

# Request For Registration

For Department Use Only

Initial Registration (request for plate)

Registration Renewal

|   |  |                               |                                |   |                                |       |   |                                    |               |
|---|--|-------------------------------|--------------------------------|---|--------------------------------|-------|---|------------------------------------|---------------|
| <b>A VEHICLE DESCRIPTION and OWNER NAME(S)</b>  |  |                               |                                |   |                                |       |   |                                    |               |
| Title Number  |  | Vehicle Identification Number |                                |   | Plate Number                   |       | Current Expiry Date                                       |                                    |               |
| Make of Vehicle   |  | Body Type                     | Reg. Gross Wt. (if applicable) |   | Reg. Comb. Wt. (if applicable) |       | No. of Axles - (Complete only if truck or truck tractor). |                                    |               |
| Last Name (or Full Business Name)   |  |                               | First Name                     |   | Middle Name                    |       | PA DL or Photo ID #<br>or Bus. ID #                       |                                    | Date of Birth |
| Co-Owner Last Name  |  |                               | First Name                     |   | Middle Name                    |       | PA DL or Photo ID #                                       |                                    | Date of Birth |
| <b>B CHANGE OF ADDRESS - Complete ONLY when reporting a change of address. LIST NEW ADDRESS</b>   |  |                               |                                |   |                                |       |   |                                    |               |
| Street Address  |  |                               |                                |   |                                |       |   |                                    |               |
| City  |  |                               |                                |   |                                | State |   | Zip Code                           |               |
| <b>C INSURANCE INFORMATION</b>  |  |                               |                                |   |                                |       |   |                                    |               |
| Insurance Company Name  |  |                               |                                |   | NAIC No.                       |       | Policy Number   |                                    |               |
| Policy Effective Date   |  |                               |                                |   | Policy Expiration Date         |       |   |                                    |               |
| <b>D ADDITIONAL INFORMATION</b>   |  |                               |                                |   |                                |       |   |                                    |               |
| Odometer reading<br>(Exclude tenths)     _ _ _ _ , _ _ _ _  |  |                               |                                | Number of duplicate cards<br>requested at \$1.50 per card |                                | ▶     |   | Fee exemption code (if applicable) |               |
| <b>E LESSOR INFORMATION</b>   |  |                               |                                |   |                                |       |   |                                    |               |
| If the above vehicle is leased, please list the Lessor's name in the space below. NOTE: If Form MV-1L has never been filed with PennDOT, the leasing company (Lessor) must complete Form MV-1L and return the completed form along with this application.   |  |                               |                                |   |                                |       |   |                                    |               |
| Lessor Name   |  |                               |                                |   |                                |       |   |                                    |               |
| <b>F APPLICATION FOR RETIRED STATUS - Complete only if you qualify for this designation. See instruction #7 on reverse.</b>   |  |                               |                                |   |                                |       |   |                                    |               |
| Applicant's Date of Birth   |  |                               |                                | Co-Applicant's Date of Birth                              |                                |       | Actual Income During the Past Calendar Year               |                                    |               |
| I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I am retired and receiving Social Security and/or other pension and income as listed in Section F. My total gross income for the previous year did not exceed \$19,200 and unless I am physically or mentally incapable of driving, I am the principal driver of this vehicle. I further certify that my signature authorizes the PA Department of Transportation to verify my/our income and that my occupation is "retired" through Internal Revenue Service income tax filings and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904{b}). |  |                               |                                |   |                                |       |   |                                    |               |
| <b>X</b> _____<br><small>* Applicant's Signature - NOTE: Retired person must be vehicle owner or lessee</small>   |  |                               |                                |   |                                |       |   |                                    |               |
| <b>G ORGAN DONOR DONATION</b>   |  |                               |                                |   |                                |       |   |                                    |               |
| <input type="checkbox"/> I wish to contribute \$1 to the Organ Donation Awareness Trust Fund (ODTF). (If checked, please include the additional \$1 in your payment with your registration fee.)  |  |                               |                                |   |                                |       |   |                                    |               |
| <b>H APPLICANT SIGNATURE(S)</b>   |  |                               |                                |   |                                |       |   |                                    |               |
| I/We hereby make application for registration and certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I/we understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]).   |  |                               |                                |   |                                |       |   |                                    |               |
| <input type="checkbox"/> By checking this block, I/we certify that this vehicle is a motor carrier vehicle and that it has a currently valid safety inspection. By not checking this block, I/we certify that this vehicle is not a motor carrier vehicle.  |  |                               |                                |   |                                |       |   |                                    |               |
| <b>X</b> _____  |  |                               |                                | <b>X</b> _____  |                                |       | (    ) _____  |                                    |               |
| <small>* Owner/Lessor Signature</small>   |  |                               |                                | <small>* Co-Owner Signature</small>                       |                                |       | <small>Telephone Number</small>                           |                                    |               |
| <small>* Lessee can sign when Form MV-1L has been submitted by the lessor designating the lessee as registrant.</small>   |  |                               |                                |   |                                |       |   |                                    |               |

