



pennsylvania

DEPARTMENT OF TRANSPORTATION

Bureau of Motor Vehicles
Commercial Registration Section
P.O. Box 68286
Harrisburg, PA 17106-8286

Pennsylvania Apportioned Registration Application

For Department Use Only

A APPLICANT INFORMATION**ADD A JURISDICTION SCHEDULE F**

NAME OF APPLICANT _____

ACCOUNT NUMBER _____

CONTACT NAME AND TELEPHONE NUMBER _____

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

NOTE: This form is to be used only to add a jurisdiction to a fleet which is currently registered under the apportioned program.

JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION
MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE
WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT

JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION
MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE
WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT

JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION
MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE
WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT

JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION	JURISDICTION
MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE	MILEAGE
WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT	WEIGHT

C EXPLANATION OF DISTANCE

If there are no actual miles, you may list an estimate of fleet distance to be traveled in each jurisdiction with an explanation of how the distance is being estimated:

D SIGNATURE

Signature of Account Owner or Authorized Signer _____

Title _____

Date _____

GENERAL INSTRUCTIONS

Complete the application as it appears. Adding jurisdictions will affect all the vehicles within the fleet account.

Section A - Application Information

List the name the apportioned account is registered in, the apportioned account number and if applicable, business contact name. Also indicate any duplicate cab cards desired for the vehicle fleet.

Section B - Additional Jurisdictions

List each jurisdiction you are requesting to add to your current apportioned registration account. Write the two letter jurisdiction name, then below add the estimated distance to be traveled followed by the maximum weight you require to operate in the specified jurisdiction. Do not combine mileage distance for any two or more jurisdiction.

Section C - Explanation of Distance

In the lines provided explain how your distance is determined by listing the destination, routes of travel including route numbers, streets or roads and number of trips anticipated. If the estimated distance or route of travel or the explanation is not reasonable, distances will be provided from the estimate distance chart based on an average of distance traveled by other Pennsylvania carriers. The space below these instructions may be used for further explanation or you may attach a separate sheet of paper to provide further jurisdictional details.

Fees are determined by multiplying the jurisdictions fees, number of months remaining in the registration period, number of vehicles within the fleet and the percentage for each jurisdiction added.

Section D - Signature

Account owner or authorized individuals must sign and list their title and date.

Additional explanation of distance continued from Section C:

[illegible]