



## APPLICATION FOR MULTI-PURPOSE DEALER REGISTRATION PLATE

SEE INSTRUCTIONS ON REVERSE SIDE

(The space above is for Department use only)
Bureau of Motor Vehicles • P.O. Box 68283 • Harrisburg, PA 17106-8283

This form requires a fee. Please review the instructions below carefully prior to submitting the application. For a complete listing of motor vehicle fees, refer to Form MV-70S, "Bureau of Motor Vehicles Schedule of Fees," found on our website at <a href="www.pa.gov/dmv">www.pa.gov/dmv</a> or scan the QR code at the top of this application. Payment is to be made by check or money order payable to the Commonwealth of Pennsylvania. DO NOT SEND CASH.

Α	A LIST INFORMATION AS SHOWN ON YOUR DEALER AUTHORIZATION CARD		
	Dealer Name	Dealer/Bus. Partner ID#	
	Street Address		
	City	State Zip Code	
В	REGISTRATION PLATE INFORMATION		
	Insurance Company Name		
	Policy Number	Policy Effective Date Policy Expiration Date	
		of Registration Plates eing Requested Fee Required	
	lbs X	=	
	lbs X	<u> </u>	
	lbs X	=	
	lbs X	=	
	lbs X	=	
	lbs. X	=	
		ation Fee Required \$	
_	Make check or money order payable to Common VEHICLE INFORMATION	wealth of Pennsylvania	
C		words the district of the dealers of	
	List the title number or the Vehicle Identification Number (VIN) of the vehicles currently titled in the name of the dealer or family member on which the Multi-Purpose Dealer registration plate will be used. When a vehicle is in the name of a family member, the relationship must be listed		
	below. In addition, if the use tax has been paid directly to the Department of Revenue, proof must be attached.		
	Title/VIN and, if applicable, the relationship of family member: Title/\	/IN and, if applicable, the relationship of family member:	
	NOTE: Multi-Purpose Dealer registration plates may be used on any vehicle titled in the and use tax has been paid. The weight of the vehicle cannot be in excess of the		
D	SIGNATURE		
	I hereby certify that the requested registration plates will only be used on vehicles titled in the name of my business or family member and that the sales and use tax has been paid. I further certify that I acknowledge that I may lose my operating privilege or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration.		
	Signature of Authorized Signer	Date	
		Telephone Number	

## INSTRUCTIONS

To assist you in completing Section B, determine the maximum registered gross vehicle weight at which the vehicle(s) will be operated. Add the column "Fee Required" for each weight class requested to determine the total registration fee required.

**NOTE:** For a complete listing of registration fees, refer to <u>Form MV-70S</u>, <u>"Bureau of Motor Vehicles Schedule of Fees,"</u> found on our website at www.pa.gov/dmv.

• When use tax is paid directly to the Department of Revenue, proof must be attached to this application.

Make your check or money order payable to the Commonwealth of Pennsylvania and return along with your completed application to:

Bureau of Motor Vehicles P.O. Box 68283 Harrisburg, PA 17106-8283

• Multi-Purpose Dealer registration plates may be personalized. Should you choose to personalize your Multi-Purpose Dealer registration plate, please complete and attach <u>Form MV-904D</u>, "Application for Personalized Dealer Registration <u>Plate</u>," to this application. **NOTE: There is an additional fee required with personalization requests.**