration year. Check the appropriate box that best describes the transaction you are requesting.

Section B - Weights

Enter the maximum weight of the vehicles you are adding in the boxes labeled for each jurisdiction.

Section C - Vehicle Additions

List the vehicle information where appropriate. Up to three vehicles may be listed in this section. If the vehicle is leased, the lessee USDOT and TIN/EIN numbers are required along with a copy of the lease. **NOTE:** If the vehicle has a current Pennsylvania registration, enter the registration plate number. The registration plate must be submitted with the application to receive credit for the apportioned plate.

NOTE: For body type use one of the following: tractor (TR), single truck (TK) or bus (BS). If a truck, list total number of 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 5 combined including the trailer. If the vehicle is a bus, list seating capacity. Do not leave any information blank.

Utah Truck Indicator (UT Spec Truck): If the truck type entering the state of 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, check "No."

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

NOTE: If the vehicle is leased to the applicant, you must identify the USDOT number and TIN/EIN of the motor carrier responsible for safety. Also, indicate if the motor carrier responsible for safety will change during the registration year.

Section D - Vehicle Deletions

Provide the equipment number, VIN and registration plate number of the vehicle being deleted. If the plate will be transferred to another vehicle, please complete Section C.

Section E - Insurance and Acknowledgement

Fill in your insurance information in the spaces provided including the NAIC number, company name, policy number, and the effective and expiration dates. **NOTE:** The insurance information listed can only be for full liability coverage.

If you are requesting any duplicate cab cards, enter the total number of duplicates being requested for each vehicle. Signature of the owner or authorized representative of the apportioned account, title and date must be included on the form.

Visit us at www.dmv.pa.gov 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