



REQUEST FOR REGISTRATION

For Department Use Only
Bureau of Motor Vehicles • 1101 South Front Street • Harrisburg, PA 17104-2516

Initial Registration - Request for registration plate.

Registration Renewal

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A VEHICLE DESCRIPTION and OWNER NAME(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title Number | | Vehicle Identification Number | | Registration Plate Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Make of Vehicle | | Body Type | Reg. Gross Wt. (If applicable) | Reg. Comb. Wt. (If applicable) | No. of Axles - (Complete only if truck or truck tractor.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name (or Full Business Name) | | First Name | Middle Name | PA DL/Photo ID# or Bus. ID# | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-Owner Last Name | | First Name | Middle Name | PA DL/Photo ID# | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">B CHANGE OF ADDRESS - Complete ONLY when reporting a change of address. LIST NEW ADDRESS.</td> <td colspan="2">H FEES - See Instructions on reverse.</td> </tr> <tr> <td colspan="4">Street Address</td> <td colspan="2">1. REGISTRATION OR PROCESSING FEE</td> </tr> <tr> <td colspan="2">City</td> <td>State</td> <td>Zip Code</td> <td colspan="2">2. FEE EXEMPT NUMBER AS ASSIGNED BY PENNDOT</td> </tr> <tr> <td colspan="4">C INSURANCE INFORMATION</td> <td colspan="2">3. COUNTY FEE: \$5.00 PER YEAR (IF APPLICABLE) # OF YEARS: _____</td> </tr> <tr> <td colspan="3">Insurance Company Name</td> <td>NAIC No.</td> <td colspan="2">4. VETERANS TRUST FUND (VTF) DONATION: \$3.00</td> </tr> <tr> <td colspan="2">Policy Number</td> <td>Policy Effective Date</td> <td>Policy Expiration Date</td> <td colspan="2">5. ORGAN DONOR TRUST FUND (ODTF) DONATION: \$3.00</td> </tr> <tr> <td colspan="4">D ADDITIONAL INFORMATION</td> <td colspan="2">6. NO. OF DUPLICATE REG. CARDS REQUESTED @ \$2 PER CARD: _____</td> </tr> <tr> <td colspan="4">Odometer reading (Exclude tenths) _____ , _____</td> <td colspan="2">7. TOTAL:</td> </tr> <tr> <td colspan="6">E LESSOR INFORMATION</td> </tr> <tr> <td colspan="6">If the above vehicle is leased, please list the Lessor's name in the space below. NOTE: If Form MV-1L has never been filed with PennDOT, the leasing company (Lessor) must complete Form MV-1L and return the completed form along with this application.</td> </tr> <tr> <td colspan="6">Lessor Name</td> </tr> <tr> <td colspan="6">F APPLICATION FOR RETIRED STATUS - Complete only if you qualify for this designation. See instruction #7 on reverse.</td> </tr> <tr> <td colspan="2">Eligible Applicant's Name</td> <td colspan="2">Eligible Applicant's Date of Birth</td> <td colspan="2">Eligible Applicant's Actual Income During the Past Calendar Year</td> </tr> <tr> <td colspan="6">I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I am retired and receiving Social Security and/or other pension and income as listed in this section. My total gross income for the previous year did not exceed \$19,200 and unless I am physically or mentally incapable of driving, I am the principal driver of this vehicle. I further certify that my signature authorizes the PA Department of Transportation to verify my income and that my occupation is "retired" through Internal Revenue Service income tax filings and that I 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]).</td> </tr> <tr> <td colspan="6" style="text-align: right;">_____ Applicant's Signature - NOTE: Retired person must be vehicle owner or lessee.</td> </tr> <tr> <td colspan="6">G PENNSYLVANIA VETERANS TRUST FUND (VTF) AND/OR ORGAN DONOR TRUST FUND (ODTF) DONATION</td> </tr> <tr> <td colspan="6">I wish to contribute <input type="checkbox"/> \$3 to the VTF and/or <input type="checkbox"/> \$3 to the ODTF. (If either box is checked, please indicate the fee in Section H and include the additional payment with your registration fee.)</td> </tr> <tr> <td colspan="6">I APPLICANT SIGNATURE(S)</td> </tr> <tr> <td colspan="6">I/we hereby make application for registration and 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]).</td> </tr> <tr> <td colspan="6"><input type="checkbox"/> By checking this block, I/we certify that this vehicle is a motor carrier vehicle and that it has a currently valid safety inspection. By not checking this block, I/we certify that this vehicle is not a motor carrier vehicle.