

MV-550A (8-12)

Bureau of Motor Vehicles
Commercial Registration Section
P.O. Box 68286
Harrisburg, Pa 17106-8286



pennsylvania
DEPARTMENT OF TRANSPORTATION

**Registration Application
Schedule for New Account
or Renewal
(Single Vehicle Only)**

Account#
For Department Use Only

A Applicant Information															
Registrant Name										E.I.N.					
Business Street Address						Mailing Street Address									
City		County		State		Zip Code		City		County		State		Zip Code	
U.S. DOT Number			Carrier Type			Contact Person				Phone Number					

B Jurisdiction Registration Information											
Weight	Jurisdiction	Mileage	Type	Weight	Jurisdiction	Mileage	Type	Weight	Jurisdiction	Mileage	Type
	Alabama (AL)				Manitoba (MB)				Ohio (OH)		
	Alaska				Maryland (MD)				Oklahoma (OK)		
	Alberta (AB)				Massachusetts (MA)				Ontario (ON)		
	Arizona (AZ)				Mexico				Oregon (OR)		
	Arkansas (AR)				Michigan (MI)				Pennsylvania (PA)		
	Brit Columbia (BC)				Minnesota (MN)				Prince Ed Isle (PE)		
	California (CA)				Mississippi (MS)				Quebec (QC)		
	Colorado (CO)				Missouri (MO)				Rhode Island (RI)		
	Connecticut (CT)				Montana (MT)				Saskatchewan (SK)		
	Delaware (DE)				Nebraska (NE)				South Carolina (SC)		
	Dist Columbia (DC)				Nevada (NV)				South Dakota (SD)		
	Florida (FL)				Newfoundland (NF)				Tennessee (TN)		
	Georgia (GA)				New Brunswick (NB)				Texas (TX)		
	Idaho (ID)				New Hampshire (NH)				Utah (UT)		
	Illinois (IL)				New Jersey (NJ)				Vermont (VT)		
	Indiana (IN)				New Mexico (NM)				Virginia (VA)		
	Iowa (IA)				New York (NY)				Washington (WA)		
	Kansas (KS)				North Carolina (NC)				West Virginia (WV)		
	Kentucky (KY)				North Dakota (ND)				Wisconsin (WI)		
	Louisiana (LA)				Northwest Terr				Wyoming (WY)		
	Maine (ME)				Nova Scotia (NS)				Total Fleet Miles		

If mileage is estimated, explain in detail, on reverse side of form, how mileage was estimated.

C Vehicle Information - Provide explanation of estimated distance on separate piece of paper. Include destinations, routes of travel and streets or roads.											
Equip #		PA Title #		Vehicle Identification #			Year/Make		Vehicle Type		# Dups @ \$1.50 each
Axles	Seats	Fuel	Empty Weight		Requested GVW		Requested GCW		Lessor/Lessee		
Purchase/Lease Date		Factory Price			Purchase Price			Wrecker <input type="checkbox"/> YES <input type="checkbox"/> NO			
Insurance Company Name				Policy Number			Policy Effective Date			Policy Expiration Date	

D Signature											
<p>Unless otherwise indicated, I certify the mileage above represents all intrastate and interstate miles, including miles trip leased to other carriers, traveled by this vehicle between July 1, 20__ and June 30, 20__, and includes loaded and empty miles. I acknowledge that I may lose my operating privilege or vehicle registration for failure to maintain financial responsibility on this vehicle for the period of registration. My signature attests to knowledge of all applicable State and Federal Motor Carrier safety laws and regulations and certifies that I have never held an apportioned registration in Pennsylvania or from another jurisdiction.</p> <p>I/We certify that the vehicle being renewed for account number _____ is a motor carrier vehicle and has a currently valid safety inspection.</p> <p>By: _____ Title _____ Date _____ Telephone No. _____</p>											

**Pennsylvania Apportioned Registration Program
(International Registration Plan)**

Complete the application if you are applying to establish a new apportioned account or renewing an existing apportioned account or registering a single vehicle only. If you are establishing a new apportioned account or renewing your registration for multiple vehicles, Forms MV-551 (Schedule B) and Form MV-552A (Schedule A) must be completed.

INSTRUCTIONS

Section A - Applicant Information - Complete this section by providing the registrant or business name, employee (F.E.I.N., E.I.N. or S.S.N.) number or business address (no P.O. Boxes permitted), mailing address, city, county and zip code. Indicate your carrier type (haul for hire, private, household goods, rental, passenger rental or exempt carrier), list a contact person for your account and 10 digit telephone number.

Section B - Jurisdiction Registration Information - For each jurisdiction, list the maximum weight your fleet will operate in front of the desired jurisdictions followed by the total fleet distance you traveled during the last registration reporting period. If you are requesting a jurisdiction for which no miles were previously accrued, you may list the distance provided from the estimate distance chart. If these miles are unreasonable, you may provide a business plan that provides a reasonable distance for each jurisdiction you are requesting. The business plan should provide destinations, routes of travel and the number of trips per jurisdiction; otherwise estimate distance will be used off of the estimate distance chart. Estimates will be multiplied by the number of vehicles in the fleet per jurisdiction. In the "TYPE" column, indicate if your distance is one of the following: "**A**" if actual distance, "**E**" if estimated distance and "**N**" if actual distance was accrued but you do not want to operate in the jurisdiction during this registration period.

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, total number of axles of truck including total with trailers, in a power unit and in combination if truck, such as 3/5. 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.

Section D - Ending year should be that most recent June occurred in, i.e., if applying in March 2012, ending year would be 2011; if applying in July of 2012, ending year would be 2012. Owner or authorized representative must sign and list their title with company.

If mileage is estimated, explain in detail, below, how mileage was estimated or attach a business plan on a separate sheet of paper.

Estimated Mileage Explanation:

Visit us at 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