

APPLICATION FOR MISCELLANEOUS MOTOR VEHICLE BUSINESS REGISTRATION PLATES

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

	CK (✓) ALL APPLICABLE: ew Application ☐ Change of Name	☐ Change	of Address		911 Addres	s Chanç	ge 🔲 Cha	ange	in Officers	Cr	nange of	Owne
TYPE	OF MISCELLANEOUS MOTOR VEH Vehicle Salvage Dealer Watercraft Trailer Dealer NOTE: SEE INSTRUCT	Repair of Towir	ng 🔲 Tra	nsp trac	oorter (copies cts with deale	s of activ	quired)	(co	nancier or opy of banki	ng licens		
Α	A NAME AND ADDRESS OF BUSINESS - Exactly as registration is to be issued.											
	Name				Federal	I ID#			State Sales Tax	x #		
	Street Address (Principal Place of Business)						Dealer/Bus. Partner ID#					
	City	City				County				Zip Code		
									State	2.5 0000		
	Business Phone Number		Home Phone Number of President or Controlling Partner									
В	TYPE OF BUSINESS - Check (V) O	ne.				THIS	LOCATION	ııs -	Check (√) One.		
	Sole Proprietorship Partnership Corporation Owned Leased							ed				
С	LIST ALL OWNERS, PARTNERS OF	R CORPORAT	TE OFFICER	S ((Home Add	ress)						
· · · · · · · · · · · · · · · · · · ·					Driver's License	Driver's License #						
	Email Address				Phone Number				Fax Number			
	Street Address				City				State	Zip Co	ode	
	Name				Date of Birth	irth Title			Driver's License #			
	Email Address	Address			Phone Number				Fax Number			
	Street Address				City				State	Zip Co	ode	
	3. Name	lame			Date of Birth	Date of Birth Title			Driver's License #			
	Email Address	iail Address			Phone Number	Phone Number			Fax Number			
	Street Address	treet Address			City	City			State Zip Code			
_	LIGT OTHER RUGINESSES AT THE	O L COATION										
D	LIST OTHER BUSINESSES AT THIS	LOCATION										
Е	INDICATE NUMBER OF REGISTRA APPROPRIATE CLASSIFICATION.	TION PLATES	S YOU ARE	AP	PLYING FO	R IN T	IE SPACE	PRC	VIDED B	ESIDE T	ΉE	
	All classes of Miscellaneous Motor Vehicle Business - One-Year Registration Fee: \$58 per registration plate / Two-Year Registration Fee: \$116 per										er	
	registration plate. Registration Plates Registration Cards											
	Registration Plate Type	# of Plates Requested	Registration Fee		Plates Subtotal		# of Duplica	ates	Fee		Reg. Ca Subtot	
	Financier or Collector-Repossessor (CR)	X		=	\$	+		-	\$2.00	0 =	\$	
	Repair or Towing (RT)	х		=	\$	+			\$2.00		\$	
	Transporter (TR)	X		=	\$	_ +			\$2.00		\$	
	Vehicle Salvage Dealer (WL)	X		=	\$				\$2.00		\$	
	Watercraft Trailer Dealer (WD)	X		=	\$	+			\$2.00	0 =	\$	
	NOTE: Paulan material attention					و المام الم	F	Registi	ration Plates	Subtotal:	\$	
	NOTE: Dealer registration plates in All dealer registration plates listed m					riods.		+	Reg. Cards		-	
	7 iii dealei registiation piates listed ii	date.	= Total Fees Due: \$									

	Pro	Provide explanation below on how each of these registration plates will be used.						
	1. H	low many vehicle repairs or tows are projected for each month?						
	2. H	low many plates will be used for personal use?						
	3. F	3. For transporter businesses: How many vehicles are expected to be transported each month?						
	4. F	4. For Repossessor/Financier: How many vehicles are expected to be repossessed each month?						
	5. F	5. For Vehicle Salvage Dealer: How many vehicles are expected to be salvaged/sold each month?						
F		BUSINESS DESCRIPTION - Indicate the nature of your business that qualifies your business for the type of registration for which you are making application.						
G	INSL	JRANCE INFORMATION - Refer to #5 in instructions for required proof of insurance.						
	Ins	surance Company Name:						
		gent Name: Agent Phone Number:						
	N/	AIC Number: Policy Number:						
	Ef	fective Date: Expiration Date:						
Н	ADD	ITIONAL INFORMATION						
	1.	If this application is a change of ownership, explain and list former name of business.						
	Please list Dealer/Business Partner Identification Number:							
	2A. Has this business or the owners, partners or corporate officers thereof ever been registered as a dealer, miscellaneous mo vehicle business or issuing agent in this or any other state?							
	YES NO If yes, list name(s), location(s), and identification number(s).							
	2B. Have any owners, partners or corporate officers of this business ever been affiliated with a dealership, miscellaneous vehicle business, messenger service or full agent whose registration was suspended, cancelled or revoked or is curre under investigation or notice to attend a departmental or court hearing or is awaiting a decision by a hearing officer or							
		☐ YES ☐ NO If yes, explain:						
	3.	Do any of the owners, partners, corporate officers or any business with which they were previously affiliated have any outstanding liabilities which are due and owing to the Commonwealth of Pennsylvania, including but not limited to taxes, fees, monetary penalties or outstanding plates or paperwork?						
		YES NO If yes, explain:						

