



**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

Do you wish to merge apportioned fleets? YES NO

A APPLICANT INFORMATION If you wish to have your registration card(s) emailed to the email address listed below upon payment, check (✓) here:

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

B JURISDICTION REGISTRATION INFORMATION If this is a new fleet, check (✓) here:

Weight	Jurisdiction	Mileage	Weight	Jurisdiction	Mileage	Weight	Jurisdiction	Mileage
	Pennsylvania (PA)			Maine (ME)			Texas (TX)	
	Alabama (AL)			Michigan (MI)			Utah (UT)	
	*Alaska			Minnesota (MN)			Virginia (VA)	
	Arkansas (AR)			Missouri (MO)			Vermont (VT)	
	Arizona (AZ)			Mississippi (MS)			Washington (WA)	
	California (CA)			Montana (MT)			Wisconsin (WI)	
	Colorado (CO)			North Carolina (NC)			West Virginia (WV)	
	Connecticut (CT)			North Dakota (ND)			Wyoming (WY)	
	Dist. of Columbia (DC)			Nebraska (NE)			*Mexico	
	Delaware (DE)			New Hampshire (NH)			Alberta (AB)	
	Florida (FL)			New Jersey (NJ)			Brit Columbia (BC)	
	Georgia (GA)			New Mexico (NM)			Manitoba (MB)	
	Iowa (IA)			Nevada (NV)			New Brunswick (NB)	
	Idaho (ID)			New York (NY)			Newfoundland (NF)	
	Illinois (IL)			Ohio (OH)			*Northwest Terr	
	Indiana (IN)			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)	
	Massachusetts (MA)			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	Seats (Bus)	Fuel
Unladen Weight	Requested GVW	Requested GCW	Purchase Price	Purchase Date	Factory Price		
Owner (Lessor Name)		US DOT #	TIN/EIN	UT TK Indicator <input type="checkbox"/> YES <input type="checkbox"/> NO		CO Miles <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAIC Number	Insurance Company Name	Policy Number	Policy Effective Date	Policy Expiration Date			
Will the designated carrier responsible for safety change during the year? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is the vehicle a wrecker? <input type="checkbox"/> YES <input type="checkbox"/> NO		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 certify that the vehicle being renewed for account number # _____ is a motor carrier vehicle and has a currently valid safety inspection.

Applicant or Authorized Signer Title Date Telephone Number

Pennsylvania Apportioned Registration Program (International Registration Plan - IRP)

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

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 box at the top of the application. It is recommended that you merge the fleet at renewal time. If a merge is requested any time other than at renewal, apportioned fees shall be assessed again on all vehicles within the new fleet.

Section A – Applicant Information: Complete this section by providing the Tax Identification Number/Employee Identification Number (TIN/EIN), US DOT number, account #, registrant or business name, carrier type, 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. **NOTE:** If you wish to have your registration card(s) emailed upon payment, check the box at the top of Section A.

Section B – Jurisdiction registration Information: If this is a new fleet, check the box in this section. 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: 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: List the vehicle information where appropriate. If the vehicle is a wrecker, please check the box contained 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: For body type, use one of the following: tractor (TR), single truck (TK) or bus (BS). If the vehicle is a wrecker, please check the box contained in this section. 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.

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."

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED IN FULL. If you have a lease with a company that is responsible for the vehicle safety, list its USDOT and TIN/EIN number information and submit a copy of the lease with this application. Also, indicate if the motor carrier responsible for safety will change during the registration year.

Section D: The apportioned account number, signature of the owner or authorized representative of the apportioned account, title, date, and telephone number must be included on the application.