

APPORTIONED REGISTRATION SUPPLEMENT APPLICATION

(The space above is for Department use only)
Commercial Registration Section • P. O. Box 68286 • Harrisburg, PA 17106-8286

A	APPLICANT INFORMATION If you wish to have your registration card(s) emailed to the email address listed below upon payment, check (🗸) here:															4 - 41		P. 6 . 1	le a La			-1- / -4\ 1				
Α	A PPLICANT INFORMATION If you wish to																									
	Acct # Name of Applicant							Business Address							City			County			State	Zip				
	***USDOT#	Person to Contact Regarding Application							Mailing Ad	Mailing Address					City	Y			County			Zip				
	***TIN/EIN E-mail Address							Registrat	Registration Year				New Vehicle Only				Reg	gistration Transfer and gistration Plate Replacement				elete Only				
+	Telephone Number				Fax Numbe	r						Increase Weight on Vehicle Originally Registered at a Lower Weight					Registration Transfer with Weight Lease Buy Out Increase									
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В	WEIGHTS			•																						
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		WISDOT# US Department of Transportation Number - WISDOT# US Department of Transportation Number												G – Gas N - Natura	P - Propane - Natural Gas O - Other											
Е	INSURANC	SURANCE AND ACKNOWLEDGEMENT																								
	vehicle for the per														NAIC #				Insurance C	surance Company Name						
	regulations. My signature attests to the fact that this vehicle is a motor carrier vehicle and it							d it has a d	a current valid safety inspection.					Po	Policy Number				Effective Date			xpiration D	ate			
	-	Applicant or Authorized Signer Title Date									Date		Number of duplicate cab cards for each vehicle in the fleet:													

Section A - Applicant Information

Enter the apportioned account number, the applicant name that appears on the apportioned account, business address and mailing address (if the mailing address is different than the business address). Post Office Box addresses may only be used in conjunction with a bona fide numbered street address. Post Office Box addresses alone are not permitted. The Pennsylvania Vehicle Code requires actual or bona fide addresses on applications for title and registration. Also fill in the applicant's USDOT number (US Department of Transportation Number), contact person, TIN/EIN (Tax Identification Number/Employee Identification Number), e-mail address, and registration year, telephone number and fax number. Check the appropriate box that best describes the transaction you are requesting. **NOTE:** If you wish to have your registration card(s) emailed upon payment, check the box at the top of Section A.

Section B - Weights

Enter the maximum weight of the vehicles you wish to register to your apportioned fleet in the boxes labeled for each jurisdiction.

Section C - Vehicle Additions

List the vehicle information to be added to the fleet. If the vehicle is a wrecker, please check the box contained in this section. If the vehicle is leased, list the lessee's USDOT number and TIN/EIN. A copy of the lease agreement must be submitted with this application. If a vehicle is being added to the fleet with existing Pennsylvania registration, include the registration plate number in this section to obtain credit. If an existing apportioned plate is being transfered to the added vehicle, list the transfer information in Section D.

NOTE: For body type, use one of the following: tractor (TR), single truck (TK) or bus (BS). If a truck, list total number of axles on the truck including trailer axles if requesting combination weight. For tractor, list the number of axles on the tractor and the total number of axles for the tractor and trailer. Example: 3/5 means 3 axles for the tractor and 5 combined including the trailer. If the vehicle is a bus, list seating capacity. Do not leave any information blank.

Utah Truck Indicator (UT Spec Truck): If the truck type entering the state of Utah is a cement pump, well boring unit, or crane, the Utah Special Truck block should be checked as "Yes." If this does not apply, check "No."

Colorado Miles (CO Miles): If the vehicle fleet operates more than 10,000 miles nationally per year, the box must be checked "Yes."

NOTE: If the vehicle is leased to the applicant, you must identify the USDOT number and TIN/EIN of the motor carrier responsible for safety. Also, indicate if the motor carrier responsible for safety will change during the registration year.

Section D - Delete or Transfer Information

Check the appropriate box for Deletion or Transfer. Also provide the equipment number, Vehicle Identification Number (VIN) and current registration plate number of the vehicle to be deleted or transferred.

If the vehicle is being deleted, the registration plate must be returned to the Commercial Registraton Section. **NOTE:** Once the registration plate has been placed on the vehicle or a temporary has been issued, they are automatically classified as **USED. NO REFUND** of the fees will be issued for **USED** registration plates.

Section E - Insurance and Acknowledgement

Fill in your insurance information in the spaces provided including the NAIC number, company name, policy number, and the effective and expiration dates. **NOTE:** The insurance information listed can only be for full liability coverage.

If you are requesting any duplicate cab cards, enter the total number of duplicates being requested for each vehicle. Signature of the owner or authorized representative of the apportioned account, title and date must be included on the form.