## INSTRUCTIONS

1. Please check the appropriate box to indicate the correct request. Check the "Initial Registration" box if there is no registration plate currently assigned to the vehicle or check the "Registration Renewal" box if you are renewing the vehicle's current registration.
2. Complete the vehicle and owner information in Section A. NOTE: Individuals should list their PA Driver's License (PA DL) or Photo ID # in the space provided. Businesses should list their Business ID # (Bus. ID) where indicated (i.e. E.I.N.).
3. If you have a change of address, complete Section B. Please note that the change of address information block need only be completed when the address listed on your registration card differs from your actual address. **NOTE:** P.O. Box Numbers may be used in addition to the actual address, but cannot be used as the only address.
4. Provide your insurance information in Section C. The NAIC number is a five digit unique number assigned by the National Association of Insurance Commissioners Central Office and is used to identify the insurer. If the NAIC number is on your insurance card, please list in the space provided. Your application will not be rejected if the NAIC number is not listed. If your number is not listed on your ID card, contact your insurance agent. If self-insured, enter "SELF-INSURED" in the Insurance Company Name block and your self-insurance certificate number in the Policy Number block. Vehicle insurance must be maintained at all times on all valid vehicle registrations. A lapse in insurance coverage could result in the suspension of vehicle registration privileges for three months. **NOTE:** Registrants of trailers are not required to submit insurance information.
5. Provide the current odometer reading for the vehicle in Section D, and indicate the number of duplicates desired, if applicable. If your vehicle qualifies under Section 1901(c) of the Vehicle Code for a fee exemption, please list applicable code assigned to you by PennDOT in the space provided.
6. If the vehicle is leased, the lessor's name must be listed in Section E.
7. Complete Section F if you qualify for the reduced Retired Status fee. You must be retired and receiving Social Security or other pensions as described on the front of this application, regardless of age. Part-time employment is permitted, if you are retired from your principal occupation. If you receive only unemployment compensation or public assistance, or are a student or other individual who is not retired, you do not qualify. If only a husband or wife qualify, the vehicle must be titled and registered in that individual's name, or in both names jointly. If husband and wife qualify, each may register one vehicle for the \$10 processing fee. One or both vehicles may be titled and registered in both names jointly. Only one vehicle (9,000 lbs. or less) per person may be registered for the \$10 processing fee. The applicant must be the principal driver of the vehicle unless physically or mentally incapable of driving. Your signature in Section F, authorizes PennDOT to verify your income and that your occupation is "retired" using Internal Revenue Service income tax filings.
8. Proof of payment of Heavy Vehicle Use Tax is required when your vehicle has a registered gross weight or combination weight of 55,000 pounds or more. The following are acceptable proofs of payment: a copy of Form 2290, Schedule 1, validated by the IRS; or, an invalidated copy of Form 2290, Schedule 1 and a copy of your cancelled check.
9. You have the opportunity to contribute \$1 to the Organ Donation Awareness Trust Fund (ODTF) in Section G. Your contribution to the Fund will help increase public awareness of organ donation and help save lives. Please add the \$1 contribution to your payment. Also, be sure to check the proper block on the front of this application to make sure your contribution is handled properly.
10. Owner(s) must sign the application exactly as name(s) appears on the registration card in Section H. If the vehicle is in the name of a company/corporation, the signature of an authorized representative is required. **NOTE:** A lessee may sign this application when Form MV-1L has been completed by the leasing company and is attached or, was previously submitted designating the lessee as the owner of the registration plate. The owner(s) must indicate if the vehicle is designated as a motor carrier vehicle by checking the appropriate box in Section H.
11. Make check/money order payable to the "Commonwealth of Pennsylvania" and submit along with this application and any of the required additional forms mentioned above, when applicable, to the Bureau of Motor Vehicles, 1101 S. Front Street, Harrisburg, PA 17104-2516. Please refer to the MV-70S, "Schedule of Fees" available on PennDOT's Driver and Vehicle Services website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us) for a list of registration fees.
12. If this application is processed and registration is not received due to loss in the mail, you may apply for free replacement within 90 days of the date of original issuance by completing Form MV-44.
13. Self-Certification Of Safety Inspection For Motor Carrier Vehicles: Registrants of a motor carrier vehicle are required to self-certify, in the block provided, that the vehicle has a currently valid safety inspection at the time of this renewal. A motor carrier vehicle is: (1) a truck or truck tractor having a gross vehicle weight rating, gross combination weight rating, registered gross weight or registered combination weight of 17,001 pounds or more, OR (2) a truck or truck tractor engaged in interstate commerce and having a gross vehicle weight rating, gross combination weight rating, registered gross weight or registered combination weight of 10,001 pounds or more. Failure to have a currently valid safety inspection could result in suspension of registration for three months.

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

In state: 1-800-932-4600 ♦ TDD: 1-800-228-0676 ♦ Out-of-State: 1-717-412-5300 ♦ TDD Out-of-State: 1-717-412-5380