</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ * Owner/Lessor Signature</td> <td colspan="2" style="text-align: center;">_____ * Co-Owner Signature</td> <td colspan="2" style="text-align: center;">() Telephone Number</td> </tr> <tr> <td colspan="6" style="text-align: center;">* Lessee can sign when Form MV-1L has been submitted by the lessor designating the lessee as registrant.</td> </tr> </table> | | | | | | B CHANGE OF ADDRESS - Complete ONLY when reporting a change of address. LIST NEW ADDRESS. | | | | H FEES - See Instructions on reverse. | | Street Address | | | | 1. REGISTRATION OR PROCESSING FEE | | City | | State | Zip Code | 2. FEE EXEMPT NUMBER AS ASSIGNED BY PENNDOT | | C INSURANCE INFORMATION | | | | 3. COUNTY FEE: \$5.00 PER YEAR (IF APPLICABLE) # OF YEARS: _____ | | Insurance Company Name | | | NAIC No. | 4. VETERANS TRUST FUND (VTF) DONATION: \$3.00 | | Policy Number | | Policy Effective Date | Policy Expiration Date | 5. ORGAN DONOR TRUST FUND (ODTF) DONATION: \$3.00 | | D ADDITIONAL INFORMATION | | | | 6. NO. OF DUPLICATE REG. CARDS REQUESTED @ \$2 PER CARD: _____ | | Odometer reading (Exclude tenths) _____ , _____ | | | | 7. TOTAL: | | E LESSOR INFORMATION | | | | | | If the above vehicle is leased, please list the Lessor's name in the space below. NOTE: If Form MV-1L has never been filed with PennDOT, the leasing company (Lessor) must complete Form MV-1L and return the completed form along with this application. | | | | | | Lessor Name | | | | | | F APPLICATION FOR RETIRED STATUS - Complete only if you qualify for this designation. See instruction #7 on reverse. | | | | | | Eligible Applicant's Name | | Eligible Applicant's Date of Birth | | Eligible Applicant's Actual Income During the Past Calendar Year | | I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I am retired and receiving Social Security and/or other pension and income as listed in this section. My total gross income for the previous year did not exceed \$19,200 and unless I am physically or mentally incapable of driving, I am the principal driver of this vehicle. I further certify that my signature authorizes the PA Department of Transportation to verify my income and that my occupation is "retired" through Internal Revenue Service income tax filings and that I 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. 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| Street Address | | | | 1. REGISTRATION OR PROCESSING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | State | Zip Code | 2. FEE EXEMPT NUMBER AS ASSIGNED BY PENNDOT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Insurance Company Name | | | NAIC No. | 4. VETERANS TRUST FUND (VTF) DONATION: \$3.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Odometer reading (Exclude tenths) _____ , _____ | | | | 7. TOTAL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E LESSOR INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the above vehicle is leased, please list the Lessor's name in the space below. NOTE: If Form MV-1L has never been filed with PennDOT, the leasing company (Lessor) must complete Form MV-1L and return the completed form along with this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lessor Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Eligible Applicant's Name | | Eligible Applicant's Date of Birth | | Eligible Applicant's Actual Income During the Past Calendar Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I am retired and receiving Social Security and/or other pension and income as listed in this section. My total gross income for the previous year did not exceed \$19,200 and unless I am physically or mentally incapable of driving, I am the principal driver of this vehicle. I further certify that my signature authorizes the PA Department of Transportation to verify my income and that my occupation is "retired" through Internal Revenue Service income tax filings and that I 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 - NOTE: Retired person must be vehicle owner or lessee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G PENNSYLVANIA VETERANS TRUST FUND (VTF) AND/OR ORGAN DONOR TRUST FUND (ODTF) DONATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I APPLICANT SIGNATURE(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| _____ * Owner/Lessor Signature | | _____ * Co-Owner Signature | | () Telephone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Lessee can sign when Form MV-1L has been submitted by the lessor designating the lessee as registrant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS

