

MV-550A (3-07)

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

**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	
Applicant U.S. DOT Number (Registrant)			Carrier Type			Contact Person			Phone Number						

B Jurisdiction Registration Information											
Weight	Jurisdiction	Mileage	Type	Weight	Jurisdiction	Mileage	Type	Weight	Jurisdiction	Mileage	Type
	Alabama				Manitoba				Ohio		
	Alaska				Maryland				Oklahoma		
	Alberta				Massachusetts				Ontario		
	Arizona				Mexico				Oregon		
	Arkansas				Michigan				Pennsylvania		
	Brit Columbia				Minnesota				Prince Ed Isle		
	California				Mississippi				Quebec		
	Colorado				Missouri				Rhode Island		
	Connecticut				Montana				Saskatchewan		
	Delaware				Nebraska				South Carolina		
	Dist Columbia				Nevada				South Dakota		
	Florida				Newfoundland				Tennessee		
	Georgia				New Brunswick				Texas		
	Idaho				New Hampshire				Utah		
	Illinois				New Jersey				Vermont		
	Indiana				New Mexico				Virginia		
	Iowa				New York				Washington		
	Kansas				North Carolina				West Virginia		
	Kentucky				North Dakota				Wisconsin		
	Louisiana				Northwest Terr				Wyoming		
	Maine				Nova Scotia				Total Fleet Miles		

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

C Vehicle Information											
Equip #		PA Title #		Vehicle Identification #			Year/Make		Vehicle Type		# Dups @ \$1.50 each
Axles	Seats	Fuel	Empty Weight		Requested GVW		Requested GCW		Lessor/Lessee		
Company Leased to U.S. DOT #				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 having 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)**

As a Pennsylvania apportioned carrier, for auditing purposes, I understand that I am required to preserve operational records on which my application is based for a period of three years. I also understand that an acceptable source document used to verify carrier fleet mileage is an "Individual Vehicle Mileage Record" which must contain the trip starting and ending date, trip origin and destination, route or starting and ending odometer/hubometer reading, total trip miles, miles by each jurisdiction, unit/VIN number, fleet number, trailer number, registrants name and driver's signature or name.

INSTRUCTIONS

Section A - Name of carrier, business address (MUST INCLUDE PHYSICAL ADDRESS), mailing address if different than business address, type of carrier (haul for hire, private, household goods, rental, passenger rental or exempt carrier), name of contact person and phone number. (US DOT/EIN)

Section B - List beginning and ending year for mileage. List weight being requested for each jurisdiction. List actual miles for any jurisdiction(s) that applicant operated in during reporting period. If requesting jurisdiction for which no miles were accrued, list reasonable estimate and explain how estimate was calculated, otherwise estimated mileage matrix amounts will be inserted. Behind jurisdictions being requested, list "TYPE" of mileage, "A" if actual miles, "E" if estimated miles and "N" if actual miles in a jurisdiction which is NOT to be apportioned.

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. You must also list your U.S. DOT number.

Section D - Ending year should be that most recent June occurred in, i.e., if applying in March 2007, ending year would be 2006; if applying in July of 2007, ending year would be 2007. Owner or authorized representative must sign and list their title with company.

If mileage is estimated, explain in detail, below, how mileage was estimated.