



APPORTIONED REGISTRATION APPLICATION - SCHEDULE A

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

Check One: Merge Fleets **YES** **NO** Identify Fleet Numbers to Merge: _____

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	Registrant Name	D.B.A.	Contact Name
USDOT #	Business Street Address	Mailing Street Address	E-mail Address
Acct #	City County State Zip Code	City County State Zip Code	Registration Year 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

Title #	Vehicle Identification Number	Equipment Number	Year	Make	Body Type	Axles	Seats	Fuel***
Unladen Weight	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		Is the vehicle a wrecker? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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NAIC #	Insurance Company Name	Number of duplicate cards for each vehicle in the fleet: _____	Exempt Commodity:	* BODY TYPE TR – Tractor TK – Truck (Single) BS – Bus	** FUEL D – Diesel N – Natural Gas G – Gas P – Propane H – Hybrid O – Other
Policy Number	Effective Date				

E I acknowledge that I may lose my operating privilege or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle(s) for the period of registration. My signature attests to knowledge of all applicable state and federal motor carrier 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 _____ Printed Name _____ Title _____ Date

INSTRUCTIONS

Merge Fleets: If you have multiple fleets and wish to merge them into one fleet, check the appropriate box. Fleets may only be merged at renewal. Indicate the fleet numbers you wish to merge.

Section A

Enter the Tax Identification Number/Employee Identification Number (TIN/EIN), registrant name, contact name, USDOT number, 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 bonafide numbered street address and may not be used alone), e-mail address, account number, registration year, telephone number and fax number. **NOTE:** If you wish to have your registration card(s) emailed upon payment, check the box at the top of Section A.

Under the Full Reciprocity Plan (FRP) effective January 1, 2015, 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 vehicles into one fleet, please check the appropriate boxes for merging accounts at the top of the page.

Section B

List the maximum vehicle weight at which you plan to operate for each jurisdiction.

Section C

List the vehicle information where appropriate. Up to two vehicles may be listed in this section. 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:** If the vehicle has a current Pennsylvania registration, enter in 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 EIN/TIN of the motor carrier responsible for safety. Also, indicate if the motor carrier responsible for safety will change during the registration year.

Section D

List the insurance company's name, NAIC #, policy number, effective date and expiration date of the policy. Indicate how many duplicate cab cards are needed if applicable. List exempt commodities. **NOTE:** The insurance information listed can only be for full liability coverage.

An exempt for-hire motor carrier transports exempt (unregulated) property owned by others for compensation. The exempt commodities usually include unprocessed or unmanufactured goods, fruits and vegetables, and other items of little or no value. You can find the list of exempt commodities on the FMCSA website at www.fmcsa.dot.gov/registration/administrative-ruling-119.

Section E

Owner(s) or authorized representative(s) must sign, date and list their title with the company.

NOTE: Apportioned registration plates may be available as a personalized registration plate for vehicles with a registered gross weight up to **14,000 lbs.** To check personalized registration plate availability, visit PennDOT's Driver and Vehicle Services website, www.dmv.pa.gov, and select Plate Availability from the list of services under the Online Services heading. Should you choose to personalize your apportioned registration plate, please complete this application and attach a completed Form MV-904C, "Application for Personalized Implements of Husbandry, Apportioned, or Fleet Registration Plate." The fee to personalize your registration plate is an additional \$104, and the registration on your vehicle must be current in order for PennDOT to process your request. **The additional \$104 fee covers the cost of your personalized registration plate order only and will not renew your vehicle's registration.** Payment is to be made by a separate check or money order payable to the Commonwealth of Pennsylvania. **PLEASE DO NOT SEND CASH.** Personalized registration plates will not be reserved until PennDOT receives payment and a completed application, and approves your requested registration plate configuration [number(s) and/or letter(s)]. Please note that registration plate requests are processed on a first-come, first-served basis. Although a requested registration plate configuration may show as being available on the website, it is possible that a request for the same registration plate configuration may have already been submitted by another customer and may not be available when making application.

Visit us at www.dmv.pa.gov or call us at 717-412-5300. TTY callers — please dial 711 to reach us.