You may renew your registration via mail, however, you can enjoy the convenience of paying your registration fee online from home or a mobile device, printing and signing a permanent registration credential, without waiting for delivery by mail. PennDOT will no longer mail a registration card for registrations renewed online.

1. Please check the appropriate box to indicate the correct request. Check the "Initial Registration" box if there is no registration plate currently assigned to the vehicle. Check the "Registration Renewal" box if you are renewing the vehicle's current registration.
2. Complete the vehicle and owner information in Section A. **NOTE:** Individuals should list their PA Driver's License (PA DL) or Photo ID # in the space provided. Businesses should list their Business ID # (Bus. ID) where indicated (i.e. - E.I.N.).
3. If you have a change of address, complete Section B. Please note that the change of address information block need only be completed when the address listed on your registration card differs from your actual address. **NOTE:** P.O. Box Numbers may be used in addition to the actual address, but cannot be used as the only address.
An applicant with an out-of-state address will not be issued registration credentials, except in the case of a U.S. Armed Forces personnel, an employee of federal or state government or their families, whose workplace is located outside of Pennsylvania OR a business located outside of Pennsylvania with no Pennsylvania office OR the vehicle is a park model trailer. If any of these exceptions apply to you, complete and attach Form MV-8, "Self Certification for Proof of Residency," found on our website at www.dmv.pa.gov.
4. Provide your insurance information in Section C. The NAIC number is a five digit unique number assigned by the National Association of Insurance Commissioners Central Office and is used to identify the insurer. If the NAIC number is on your insurance card, please list in the space provided. Your application will not be rejected if the NAIC number is not listed. If self-insured, enter "SELF-INSURED" in the Insurance Company Name block and your self-insurance certificate number in the Policy Number block. Vehicle insurance must be maintained at all times on all valid vehicle registrations. A lapse in insurance coverage could result in the suspension of vehicle registration privileges for three months. **NOTE:** Registrants of trailers are not required to submit insurance information.
5. Provide the current odometer reading for the vehicle in Section D.
6. If the vehicle is leased, the leasing company (Lessor) name must be listed in Section E.
7. Complete Section F if you qualify for the reduced Retired Status fee. You must be retired and receiving Social Security or other pensions as described on the front of this application, regardless of age. Part-time employment is permitted, if you are retired from your principal occupation. If you receive only unemployment compensation or public assistance, or are a student or other individual who is not retired, you do not qualify. If only a husband or wife qualify, the vehicle must be titled and registered in that individual's name, or in both names jointly. If husband and wife qualify, each may register one vehicle for the \$10 processing fee. One or both vehicles may be titled and registered in both names jointly. Qualified applicants may only register one passenger vehicle or truck with a registered gross weight of not more than 9,000 lbs., for the \$10 processing fee. The applicant must be the principal driver of the vehicle unless physically or mentally incapable of driving. Your signature in Section F, authorizes PennDOT to verify your income and that your occupation is "retired" using Internal Revenue Service income tax filings. **NOTE:** Retired Status is not eligible for a two-year registration period.
8. You have the opportunity to contribute \$3 to the Pennsylvania Veterans Trust Fund (VTF) and/or a \$3 donation to the Organ Donor Trust Fund (ODTF). Your contribution to the VTF will help fund grants for programs to support Pennsylvania veterans and their families. Your contribution to the ODTF will help increase public awareness of organ donation and help save lives. If contributing, please add the contribution to your payment.
