

MV-369 (6-06)



Commonwealth of Pennsylvania
Department of Transportation
Bureau of Motor Vehicles
P.O. Box 68283
Harrisburg, PA 17106-8283

**APPLICATION FOR VEHICLE DEALER
REGISTRATION PLATES FOR VEHICLE
DEALERS NOT REQUIRED TO BE
LICENSED BY THE DEPARTMENT
OF STATE**

DEPARTMENT USE ONLY

CHECK ✓ ALL APPLICABLE:

- New Application
- Change of Name
- Change of Address
- Change in Officers
- Change of Owner

TYPE OF DEALERSHIP YOU ARE APPLYING FOR:

- Utility Trailer Dealer
- Moped Dealer
- Special Mobile Equipment Dealer
- Modular Home Dealer - (**NOTE:** Application for identification number only. Multi-Purpose Dealer plates are available upon request by using Form MV-326.)
- Farm Equipment Dealer - (**NOTE:** Application for identification number only. Farm Equipment Dealer plates are available upon request using Form MV-377.)

A NAME AND ADDRESS OF BUSINESS (Exactly as registration is to be issued)			
Name			Federal I.D. #
Street Address (Principal Place of Business)			List DIN Number
City	County	State	Zip Code
Business Phone #		Home Phone # of President or Controlling Partner	

B TYPE OF BUSINESS (Check One)	This Location is (Check One)
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Owned <input type="checkbox"/> Leased

C LIST ALL OWNER(S), PARTNERS OR CORPORATE OFFICERS			
1. NAME	TITLE	DRIVER'S LICENSE #	
STREET ADDRESS	CITY	STATE	ZIP CODE
2. NAME	TITLE	DRIVER'S LICENSE #	
STREET ADDRESS	CITY	STATE	ZIP CODE
3. NAME	TITLE	DRIVER'S LICENSE #	
STREET ADDRESS	CITY	STATE	ZIP CODE
4. NAME	TITLE	DRIVER'S LICENSE #	
STREET ADDRESS	CITY	STATE	ZIP CODE

D LIST OF OTHER BUSINESSES AT THIS LOCATION

E INDICATE NUMBER OF REGISTRATION PLATES YOU ARE APPLYING FOR IN BLOCK PROVIDED BESIDE THE APPROPRIATE CLASSIFICATION
<input type="checkbox"/> UTILITY TRAILER DEALER (UTY) <input type="checkbox"/> SPECIAL MOBILE EQUIPMENT DEALER (TD)
<input type="checkbox"/> MOPED DEALER (MPD)
Utility Trailer and Special Mobile Equipment Dealers - Annual Fee - \$36.00 each plate. Moped Dealer - Annual Fee - \$9.00 each plate. Duplicate registration cards may be requested for all plates ordered for \$1.50 per duplicate. Duplicates requested per plate _____ x \$1.50 = _____ .

F	PLEASE LIST THE TYPE OF VEHICLES YOU INTEND TO SELL - CARS, TRUCKS, MOTORCYCLES, TRAILERS, (OVER 3,000 LBS.), MOBILE HOMES, ETC. PLEASE INDICATE NEW OR USED.

G	INSURANCE INFORMATION
Insurance Company Name _____	
Policy Number _____	
Effective Date _____ Expiration Date _____	

H	TEMPORARY REGISTRATION PLATES
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Do you want to issue temporary registration plates? YES NO

If yes, complete the attached Application for Designation as a Full Agent to issue Temporary Registration Plates (MV-344).

I	ADDITIONAL INFORMATION
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1. Was this location previously a vehicle dealership? YES NO

If yes, please list name of dealership and dealer identification number if known.

Dealer Identification Number: _____

2. Has this business or the owners, partners or officers thereof ever been registered as a dealer, miscellaneous motor vehicle business or issuing agent in this or any other state? YES NO If yes, list name(s), location(s), and identification number(s).

3. Have any owners, partners or corporate officers of this business ever been affiliated with a dealership, miscellaneous motor vehicle business, messenger service or full agent whose registration was suspended, cancelled or revoked or is currently under investigation or notice to attend a Departmental or court hearing or is awaiting a decision by a hearing officer or a Court?

YES NO If yes, explain: _____

4. Does any owner, partner, corporate officer or any business with which they were previously affiliated, have any outstanding liabilities which are due and owing to the Commonwealth including but not limited to taxes, fees, monetary penalties or outstanding plates or paperwork?

