

MV-140 (8-08)

Commonwealth of Pennsylvania
 Bureau of Motor Vehicles
 1101 S. Front Street
 Harrisburg, PA 17104-2516

**REQUEST
 FOR
 REGISTRATION**

FOR DEPARTMENT USE ONLY

| | | | | | |
|---|--|--|------------------------|---|------------------------------------|
| A VEHICLE DESCRIPTION and OWNER NAME(S) | | | | | |
| Title Number | | Vehicle Identification Number | | Plate Number | |
| Current Expiry Date | | Make of Vehicle | | Body Type | |
| Reg. Gross Wt. (if applicable) | | Reg. Comb. Wt. (if applicable) | | No. of Axles - (Complete only if truck or truck tractor). | |
| Last Name (or Full Business Name) | | First Name | | Middle Name | |
| PA DL or Photo ID # | | Date of Birth | | or Bus. ID # | |
| Co-Owner Last Name | | First Name | | Middle Name | |
| PA DL or Photo ID # | | Date of Birth | | | |
| B CHANGE OF ADDRESS - Complete ONLY when reporting a change of address. LIST NEW ADDRESS | | | | | |
| Street Address | | | | | |
| City | | | | State | Zip Code |
| C INSURANCE INFORMATION | | | | | |
| Insurance Company Name | | | NAIC No. | Policy Number | |
| Policy Effective Date | | | Policy Expiration Date | | |
| D ADDITIONAL INFORMATION | | | | | |
| Odometer reading (Exclude tenths) _ _ _ , _ _ _ | | Number of duplicate cards requested at \$1.50 per card | | | Fee exemption code (if applicable) |
| E LESSOR INFORMATION | | | | | |
| If the above vehicle is leased, please list the Lessor's name in the space below. NOTE: If Form MV-1L has never been filed with the Department, the leasing company (Lessor) must complete Form MV-1L and return the completed form along with this application. | | | | | |
| Lessor Name | | | | | |
| F APPLICATION FOR RETIRED STATUS - Complete only if you qualify for this designation. See instruction #6 on reverse. | | | | | |
| Applicant's Date of Birth | | Co-Applciant's Date of Birth | | Actual Income During the Past Calendar Year | |
| I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I am retired and receiving Social Security and/or other pension and income as listed in Section F. My total income for the previous year did not exceed \$19,200 and unless I am physically or mentally incapable of driving, I am the principal driver of this vehicle. I further certify that my signature authorizes the PA Department of Transportation to verify my/our income and that my occupation is "retired" through Internal Revenue Service income tax filings and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904(b)). | | | | | |
| _____ * Applicant's Signature - NOTE: Retired person must be vehicle owner or lessee | | | | | |
| G APPLICANT SIGNATURE(S) | | | | | |
| I/We hereby make application for registration and certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I/we understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]). | | | | | |
| <input type="checkbox"/> By checking this block, I/we certify that this vehicle is a motor carrier vehicle and that it has a currently valid Safety Inspection. By not checking this block, I/we certify that this vehicle is not a motor carrier vehicle. | | | | | |
| _____ * Owner/Lessor Signature | | _____ * Co-Owner Signature | | () _____ Telephone Number | |
| * Lessee can sign when Form MV-1L has been submitted by the lessor designating the lessee as registrant. | | | | | |
| H ORGAN DONOR DONATION | | | | | |
| <input type="checkbox"/> I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (ODTF). (If checked, please include the additional \$1.00 in your payment with your registration fee.) | | | | | |

THIS APPLICATION CAN BE REPRODUCED**Messenger No.**