



# APPLICATION TO CHANGE INFORMATION ON FLEET ACCOUNT OR FLEET VEHICLE

(This space above is for Department use only)  
Bureau of Motor Vehicles • Commercial Registration Section  
P.O. Box 68289 • Harrisburg, PA 17106-8289

## A APPLICANT INFORMATION

Name of Applicant \_\_\_\_\_

Account Fleet # \_\_\_\_\_ US DOT # \_\_\_\_\_ TIN # \_\_\_\_\_

>>>>>>> ONLY CHECK BLOCK(S) WHICH YOU ARE CHANGING OR CORRECTING AND LIST NEW INFORMATION BELOW <<<<<<<<

Fleet Business Name

Fleet Business Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fleet Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_  Telephone Number \_\_\_\_\_  Email Address \_\_\_\_\_

## B VEHICLE DATA INFORMATION

VIN as it appears on PA Certificate of Title \_\_\_\_\_ Title Number \_\_\_\_\_ Equipment Number \_\_\_\_\_

CHANGE	CORRECTION	ITEM	EXPLAIN PHYSICAL CHANGE AND/OR CHANGE IN USE OF THE VEHICLE AND/OR REASONS FOR APPLYING FOR CHANGE OR CORRECTION OF VEHICLE DATA.
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Number	
<input type="checkbox"/>	<input type="checkbox"/>	Make of Vehicle	
<input type="checkbox"/>	<input type="checkbox"/>	Year	
<input type="checkbox"/>	<input type="checkbox"/>	Body Type	
<input type="checkbox"/>	<input type="checkbox"/>	Seating Capacity	
<input type="checkbox"/>	<input type="checkbox"/>	Unladen Weight	
<input type="checkbox"/>	<input type="checkbox"/>	Registered Gross Combination Weight	
<input type="checkbox"/>	<input type="checkbox"/>	Registered Gross Vehicle Weight	
<input type="checkbox"/>	<input type="checkbox"/>	Number of Axles	Was Additional Axle Installed? . . . <input type="checkbox"/> YES <input type="checkbox"/> NO GAWR (For Added Axles)
<input type="checkbox"/>	<input type="checkbox"/>	Other	

## C CORRECTED VIN AS VERIFIED

Tape VIN Tracing Here: \_\_\_\_\_

VERIFICATION BY NOTARY PUBLIC OR INSPECTION MECHANIC

Correct VIN: \_\_\_\_\_ GVWR: \_\_\_\_\_

Signature of Inspection Mechanic \_\_\_\_\_

Inspection Mechanic Number \_\_\_\_\_

## D UNSWORN DECLARATION

I/We declare under penalty of perjury under the law of the Commonwealth of Pennsylvania, that the foregoing is true and correct, and that application was made for the above product. Furthermore, I/we state that I/we have read and signed this application after its completion, and I/we swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this application is subject to the penalties of 18 Pa.C.S. Section 4904 (relating to unsworn falsification), which include criminal prosecution and a term of imprisonment, the maximum of which may be one year [18 Pa.C.S. 4904(b)], or up to two years [18 Pa.C.S. 4904(a)]. In addition to any other penalty, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000 [18 Pa.C.S. 4904(d)].

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_ (county or other location, and state), \_\_\_\_\_ (country).

\_\_\_\_\_  
Printed Name of Applicant or Authorized Signer

\_\_\_\_\_  
Signature of Applicant or Authorized Signer

\_\_\_\_\_  
Printed Name of Co-Applicant

\_\_\_\_\_  
Signature of Co-Applicant/Title of Authorized Signer