YES NO If yes, please list: _____

5. Have any owners, partners or corporate officers of this business ever been convicted or administratively sanctioned for violations of Department regulations or Chapters 11, 13 or 23 of the Vehicle Code or Title 18 of the Crimes Code? YES NO

If yes, explain: _____

6. Have any owners, partners or corporate officers of this business ever been convicted of a felony or misdemeanor? YES NO

If yes, explain: _____

7. Have any owners, partners or corporate officers of this business ever remitted uncollectible checks payable to any agency of the Commonwealth of Pennsylvania? YES NO

If yes, explain: _____

8. Have any owners, partners or corporate officers filed bankruptcy within the past 7 years? YES NO

If yes, explain: _____

J MISCELLANEOUS INFORMATION

1. Does your business location meet all local zoning and land use ordinances and building codes? YES NO
2. Does your business meet ADA accessibility requirements? YES NO. **NOTE: A checklist to help you determine if you meet the guidelines is included in this package.**
3. Have all owners, partners and officers read and understood Chapter 53 of Title 67 (Manufacturer, Dealer and Motor Vehicle Business Registration Plates) and Chapters 11, 13 and 23 of the Vehicle Code? YES NO

K NOTARIZATION

(I/We) certify under penalty of law that the information contained herein is true and correct.

Authorized Signature Title Date

Authorized Signature Title Date

Authorized Signature Title Date

SUBSCRIBED AND SWORN TO BEFORE ME:		MONTH	DAY	YEAR
SIGNATURE OF PERSON ADMINISTERING OATH				
S E A L	SIGN IN PRESENCE OF NOTARY			

WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and or imprisonment up to one year [18 Pa.C.S. Section 4904(b)] in addition to any sanction imposed by this Department.

NOTE: When business is discontinued, dealer registration plates and cards must be returned to the Department within 5 days. If business is moved to another location, the Department must be notified within 10 days of the change. A completed Form MV-369 and a new MV-344, if appropriate, photographs of the new location, and a rider to the bond showing change of address must accompany this notification.

Application for Vehicle Dealer Registration Plates

INSTRUCTIONS FOR COMPLETING MV-369

1. All information must be typed or printed in full. List name of business exactly as Dealer registration is to be issued. Address must have physical street address, Post Office Box may be used in addition to street address. Include business phone, and home phone numbers. The license issued will be valid only at the business address listed on this application.
2. Check appropriate box for type of business and if location is owned or leased.
3. List all owners, partners or corporate officers and do not forget to include the titles of owners, partners or corporate officers. Additional sheets may be used if necessary.
4. List other businesses at same location.
5. Answer each question and provide all information requested.
6. Sign, date and have notarized in Section K.

DOCUMENTS THAT MUST ACCOMPANY THIS APPLICATION

1. Include photographs of the interior and exterior of the business which clearly shows the business office work areas, and business identification signs.
2. The bond prescribed by Title 75, Section 1335, on the form of the Department (MV-375), if application is for Utility Trailer, Special Mobile Equipment Dealer or Moped Dealer.
3. An original criminal history record (SP4-164) obtained from the State Police (not a copy), for each owner, partner or corporate officer.
4. A check payable to the Commonwealth in the amount of \$60.00 for payment of the Motor Vehicle Transaction Recovery Fund fee if application is for Utility Trailer, Special Mobile Equipment Dealer or Moped Dealer.
5. When the Department is to issue a dealer registration plate, one of the following items must be used to serve as acceptable proof of insurance:
 1. An insurance identification card;
 2. The declaration page of an insurance policy or a copy thereof;
 3. A copy of a valid binder of insurance which contains all of the information required to appear on the I.D. card, excluding the policy number, and is signed by a licensed insurance agent or broker, or,
 4. A copy of application for insurance to the Pennsylvania Automobile Insurance Plan (PAIP) which contains all of the information required to appear on the I.D. card, excluding the policy number, and is signed by a licensed insurance agent or broker.

A copy of one of the items listed above must be attached to the application.

6. Appropriate fee for number of dealer plates requested.
7. Copy of deed/lease or rental agreement.

NOTE: Special mobile equipment

- (1) Vehicles not designed or used primarily for the transportation of persons or property, except for tools and parts necessary for the use and maintenance of the vehicle, and only incidentally operated or moved over a highway.
- (2) Vehicles which have machinery permanently attached shall not carry a load, except for tools and parts necessary for the use and maintenance of the permanently attached machinery and are only incidentally operated or moved over a highway.

The term includes, but is not limited to, ditch digging apparatus, well boring apparatus, earth moving and road construction and maintenance machinery, such as asphalt spreaders, bituminous mixers, bucket loaders, snowplows, ditchers, graders, finishing machines, road rollers, scarifiers, earth moving carryalls, scrapers, power shovels and drag lines; and self-propelled cranes and tractors, other than truck tractors. The term does not include house trailers; dump trucks; or truck-mounted transit mixers, cranes or shovels.

Mail all completed applications to the Commonwealth of Pennsylvania, Department of Transportation, Bureau of Motor Vehicles, P.O. Box 68283, Harrisburg, PA 17106-8283.