



**72 HOUR TRIP RECIPROCITY PERMIT APPLICATION**

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

**Permit agents must purchase a minimum of one (1) book . Each book contains twenty-five (25) single trip permits. Each book is valued at \$375.00 (25 permits @ \$15.00 each).**

Permit Agent Last Name (or Full Business Name)		First Name	Middle Name	Business ID# (i.e. EIN)	Agent Number
Mailing Address					
City				State	Zip Code
Number of Permit Books Requested (25 Permits per book)	<b>@375.00 Book</b>		Total Due <b>\$</b>		

I hereby certify that the permits applied for will be used in accordance with the statutes and the rules and regulations of Pennsylvania.

_____ Signature of Permit Agent		_____ Email Address/Telephone Number	
_____ Title of Permit Agent		_____ Date	

Make check or money order payable to the Commonwealth of Pennsylvania and mail it along with this application to the above address.

**FOR DEPARTMENTAL USE ONLY**  
**(Applicant, Please DO NOT write here)**

PERMIT NUMBERS ISSUED: \_\_\_\_\_  
Beginning Ending

DATE ISSUED/MAILED: \_\_\_\_\_

REQUEST VERIFIED BY: \_\_\_\_\_

Check    Money Order    Cash

**Visit us at [www.dmv.pa.gov](http://www.dmv.pa.gov) or call us at:**