4.	Have any owners, partners or corporate officers of this business ever been convicted or administratively sanctioned for violations of department regulations, Pennsylvania Crimes Code or Chapters 11, 13 or 23 of the Pennsylvania Vehicle Code?								
YES NO If yes, explain:									
5.	•	ers or corporate officers of this busined yes, explain:	ss ever been con	victed of a felony or m	isdemeanor?	?			
6.	the Commonwealth of P	ers or corporate officers of this busine Pennsylvania? yes, explain:	ss ever remitted u	ıncollectible checks pa	ayable to any	agency of			
7.	Have any owners, partners or corporate officers filed bankruptcy within the past seven years? YES NO If yes, explain:								
8.	-	ourchasing or selling any type of vehicle yes, describe type of vehicles:	es?						
B.414		MATION.							
	SCELLANEOUS INFORM			d b.:31d5d0	VEC. DN				
	. Does your business location meet all local zoning and land use ordinances and building codes? ☐YES ☐NO . Does your business meet ADA accessibility requirements? ☐ YES ☐NO								
	Have all owners, partn	ners and officers read and understood Plates) and Chapters 11, 13 and 23 of	d Chapter 53 of T						
NO	TARIZATION								
he fac	rein is TRUE and COR ct is a misdemeanor of th	of law that the information contained RECT. WARNING: Misstatement of third degree punishable by a fine of	TO BEFORE ME:	WORN MONTH	DAY	YEAR			
Se	ection 4904[b]) in addi	sonment up to one year (18 Pa.C.S. ition to any sanction imposed by		SIGNATURE OF PERSON ADMINISTERING O		RING OATH			
ve Pe loc A	hicle business registration ennDOT within five days cation, PennDOT must be completed Form MV-359	s discontinued, miscellaneous motor n plates and cards must be returned to s. If business is moved to another e notified within 10 days of the change. and photographs of the new location	A	SIGN IN PRESENCE OF NOTARY					
	ust accompany this notific		patura	T-A-		Date			
F	Printed Name of Authorized Signer	Authorized Sign	nature	Title		Date			
F	Printed Name of Authorized Signer	Authorized Sign	nature	Title		Date			
F	Printed Name of Authorized Signer	Authorized Sign	nature	Title		Date			

Application for Miscellaneous Motor Vehicle Business Registration Plates

INSTRUCTIONS FOR COMPLETING MV-359

- 1. All information must be typed in full. List name of business exactly as Miscellaneous Motor Vehicle Business (MMVB) registration is to be issued. Address must be the physical street address. A Post Office Box may be used only in addition to the street address. Include business telephone and home telephone numbers. The license issued will be valid only for the business address listed on this application.
- 2. Check appropriate box for the type of business and if location is owned or leased.
- 3. List all owners, partners or corporate officers. The official titles are required. Additional sheets may be used if necessary.
- 4. List other businesses at the same location.
- 5. Section J must be signed and notarized in the presence of a notary public.
- 6. (MMVB) registration plates may be personalized. Should you choose to personalize your MMVB 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.

DOCUMENTS THAT MUST ACCOMPANY THIS APPLICATION

- 1. Include photographs of the interior and exterior of the business which clearly show the business office work area and business identification signs.
- 2. Applicants for Financier or Collector-Repossessor registration must include the appropriate license from the Pennsylvania Department of Banking.
- Application for Transporter registration must include copies of all active contracts with registered dealers or manufacturers to regularly transport new or used vehicles on their own wheels, which are owned by or in the possession of said dealers or manufacturers.
 - **NOTE:** The contract must include the name and address of the business that will be transporting vehicles. This contract should be written on letterhead paper from the dealer/manufacturer you are contracting with. The contract must state that a fee will be paid for transporting vehicles. This contract should be signed by the person(s) representing both the transporter and the dealer/manufacturer.
- 4. Applicants for Vehicle Salvage Dealer registration who also desire to be authorized as a salvor under Chapter 73 of the Pennsylvania Vehicle Code must also complete a Salvor Application (Form MV-951).
- 5. Include an original criminal history record (SP 4-164) obtained from the Pennsylvania State Police (not a copy) for each owner, partner or corporate officer.
 - **NOTE:** If an individual owner, officer or employee is a resident of a state other than Pennsylvania, then a criminal background check from their state of residence shall also be provided.
- 6. A copy of the front and back of a government issued photo identification credential for each owner, partner or corporate officer.
- 7. When PennDOT issues a (MMVB) registration plate, a copy of one of the following acceptable proofs of insurance must be submitted. In addition, Title 67, Chapter 53.3(b)(iii) requires a certificate of insurance or a statement from an insurance carrier authorized to do business in this commonwealth, on its letterhead, that indicates the applicant has sufficient liability insurance to cover as many vehicles as the number of registration plates applied for.
 - A. An insurance identification card;
 - B. The declaration page of an insurance policy or a copy thereof;
 - C. A copy of a valid binder of insurance which contains all of the information required to appear on the I.D. card, excluding the policy number, and is signed by a licensed insurance agent or broker, or,
 - D. A copy of application for insurance to the Pennsylvania Automobile Insurance Plan (PAIP) containing all of the information required to appear on the I.D. card, excluding the policy number, and is signed by a licensed insurance agent or broker.
- 8. Appropriate fee for the number of dealer registration plates requested. Payment is to be made by check or money order payable to the Commonwealth of Pennsylvania. **DO NOT SEND CASH.**
- 9. Copy of deed/lease or rental agreement.

Mail all completed forms to: Bureau of Motor Vehicles, P.O. Box 68283, Harrisburg, PA 17106-8283.