9. In Section H:
 - List your registration or processing fee for your vehicle type. If your vehicle qualifies under Section 1901(c) of the Vehicle Code for a fee exemption, please list applicable code assigned to you by PennDOT in the space provided. **NOTE:** For a current listing of fees, please refer to Form MV-70S, "Bureau of Motor Vehicles Schedule of Fees," available on PennDOT's Driver and Vehicle Services website at www.dmv.pa.gov.
 - Your county of residence may impose an annual fee of \$5 for each vehicle registered to an address in that county. The \$5 is collected by PennDOT at the time a vehicle is initially registered and at the time registration is renewed. Customers who register their vehicle for multiple years will pay the annual \$5 fee for every year of registration. This means customers will pay a fee of \$10 for a two-year or \$25 for a five-year vehicle registration. The funds will be used by the county for transportation purposes or be allocated by the county in accordance with Section 9010(c) of the Pennsylvania Vehicle Code. **NOTE:** For a listing of counties that participate in the Fee for Local Use, refer to the "Fee for Local Use - Participating Counties" Fact Sheet, available on PennDOT's Driver and Vehicle Services website at www.dmv.pa.gov.
 - You may be eligible to renew your vehicle for either a one-year or two-year registration period. Both registration periods and the required fees are provided on the registration renewal form or Form MV-70S, "Bureau of Motor Vehicles Schedule of Fees."
 - If you indicated a donation to the Pennsylvania Veterans Trust Fund (VTF) and/or the Organ Donor Trust Fund (ODTF) in Section G, list the donation in the space provided.
 - Indicate the number of duplicate registration cards desired, if applicable.
 - Total the amount in Section H and submit a check/money order payable to the Commonwealth of Pennsylvania for the amount listed, and submit along with this application and any of the required additional forms if applicable, to: Bureau of Motor Vehicles, 1101 S. Front Street, Harrisburg, PA 17104-2516.
10. Proof of payment of Heavy Vehicle Use Tax is required when your vehicle has a registered gross weight or combination weight of 55,000 pounds or more. The following are acceptable proofs of payment: a copy of Form 2290, Schedule 1, validated by the IRS; or, an invalidated copy of Form 2290, Schedule 1 and a copy of your cancelled check.
11. Owner(s) must sign the application exactly as the name(s) appears on the registration card in Section I. If the vehicle is in the name of a company/corporation, the signature of an authorized representative is required. **NOTE:** A lessee may sign this application when Form MV-1L has been completed by the leasing company and is attached or, was previously submitted designating the lessee as the owner of the registration plate.
12. If this application is processed and registration is not received due to loss in the mail, you may apply for free replacement within 90 days of the date of original issuance by completing Form MV-44.
13. Self-Certification of Safety Inspection for Motor Carrier Vehicles: Registrants of a motor carrier vehicle are required to self-certify, in the block provided, that the vehicle has a currently valid safety inspection at the time of this renewal. A motor carrier vehicle is: (1) a truck or truck tractor having a gross vehicle weight rating, gross combination weight rating, registered gross weight or registered combination weight of 17,001 pounds or more, OR (2) a truck or truck tractor engaged in interstate commerce and having a gross vehicle weight rating, gross combination weight rating, registered gross weight or registered combination weight of 10,001 pounds or more. Failure to have a currently valid safety inspection could result in suspension of registration for three months.
14. Since December 31, 2016, PennDOT does not issue registration stickers. Customers are still required to maintain a valid and current registration and must present the registration to law enforcement when asked. The valid registration card is also still required when having a safety inspection completed.

Visit us at www.dmv.pa.gov or call us at 717-412-5300. TTY callers — please dial 711 to reach us.