

APPLICATION FOR AUTHORIZATION TO ISSUE APPORTIONED REGISTRATION CREDENTIALS

(The space above is for Department use only)
Bureau of Motor Vehicles • P.O.Box 68285 • Harrisburg, PA 17106-8285

PRINT OR TYPE ALL INFORMATION IN FULL

ATTACH THE FOLLOWING INFORMATION:

- 1. Copy of TA Training Certificate for all employees that will process apportioned permit applications
- 2. Check or money order made payable to the Commonwealth of Pennsylvania in the amount of \$75.

NOTE: Applicant must be an Authorized Agent under contract with PennDOT. The Business Name and Principal Place of Business address must match the applicants DIN records. Applicants must apply for a separate Authorization to Issue Apportioned Registration Credentials for each different location.

Please list current: Contract #	DIN #		EIN #	
Name of Applicant: Last				
2. Name of Business:	First	Middle	PA DL / Photo I	ID#
Business Phone Number:			Bus. ID#	
Address of Principal Place of Busines				
. Address of Fillelpai Flace of Busilies		Street Address		
City			State	Zip Code
5. Mailing Address:	Street Address			
City 6. Type of Business:			State	Zip Code
 ☐ Sole Proprietorship ☐ Partnership 	n Corneration State of Inco	ornoration:		
·	•	•		
7. Name of each owner or partner. If a c	corporation, name of principal o	micers:		
3. How long has the company been in b	ousiness:			
9. Type of Permits applicant desires to i	ssue:			
☐ 72-hour Trip Permit ☐	20-day Hunter Permit	☐ 60-day Temporar	y Apportioned F	Registration
0. Briefly describe how permits will be s	tored:			
11. Have you or any principal of your cor	poration within the past three ye	ears been found guilty	, pleaded guilty,	entered a plea
of nolo contendere in this or any other			nder false prete	ense, extortion,
conspiracy to defraud, bribery, or any YES NO . If yes, give detail		rpitude?		
UNSWORN DECLARATION	з он зеранате знеет.			
I/We declare under penalty of perjury under the lav	w of the Commonwealth of Pennsylvania	. that the foregoing is true an	d correct. and that a	oplication was made
for the above product.	,	, a.a		
Furthermore, I/we state that I/we have read and s				
and correct, and that any statement made on or pu- which include criminal prosecution and a term of	imprisonment, the maximum of which m	nay be one year [18 Pa.C.S.	4904(b)], or up to tw	vo years [18 Pa.C.S.
4904(a)]. In addition to any other penalty, a person	n convicted under this section shall be se	entenced to pay a fine of at le	east \$1,000 [18 Pa.C	C.S. 4904(d)].
Signed on the day of,	at			
oay or,	(county or c	other location, and state)	,(c	country)
Printed Name of Applicant/Authorized Signer		Signature of Applicant /Aut	thorized Signer	
Title of Authorized Cigner				
Title of Authorized Signer		Telephone number		