

## APPORTIONED REGISTRATION SUPPLEMENT APPLICATION

For Department Use Only

**A APPLICANT INFORMATION**

Acct #	Name of Applicant	Business Address	City	County	State	Zip
***USDOT#	Person to Contact Regarding Application	Mailing Address	City	County	State	Zip
****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/Update <input type="checkbox"/> Delete Only <input type="checkbox"/> Registration Transfer and Registration Plate Replacement <input type="checkbox"/> Lease Buy Out			
Telephone Number		Fax Number				

**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**

1) Title #	Vehicle Identification Number	Equipment Number	Year	Make	Body Type*	Axes	Seats	Fuel**
Unladen or Chassis Wt.	Gross Vehicle Weight	Gross Combination Weight	Purchase Price	Purchase Date	Factory Price	***USDOT#	****TIN/EIN	
Vehicle Owner (Lessor Name)	PA Registration Plate Number	UT Spec Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	CO Miles <input type="checkbox"/> YES	Will the designated carrier responsible for safety change during the year? <input type="checkbox"/> YES <input type="checkbox"/> NO				
2) Title #	Vehicle Identification Number	Equipment Number	Year	Make	Body Type*	Axes	Seats	Fuel**
Unladen or Chassis Wt.	Gross Vehicle Weight	Gross Combination Weight	Purchase Price	Purchase Date	Factory Price	***USDOT#	****TIN/EIN	
Vehicle Owner (Lessor Name)	PA Registration Plate Number	UT Spec Truck <input type="checkbox"/> YES <input type="checkbox"/> NO	CO Miles <input type="checkbox"/> YES	Will the designated carrier responsible for safety change during the year? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**D DELETE OR TRANSFER**

1) <input type="checkbox"/> DELETE <input type="checkbox"/> TRANSFER
Equipment Number
Vehicle Identification Number
Current Registration Plate Number
2) <input type="checkbox"/> DELETE <input type="checkbox"/> TRANSFER
Equipment Number
Vehicle Identification Number
Current Registration Plate Number

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

\*\*\*USDOT# - US Department of Transportation Number      \*\*\*\*TIN/EIN - Tax Identification Number/Employee Identification Number

**\*\* 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 my 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 \_\_\_\_\_  
Owner or Authorized Representative

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 applicant's USDOT number (US Department of Transportation Number), contact person, TIN/EIN (Tax Identification Number/Employee Identification Number), e-mail address, and registration year, telephone number and fax number. Check the appropriate box that best describes the transaction you are requesting.

### Section B - Weights

Enter the maximum weight of the vehicles you wish to register to your apportioned fleet in the boxes labeled for each jurisdiction.

### Section C - Vehicle Additions

List the vehicle information to be added to the fleet. If the vehicle is leased, list the lessee's USDOT number and TIN/EIN. A copy of the lease agreement is required to be submitted with this application. If a vehicle is being added to the fleet with existing Pennsylvania registration, include the registration plate number in this section to obtain credit. If an existing apportioned plate is being transferred to the added vehicle, list the transfer information in Section D.

**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 - Delete or Transfer Information

Check the appropriate box for Deletion or Transfer. Also provide the equipment number, Vehicle Identification Number (VIN) and current registration plate number of the vehicle to be deleted or transferred.

If the vehicle is being deleted, the registration plate must be returned to the Commercial Registration Section. **NOTE:** Once the registration plate has been placed on the vehicle, a temporary has been issued, or the registration sticker has been attached to the registration plate, they are automatically classified as **USED. NO REFUND** of the fees will be issued for **USED** registration plates or stickers.

### 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.