MV-576 (9-17)

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dmv.pa.gov

APPLICATION FOR AUTHORIZATION TO ISSUE APPORTIONED REGISTRATION CREDENTIALS

For Department Use Only
Bureau of Motor Vehicles • P.O.Box 68285 • Harrisburg, PA 17106-8285

PRINT OR TYPE ALL INFORMATION IN FULL

ATTACH THE FOLLOWING INFORMATION:

1. A letter of reference from a bank.
2. Three letters of reference from reputable business concerns.
3. A set of fingerprints of the applicant (or principals of the corporation or partnership).
4. A listing of all outstanding liabilities due and owing the Commonwealth.
5. Photographs of the Pennsylvania offices.
6. Check or money order made payable to the Commonwealth of Pennsylvania in the amount of $75.

1-5 not required if Authorized Agent is under contract with the PennDOT. Please list current contract # _____

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.).

1. Name of Applicant: *(person in charge)* _____
   Last First Middle PA DL / Photo ID#
2. Name of Business: _____
   Bus. ID#
   Business Phone Number: _____
3. Address of Principal Place of Business: _____
   Street Address
   _____
   City State Zip Code
4. Address of Pennsylvania Place of Business: _____
   Street Address
   _____
   City State Zip Code
5. Type of Business:
   ❒ Sole Proprietorship ❒ Partnership ❒ Corporation State of Incorporation _____
6. Name of each owner or partner. If a corporation, name of principal officers:
   _____ _____
   _____ _____
   _____ _____
7. How long has the company been in business: _____
8. Type of Permits and/or Authorization applicant desires to issue:
   ❒ Trip Permit ❒ Hunter Permit ❒ Telegram of Authority
9. Briefly describe how permits will be stored: _____
10. Have you or any principal of your corporation within the past three years been found guilty, pleaded guilty, entered a plea of nolo contendere in this or any other state for forgery, embezzlement, obtaining money under false pretense, extortion, conspiracy to defraud, bribery, or any other crime involving moral turpitude? ❒ **YES** ❒ **NO**. If yes, give details on separate sheet.

AFFIDAVIT OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

S T A M P

SIGN IN PRESENCE OF NOTARY

I state that I have read and signed this application after its completion, and I 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(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding $5,000, or to a term of imprisonment of not more than two years, or both.

_____
Signature of Applicant or Authorized Signer

_____
Printed Name of Applicant or Authorized Signer

_____
Title Date