



# APPLICATION TO CHANGE INFORMATION ON FLEET ACCOUNT OR FLEET VEHICLE

**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: \_\_\_\_\_

(NOTE: Notary Public must be employed by a PA authorized dealer or a bonded messenger service)  
Notary Public must sign and affix seal.

SUBSCRIBED AND SWORN  
TO BEFORE ME: \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

Signature of Person Administering Oath \_\_\_\_\_

VERIFICATION BY NOTARY PUBLIC OR INSPECTION MECHANIC

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

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

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

**S  
T  
A  
M  
P**

SIGN IN PRESENCE OF NOTARY

**D CERTIFICATION**

I/We hereby certify under penalty of law that all information given on this application is **TRUE** and **CORRECT** (date must be listed).

\_\_\_\_\_

Applicant's Signature Title Date