



FLEET REGISTRATION SUPPLEMENTAL APPLICATION

For Department Use Only
Commercial Registration Section • P. O. Box 68289
Harrisburg, PA 17106-8286

A APPLICANT INFORMATION

Name of Applicant		Business Address		
City		County	State	Zip Code

B FLEET INFORMATION

New Vehicle Only
 License Transfer with Weight Increase
 License transfer
 Delete Only
 Transfer from Fleet _____ to Fleet _____

Account Number	Fleet Number	US DOT Number # _____	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	PUC Number #A _____	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Fleet Expiry Date	No. of Duplicate Registration Cards for Each Vehicle in the Fleet
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C VEHICLE ADDITIONS

Owner's Equipment Number	Title Number	Vehicle Serial or Identification Number	Lessor / Lessee	Combined Axles	Gross Weight	Combined Gross Weight

D VEHICLE CHANGES

TRANSFER
 DELETIONS
 TEMP TAGS

Owner's Equipment Number	Title Number	Replacement Equipment Number	Registration Plate Number	Date of Temp Tag or Transfer	Issuing Agent Number	Expiration Date of Tag

E INSURANCE INFORMATION

Insurance Company Name	Policy Number	Policy Effective Date	Policy Expiration Date
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F ACKNOWLEDGEMENT

I/We acknowledge that I/we may lose my/our operating privilege or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration.

Signature of Applicant(s)

Title

Date