

Department of Transportation  
Bureau of Motor Vehicles  
Commercial Registration Section  
P.O. Box 68289  
Harrisburg, PA 17106-8289



FOR BUREAU USE ONLY

Please see Instructions on the reverse side before completing this application

**SECTION A**

- 1. Applicant Name \_\_\_\_\_
- 2. Address \_\_\_\_\_  
\_\_\_\_\_
- 3. Person to contact \_\_\_\_\_ Telephone # \_\_\_\_\_

**SECTION B**

4. Type of Carrier

**For-Hire**

- \_\_\_ (a) Sole Proprietorship
- \_\_\_ (b) Partnership
- \_\_\_ (c) Corporation

**Authority**

- \_\_\_ (d) Municipal
- \_\_\_ (e) Port

5. Carrier is subject to the jurisdiction of: \_\_\_ (A) Municipality \_\_\_ (B) Port Authority \_\_\_ (C) PUC  
for rates and schedule.

If PUC, list certificate number \_\_\_\_\_

**SECTION C**

6. County of principal place of business \_\_\_\_\_

7. Counties contiguous to county listed above

_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION D**

8. Does carrier offer scheduled fixed route public transportation service? Yes \_\_\_ No \_\_\_

9. a. Revenue from scheduled routes in counties listed \_\_\_\_\_

b. Revenue from all intrastate schedule routes \_\_\_\_\_

c.  $a \div b$  \_\_\_\_\_ %

**SECTION E**

10. I, \_\_\_\_\_  
(Print Name)

of \_\_\_\_\_ hereby affirm under

penalties prescribed by law that this application (including any accompanying schedules and statements), has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## INSTRUCTIONS

Please print or type all information.

### Section A

1. List the name of the Urban Mass Transportation System.
2. List the address of the Urban Mass Transportation System.
3. Identify the person to contact and telephone number if there are any problems concerning the application.

### Section B

4. Indicate the type of bus company. If it is for-hire, select either a, b or c. If the bus company is an authority, select either d, or e.
5. Select who approves the rates and schedule. Check the proper block and list number provided by the PUC (if applicable).

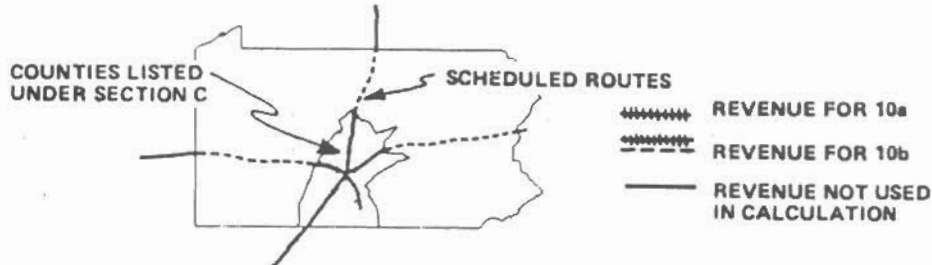
### Section C

6. List the county where the principal place of business is located.
7. List the counties contiguous to the county listed in question 6.

### Section D

8. Indicate yes or no to the question. If no, applicant does not qualify for exemption of registration and title fees. If yes, answer questions 9 a, b, and c.
9.
  - a. Indicate the revenue obtained from scheduled routes in the counties listed in questions 6 and 7 for the previous calendar year.
  - b. List the revenue derived from all intrastate scheduled operation of buses for the previous calendar year.

**NOTE:** For a and b do not include extra ordinary income such as advertising, State and Federal operating capital grants, or other promotions. Do not include any income from school or charter service. DO include payments from the Commonwealth's Free Transit Program for Senior Citizens and intrastate portion of interstate routes.



- c. Divide the figure listed in 9a by the figure listed in 9b and express the quotient as a percentage.

### Section E

10. Officer of the system must affirm and sign in this section. In addition, print the name of the office, title and the date application was made.

#### For original application:

- Attach a list of all vehicles owned or leased by applicant (VIN, Title and Tag)
- Attach copies of all scheduled routes.

Submit to the Commercial Registration Section  
P.O. Box 68289  
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