



APPLICATION FOR MULTI-PURPOSE DEALER REGISTRATION PLATE

(See Instructions on Reverse Side)

For Department Use Only
 Bureau of Motor Vehicles • P.O. Box 68283 • Harrisburg, PA 17106-8283

A LIST INFORMATION AS SHOWN ON YOUR DEALER AUTHORIZATION CARD

Dealer Name	Dealer/Bus. Partner ID#	
Street Address		
City	State	Zip Code

B REGISTRATION PLATE INFORMATION

Insurance Company Name		
Policy Number	Policy Effective Date	Policy Expiration Date

Reg. Gross or Combination Wt. Being Requested	Registration Fee	Number of Registration Plates Being Requested	Fee Required
_____ lbs.	_____	X	_____
_____ lbs.	_____	X	_____
_____ lbs.	_____	X	_____
_____ lbs.	_____	X	_____
_____ lbs.	_____	X	_____
_____ lbs.	_____	X	_____

Total Registration Fee Required \$
 Make check or money order payable to Commonwealth of Pennsylvania

C VEHICLE INFORMATION

List the title number or the Vehicle Identification Number (VIN) of the vehicles currently titled in the name of the dealer or family member on which the Multi-Purpose Dealer registration plate will be used. When a vehicle is in the name of a family member, the relationship must be listed below. In addition, if the use tax has been paid directly to the Department of Revenue, proof must be attached.

Title/VIN and, if applicable, the relationship of family member:	Title/VIN and, if applicable, the relationship of family member:
_____	_____
_____	_____
_____	_____

NOTE: Multi-Purpose Dealer registration plates may be used on any vehicle titled in the name of the dealer or a family member and for which the sales and use tax has been paid. The weight of the vehicle cannot be in excess of the weight for which the registration plate was purchased.

D SIGNATURE

I hereby certify that the requested registration plates will only be used on vehicles titled in the name of my business or family member and that the sales and use tax has been paid. I further certify that I acknowledge that I may lose my operating privilege or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration.

_____	_____
Signature of Authorized Signer	Date
_____	_____
Title of Authorized Signer	Telephone Number

INSTRUCTIONS

- To assist you in completing Section B, determine the maximum registered gross vehicle weight at which the vehicle(s) will be operated. Add the column "Fee Required" for each weight class requested to determine the total registration fee required.

NOTE: For a complete listing of registration fees, refer to Form MV-70S, "Bureau of Motor Vehicles Schedule of Fees," found on our website at www.dmv.pa.gov.

- When use tax is paid directly to the Department of Revenue, proof must be attached to this application.

Make your check or money order payable to the Commonwealth of Pennsylvania and return along with your completed application to:

Bureau of Motor Vehicles
P.O. Box 68283
Harrisburg, PA 17106-8283

- Multi-Purpose Dealer registration plates may be personalized. Should you choose to personalize your Multi-Purpose Dealer registration plate, please complete and attach Form MV-904D, "Application for Personalized Dealer Registration Plate," to this application. **NOTE:** There is an additional \$112 fee required with personalization requests.