

MV-552A (01-05)

# APPORTIONED REGISTRATION SUPPLEMENT APPLICATION

BUREAU OF MOTOR VEHICLES  
COMMERCIAL REGISTRATION SECTION  
P.O. BOX 68286  
HARRISBURG, PA 17106-8286

Name of Applicant				Mailing Address				License Year	Account Number	U.S. DOT #	Page
Business Address				City	State	Zip	Person to Contact Regarding Application			Phone Number	
City	County	State	Zip	<input type="checkbox"/> New Vehicle Only <input type="checkbox"/> License Transfer with Weight Increase <input type="checkbox"/> Increase Weight on Vehicle Originally Licensed at a Lower Weight <input type="checkbox"/> Delete Only <input type="checkbox"/> License Transfer <input type="checkbox"/> Correct Information <b>NOTE:</b> All Cab cards (including duplicates) must be returned when applying for transfer.							

AL	AB	AZ	AR	BC	CA	CO	CT	DE	DC	FL	GA	ID
IL	IN	IA	KS	KY	LA	MA	ME	MD	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	RI
SK	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	ON
MB	NB	NF	NS	PE	QC							

**ADDITIONS**

**DELETIONS**

Equipment Number	Vehicle Serial or Identification Number	Year & Make	* Type	Axles/ Seats	** Fuel	Unladen or Chassis Wt.	Gross Weight	Combined Gross Wt.	U.S. DOT #	Equipment Number	Vehicle Serial or Identification Number
Lessor / Lessee or Pool		Lease/Purchase Date	Factory Price	Purchase Price	Title Number and State		Current Tag No. and State		Plate No.	Replacement Equipment No.	

  

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* VEHICLE TYPE		
TT - Truck Tractor	RT - Road Tractor	BS - Bus
TR - Tractor	ST - Semi-Trailer	CG - Converter Gear
TK - Truck (Single)	TL - Full Trailer	DB - Double Bottoms

** FUEL
D - Diesel
G - Gasoline
P - Propane

Insurance Company Name		
Policy Number	Effective Date	Expiration Date

**Number of duplicate cab cards for each vehicle in the fleet \_\_\_\_\_**

I acknowledge that I may lose my operating privilege or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. My signature attests to knowledge of all applicable State and Federal Motor Carrier safety laws and regulations.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Authorized Representative)