

**MV- 673 (08-01)**

<b>A</b>	NAME OF APPLICANT	BUREAU OF MOTOR VEHICLES COMMERCIAL REGISTRATION SECTION PO BOX 68289 HARRISBURG PA 17106-8289  <b>FLEET REGISTRATION                  SUPPLEMENTAL APPLICATION</b>	<b>FOR DEPARTMENT USE ONLY</b>
	BUSINESS ADDRESS		
	CITY COUNTY STATE ZIP CODE		

**B**  New Vehicle Only  License Transfer with Weight Increase  License Transfer  Delete Only  Transfer from fleet \_\_\_\_\_ to fleet \_\_\_\_\_

ACCOUNT NUMBER	FLEET NUMBER	US DOT NUMBER # _____ <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE	PUC NUMBER # A _____ <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE	FLEET EXPIRY DATE	NO. OF DUPLICATE REGISTRATION CARDS FOR EACH VEHICLE IN THE FLEET _____
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**C ADDITIONS**

OWNER'S EQUIPMENT NUMBER	TITLE NUMBER	VEHICLE SERIAL OR IDENTIFICATION NUMBER	LESSOR/LESSEE	COMBINED AXLES	GROSS WEIGHT	COMBINED GROSS WEIGHT

**D TRANSFER  DELETIONS  TEMP TAGS**

OWNER'S EQUIPMENT NUMBER	TITLE NUMBER	REPLACEMENT EQUIPMENT NUMBER	REGISTRATION PLATE NUMBER	DATE OF TEMP TAG OR TRANSFER	ISSUING AGENT NUMBER	EXPIRATION DATE OF TAG

**F**

I/We acknowledge that I/we may lose my/our operating privilege or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration.

\_\_\_\_\_

SIGNATURE OF APPLICANT(S)

\_\_\_\_\_

TITLE

\_\_\_\_\_

DATE

**E**

INSURANCE COMPANY NAME		
POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE