

MV-77 (11-06)

Commonwealth of Pennsylvania
 Department of Transportation
 Bureau of Motor Vehicles
 Harrisburg, PA 17104-2516

**APPLICATION FOR "FARM VEHICLE"
 REGISTRATION PLATE OR FOR FARM
 VEHICLE 2 YEAR CERTIFICATE OF
 EXEMPTION**

FOR DEPARTMENT USE ONLY

SEE REVERSE SIDE FOR INSTRUCTIONS AND IMPORTANT INFORMATION - PRINT OR TYPEWRITE ALL INFORMATION

APPLICATION FOR:

Farm Vehicle Registration Plate - Complete Sections A thru C and sign in Section F.

CHECK ONE


Certificate of Exemption - Check appropriate block below and complete Sections A through D and sign in Section F. **NOTE:** Section E and G (if applicable) need only be completed when the replacement card or sticker block is checked below.

Initial Application for Certificate

Replacement of Certificate Card. **FEE:** \$7.50

Renewal of Certificate

Replacement of Exemption Sticker. **FEE:** \$7.50


A APPLICANT(S) INFORMATION				B FARM/AGRICULTURAL BUSINESS INFORMATION	
List Name and Address as printed on current PA title or as listed on accompanying application for PA title.				List individual, business or corporation name and Taxpayer Identification No. under which you as an owner/operator of a farm last filed on your Pennsylvania or Federal Income Tax Forms. A PA Driver License No. may be used in lieu of a Social Security No. See reverse side for a listing of the tax forms that must be copied and attached to this application.	
Name(s)				Name	
Street Address				ID No. or PA Driver License No.	
City		State	Zip Code	Identify the primary agricultural commodity produced by your farm 	

C VEHICLE AND INSURANCE INFORMATION					
Title Number			Vehicle Identification Number		
Year	Make	Body Type	Current Registration Plate or Certificate No.	Registration Plate or Certificate Expiration Date	GVWR
Insurance Company Name			Insurance Policy Number	Policy Effective Date	Policy Expiration Date

D CERTIFICATE OF EXEMPTION TYPE INFORMATION - See instructions B2 and B3 on the reverse side for additional information.	
CHECK <input checked="" type="checkbox"/> ONE:	
<input type="checkbox"/> TYPE A - vehicle with a gross weight or combination weight or weight rating of 17,000 pounds or less. FEE: \$24.00. NOTE: Type A vehicles do not require annual safety inspection and may only be driven upon highways from sunrise to sunset.	
<input type="checkbox"/> TYPE B - vehicle with a gross weight or combination weight or weight rating of 17,001 pounds or greater. FEE: \$50.00. NOTE: Type B vehicles do not require annual safety inspection and may only be driven upon highways from sunrise to sunset.	
<input type="checkbox"/> TYPE C - vehicle with a gross weight or combination weight or weight rating of 17,001 pounds or greater. FEE: \$100.00. NOTE: Type C vehicles are subject to annual safety inspection and may be driven upon highways without any time restrictions.	

E IF APPLYING FOR REPLACEMENT CERTIFICATE OF EXEMPTION, CHECK REASON:	
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Defaced <input type="checkbox"/> Never Received - (If "Never Received" block is checked, SECTION G MUST BE COMPLETED)	

F APPLICANT(S) CERTIFICATION AND SIGNATURE	
I/we certify under penalty of law that all information listed above is true and correct and that I am a farm owner/operator. I further certify that the vehicle displaying the plate/biennial Certificate of Exemption is a farm vehicle and will be operated upon public highways as indicated on the reverse side of this application and used exclusively for agricultural purposes and will be driven only on highways between parts of one farm owned and operated by me/us; between such a farm and a place of business for the purposes of buying or selling agricultural commodities or supplies or for the inspection, repair or servicing of the vehicle, and further acknowledge that I/we may lose my/our operating privilege or vehicle exemption for failure to maintain financial responsibility (insurance) for the period of registration or exemption and attest to knowledge of all State and Federal Motor Carrier Safety laws and regulations.	
<input checked="" type="checkbox"/> Applicant Signature in Ink _____ <input checked="" type="checkbox"/> Title of Signer (i.e., owner, operator, bookkeeper, etc.) _____	<input checked="" type="checkbox"/> Date of Application _____ <input checked="" type="checkbox"/> Applicant's Telephone Number () _____

G APPLICATION FOR FREE REPLACEMENT - Complete only if applicant is entitled to a free issuance because original was lost in the mail and application is being made within 90 days of original issuance.	
SUBSCRIBED AND SWORN TO BEFORE ME: MO. DAY YEAR	I hereby swear that application was made for the above and that the item as indicated was never received due to loss in the mail.
 SIGNATURE OF PERSON ADMINISTERING OATH	Signature of Applicant

S E A L	SIGN IN PRESENCE OF NOTARY

MESSENGER NO.

THIS FORM MAY BE PHOTOCOPIED