



pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dmv.pa.gov

APPLICATION TO ESTABLISH A FLEET ACCOUNT

For Department Use Only
Bureau of Motor Vehicles • Commercial Registration Section
P.O. Box 68289 • Harrisburg, PA 17106-8289

Applicant must complete Sections A, B & C. New fleet accounts should reference Form MV-556F, "New Pennsylvania Fleet Account Checklist." All vehicles listed on this application must have already been titled and registered in Pennsylvania, or application for title/registration must be attached.

A APPLICANT INFORMATION		Existing Fleet Account? <input type="checkbox"/> YES <input type="checkbox"/> NO Account # _____		Requested Expiration Date _____	
Last Name (Or Full Business Name)			First Name		Middle Name
Business Address (Cannot be P.O. Box Only)			Mailing Address (Cannot be P.O. Box Only)		
City	State	Zip Code	City	State	Zip Code
Contact Person			TIN# _____		Owner <input type="checkbox"/> Lessee <input type="checkbox"/>
Phone Number () _____		Email Address _____		US DOT# _____ <input type="checkbox"/> <input type="checkbox"/>	
				PUC A# _____ <input type="checkbox"/> <input type="checkbox"/>	
Insurance Company Name			Policy Number	Policy Effective Date	Policy Expiration Date
B FLEET TYPES (choose one)					
ANNUAL			PREFERRED PERMANENT		FIVE YEAR
<input type="checkbox"/> Mass Transit <input type="checkbox"/> Rental <input type="checkbox"/> Private <input type="checkbox"/> Bus <input type="checkbox"/> School Bus <input type="checkbox"/> Utility <input type="checkbox"/> Taxi <input type="checkbox"/> Limo <input type="checkbox"/> For Hire <input type="checkbox"/> Dual Reg <input type="checkbox"/> Emergency Vehicle Fleet (NOTE: If this box is checked, a completed Form MV-14EV, "Application for Emergency Vehicle Registration Plate," must be attached.			<input type="checkbox"/> Utility <input type="checkbox"/> Bus <input type="checkbox"/> School Bus <input type="checkbox"/> Private <input type="checkbox"/> Government		<input type="checkbox"/> Trailers
C VEHICLE INFORMATION (Additional sheets may be attached as needed for each fleet account)					
OWNER'S EQUIPMENT NUMBER		VEHICLE IDENTIFICATION NUMBER		TITLE NUMBER	
REGISTRATION PLATE					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
I/We hereby certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I/we understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 Pa.C.S. Section 4904[b]).					
Applicant's Signature _____			Title _____		Date _____

OWNER'S EQUIPMENT NUMBER	VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER	REGISTRATION PLATE
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