

**PENNSYLVANIA APPORTIONED
REGISTRATION APPLICATION - SCHEDULE B**

Name of Applicant _____

FLEET MILEAGE FOR PERIOD JULY 1, 20 ____ THROUGH JUNE 30, 20 ____

ENTER AN "X" IN THE BOX IN FRONT OF EACH MEMBER JURISDICTION FOR WHICH YOU ARE APPLYING FOR PROPORTIONAL REGISTRATION. IN THE "CODE" BLOCK ENTER AN "E" FOLLOWING ANY MILEAGE WHICH IS ESTIMATED, ENTER A "D" FOLLOWING MILEAGE WHICH IS A SECOND YEAR ESTIMATE AND ENTER AN "N" FOLLOWING ANY MILEAGE FOR A JURISDICTION WHICH YOU ARE NOT APPORTIONED THIS YEAR FOR WHICH YOU HAD MILES FOR THE REPORTING PERIOD. DO NOT COMBINE THE MILES OF ANY TWO OR MORE JURISDICTIONS.

ACCOUNT NO. _____
LICENSE YEAR _____

JURISDICTION	MILEAGE	CODE	JURISDICTION	MILEAGE	CODE	JURISDICTION	MILEAGE	CODE
<input type="checkbox"/> Alabama			<input type="checkbox"/> Manitoba			<input type="checkbox"/> Ohio		
<input type="checkbox"/> Alaska			<input type="checkbox"/> Maryland			<input type="checkbox"/> Oklahoma		
<input type="checkbox"/> Alberta			<input type="checkbox"/> Massachusetts			<input type="checkbox"/> Ontario		
<input type="checkbox"/> Arizona			<input type="checkbox"/> Mexico			<input type="checkbox"/> Oregon		
<input type="checkbox"/> Arkansas			<input type="checkbox"/> Michigan			<input type="checkbox"/> Pennsylvania		
<input type="checkbox"/> Brit. Columbia			<input type="checkbox"/> Minnesota			<input type="checkbox"/> Prince Ed. Is.		
<input type="checkbox"/> California			<input type="checkbox"/> Mississippi			<input type="checkbox"/> Quebec		
<input type="checkbox"/> Colorado			<input type="checkbox"/> Missouri			<input type="checkbox"/> Rhode Island		
<input type="checkbox"/> Connecticut			<input type="checkbox"/> Montana			<input type="checkbox"/> Saskatchewan		
<input type="checkbox"/> Delaware			<input type="checkbox"/> Nebraska			<input type="checkbox"/> South Carolina		
<input type="checkbox"/> Dist. Columbia			<input type="checkbox"/> Nevada			<input type="checkbox"/> South Dakota		
<input type="checkbox"/> Florida			<input type="checkbox"/> Newfoundland			<input type="checkbox"/> Tennessee		
<input type="checkbox"/> Georgia			<input type="checkbox"/> New Brunswick			<input type="checkbox"/> Texas		
<input type="checkbox"/> Idaho			<input type="checkbox"/> New Hampshire			<input type="checkbox"/> Utah		
<input type="checkbox"/> Illinois			<input type="checkbox"/> New Jersey			<input type="checkbox"/> Vermont		
<input type="checkbox"/> Indiana			<input type="checkbox"/> New Mexico			<input type="checkbox"/> Virginia		
<input type="checkbox"/> Iowa			<input type="checkbox"/> New York			<input type="checkbox"/> Washington		
<input type="checkbox"/> Kansas			<input type="checkbox"/> North Carolina			<input type="checkbox"/> West Virginia		
<input type="checkbox"/> Kentucky			<input type="checkbox"/> North Dakota			<input type="checkbox"/> Wisconsin		
<input type="checkbox"/> Louisiana			<input type="checkbox"/> Northwest Terr.			<input type="checkbox"/> Wyoming		
<input type="checkbox"/> Maine			<input type="checkbox"/> Nova Scotia			Total 100% Fleet Miles		

Explain in detail how & why mileage is estimated: _____

TYPE OF OPERATION

- Haul for Hire
 Private Carrier
 Exempt Carrier
 Household Goods Carrier
 Passenger Carrier
 Rental Company (less than 45 days) (over 45 days)
 Exempt Commodity: _____

As a Pennsylvania apportioned carrier, I understand for auditing purposes, I am required to preserve operational records on which my application is based for a period of three registration 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. Unless otherwise indicated, I hereby certify the mileage shown on this schedule represents all intrastate and interstate mileage (including miles while trip lease to other carriers) traveled by this fleet of vehicles for the designated reporting period. Further, the mileage shown include loaded and empty (deadhead and/or bobtail) miles.

I/We further certify that the vehicle being renewed for account number _____ is a motor carrier vehicle and has a currently valid Safety Inspection.