

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

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.).

	Name of Applicant: (person in charge)	First		Middle	PA DL / Photo II	D#	
2.	Name of Business:						
	Business Phone Number:				Bus. ID#		
3.	Address of Principal Place of Business:						
				Street Address			
4.	Address of Pennsylvania Place of Bus	siness:			State	Zip Code	
			Street Address				
	City				State	Zip Code	
5.	Type of Business:						
☐ Sole Proprietorship ☐ Partnership ☐ Corporation State of Incorporation							
6.	ame of each owner or partner. If a corporation, name of principal officers:						
7. How long has the company been in business:							
	Type of Permits and/or Authorization applicant desires to issue:						
	☐ Trip Permit	☐ Hunter Permit ☐ Telegram of Authority					
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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							
	SSCRIBED AND SWORN BEFORE ME: MONTH DAY	YEAR	or affirm that t	he statements made h	s application after its completion, and I swear herein are true and correct, and that any		
	SIGNATURE OF PERSON ADMINISTERING OATH		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				
s							
т	SIGN IN PRESENCE OF NOTARY						
Α							
М			Printed Name of Applicant or Authorized Signer				
Р						Data	
	I.		Title		<u> </u>	Date	