



Bureau of Motor Vehicles
 P.O. Box 68290
 Harrisburg, PA 17106-8289

**Application For
 Emergency Vehicle
 Registration Plate**

For Department Use Only

When applying for issuance or transfer of an Emergency Vehicle Registration plate, complete this supplemental application in its entirety and attach to either Form MV-1, MV-4ST, MV-120, MV-140 or MV-44.

A	Title Number	VIN	Telephone Number ()		
	Applicant Last Name (or Full Business Name)	First Name	Middle Name	PA DL/Photo ID # or Bus. ID #	Date of Birth
	Co-Applicant Last Name	First Name	Middle Name	PA DL/Photo ID # or Bus. ID #	Date of Birth
	Street Address	City	State	Zip Code	

B This vehicle is used to answer emergency calls as listed below or is used by the Philadelphia Parking Authority and is a/an:

Fire Department Vehicle
 Police Vehicle
 Sheriff Vehicle
 Blood Delivery Vehicle
 Human Organ Delivery Vehicle
 EV Plate Fleet - Attach Form MV-670
 Ambulance - Department of Health License # _____
 Armed Forces Emergency Vehicle
 Vehicle operated by a Coroner or Chief County Medical Examiner
 Vehicle operated by a Chief Deputy Coroner or Deputy Chief County Medical Examiner
 Hazardous Material Response Vehicle (_____ certification number issued by PEMA)
 Philadelphia Parking Authority Vehicle used in the enforcement of 53 PA. C.S., Chapter 57
 Privately owned vehicles used by any of the designated individuals listed on the reverse side of this form. A registration fee is required. (NOTE: A letter on company letterhead indicating the individuals title/position must be attached.)

C The applicant requesting this vehicle registration plate is a:

<p>Free Registration</p> <input type="checkbox"/> County, City, Township or Borough <input type="checkbox"/> Volunteer Fire or Ambulance Association # of volunteers _____ # of paid employees _____	<p>\$10 Processing Fee</p> <input type="checkbox"/> Nonprofit Corporation that provides Emergency Medical Services or Ambulance (List Your Fee Exemption # _____) <input type="checkbox"/> Hospital (List Your Fee Exemption # _____)	<p>Full Registration Fee</p> <input type="checkbox"/> For-Profit Corporation
<input type="checkbox"/> Other: (Please explain) _____		

D By signing below, I certify under penalty of law that the information contained herein is true and correct. **WARNING:** Falsification to authorities is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 PA C.S. Section 4904 (b)).

_____	_____
Signature of Applicant	Signature of Co-Applicant
_____	_____
Title of Applicant	Date

FOR DEPARTMENT USE ONLY

Approved _____ Date _____
 Disapproved _____ Date _____

INSTRUCTIONS

Section A

Complete all owner and vehicle information as it appears on the title application or the certificate of title if the vehicle is already titled in the applicant's name. 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.).

Section B

Please indicate the type of vehicle that the Emergency Vehicle registration plate is being requested for by checking the appropriate block. This vehicle must be used to answer emergency calls or a vehicle used by the Philadelphia Parking Authority for the enforcement of 53 PA. C.S., Chapter 57.

A privately owned vehicle used by any of the following:

- A police chief and assistant chief;
- A fire chief, assistant chief and, when a fire company has three or more fire vehicles, a second or third assistant chief;
- A fire police captain and fire police lieutenant;
- An ambulance corps commander and assistant commander;
- A river rescue commander and assistant commander;
- A county emergency management coordinator;
- A fire marshal;
- A rescue service chief and assistant chief.

- EV Plate Fleet - Complete Form MV-670, "Application to Establish a Fleet Account" and mail to PA Department of Transportation, Bureau of Motor Vehicles, P.O. Box 68290 Harrisburg, PA 17106-8289

NOTE: If you qualify for one of these classifications, please include a letter on your business letterhead stating your position and how you qualify for an Emergency Vehicle registration plate. This letter needs to be signed by the head of your business, but it cannot be signed by you.

If registering a trailer as an Emergency Vehicle, please submit a photo of the trailer along with a written description of what the trailer will be used for. If this is a box trailer, please include a photo of the inside of the trailer.

Section C

Please indicate the type of organization/company requesting the Emergency Vehicle registration plate by checking the appropriate block. This will determine if the vehicle qualifies for free registration, annual registration fee or the reduce processing fee in lieu of registration fees.

County, City, Township or Borough = Free registration

Volunteer Fire, Rescue or Ambulance Association = Free registration

(NOTE: You must indicate the number of volunteer employees and the number of paid employees.)

Nonprofit Corporation that provides Emergency Medical Service or Ambulance Service = \$10 processing fee in lieu of registration (NOTE: Form MV-549 must be completed and on file with PennDOT and you must list your fee exemption number in the space provided.)

Hospital = \$10 processing fee in lieu of registration (NOTE: Form MV-549 must be completed and on file with PennDOT and you must list your fee exemption number in the space provided.)

For-Profit Corporation = Full registration fees

If the "other" block is checked, please explain in the space provided.

Section D

The application must be signed and dated by an authorized individual. Please include the authorized individual's title.

NOTE: The Emergency Vehicle registration plate must be returned to PennDOT when the person/agency no longer qualifies or if the registration plate is not going to be renewed or transferred.

Return the registration plate to:

PennDOT
Bureau of Motor Vehicles
Return Tag Unit
PO Box 68597
Harrisburg, PA17106-8597