MV-673 (3-17)

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dmv.pa.gov

FLEET REGISTRATION SUPPLEMENTAL APPLICATION

For Department Use Only
Commercial Registration Section • P. O. Box 68289
Harrisburg, PA 17106-8286

A APPLICANT INFORMATION

Name of Applicant	Business Address		
City	County	State	Zip Code

B FLEET INFORMATION

❑ New Vehicle Only ❑ License Transfer with Weight Increase ❑ License transfer ❑ Delete Only ❑ Transfer from Fleet _____ to Fleet _____

Account Number	Fleet Number	US DOT Number	PUC Number	Fleet Expiry Date	No. of Duplicate Registration Cards for Each Vehicle in the Fleet
		#_____ ❑ Owner ❑ Lessee	#A_____ ❑ Owner ❑ Lessee		

C VEHICLE ADDITIONS

Owner's Equipment Number	Title Number	Vehicle Serial or Identification Number	Lessor / Lessee	Combined Axles	Gross Weight	Combined Gross Weight

D VEHICLE CHANGES

❑ TRANSFER ❑ DELETIONS ❑ TEMP TAGS

Owner's Equipment Number	Title Number	Replacement Equipment Number	Registration Plate Number	Date of Temp Tag or Transfer	Issuing Agent Number	Expiration Date of Tag

E INSURANCE INFORMATION

Insurance Company Name	Policy Number	Policy Effective Date	Policy Expiration Date

F ACKNOWLEGEMENT

I/We acknowledge that I/we may lose my/our operating privilege or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration.

Signature of Applicant(s) _____ *Title* _____ *Date* _____