

A	Last Name (or Full Business Name)	First Name	Middle Name	E.I.N.	License Year	Account Number	Page
Business Address				Mailing Address		Contact Person	
City		County	State	Zip	City		State Zip
Phone Number						Applicant's U.S. DOT #	

B	UNITS LISTED ON PAGE WILL BE AUTHORIZED TO OPERATE IN THE STATES AND AT THE WEIGHTS LISTED BELOW. EXCEPTIONS ON ANY STATE OR WEIGHT SHOULD BE GROUPED ON SEPARATE PAGES.									
AL	AB	AZ	AR	BC	CA	CO	CT	DE	DC	FL
GA	ID	IL	IN	IA	KS	KY	LA	MA	MB	ME
MD	MI	MN	MS	MO	MT	NE	NV	NB	NF	NH
NJ	NM	NY	NC	ND	NS	OH	OK	ON	OR	PE
QC	RI	SK	SC	SD	TN	TX	UT	VT	VA	WA
								WV	WI	WY

Equipment Number	Vehicle Serial or Identification Number	Year & Make	* Type	Axles/ Seats	** Fuel	Unladen or Chassis Wt.	Gross Weight	Combined Gross Wt.	Co. Leased to U.S. DOT #
Lessor / Lessee or Pool		Lease/Purchase Date	Factory Price	Purchase Price	PA Title Number			Current Tag No. and State	

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*** VEHICLE TYPE**
TR - Tractor
TK - Truck (Single)
BS - Bus

**** FUEL**
D - Diesel
G - Gasoline
P - Propane

Insurance Company Name		
Policy Number	Effective Date	Expiration Date

Number of duplicate cab cards for each vehicle in the fleet _____

Exempt Commodity: _____

D	I acknowledge that I may lose my operating privilege or vehicle registration for failure to maintain insurance on the currently registered vehicle for the period of registration. My signature attests to knowledge of all applicable State and Federal Motor Carrier safety laws and regulations.									
By _____ Title _____ Date _____										
(Owner or Authorized Representative)										

INSTRUCTIONS

Section A

Name of carrier, business address (MUST INCLUDE PHYSICAL ADDRESS), mailing address if different than business address, name of contact person, US DOT and EIN and phone number.

Section B

List weight being requested for each jurisdiction.

Section C

Complete items where applicable. For vehicle type, use one of the following: tractor (TR), single truck (TK) or bus (BS). If a truck, list total number of axles of truck including total with trailers, total number of axles in a power unit and in combination if truck-tractor, such as 3/5. List seating capacity if bus. List title number for vehicle with Pennsylvania title only. Also, list the insurance company name, policy number, effective date and expiration date of the policy. You must also list your U.S. DOT number of the company you are leased to. (Listed on side of truck.)

Section D

Owner or authorized representative must sign and list their title with company.