


[BMV Fees](#)

APPLICATION FOR MISCELLANEOUS MOTOR VEHICLE BUSINESS REGISTRATION PLATES

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

CHECK (✓) ALL APPLICABLE:
☐ New Application ☐ Change of Name ☐ Change of Address ☐ 911 Address Change ☐ Change in Officers ☐ Change of Owner

TYPE OF MISCELLANEOUS MOTOR VEHICLE BUSINESS YOU ARE APPLYING FOR:
☐ Vehicle Salvage Dealer ☐ Repair or Towing ☐ Transporter (copies of active contracts with dealers are required) ☐ Financier or Collector-Repossessor (copy of banking license required)
☐ Watercraft Trailer Dealer

NOTE: SEE INSTRUCTIONS FOR DOCUMENTS THAT MUST ACCOMPANY THIS APPLICATION.

A	NAME AND ADDRESS OF BUSINESS - Exactly as registration is to be issued.																																																																																																				
Name					Federal ID#			State Sales Tax #																																																																																													
Street Address (Principal Place of Business)							Dealer/Bus. Partner ID#																																																																																														
City				County			State	Zip Code																																																																																													
Business Phone Number					Home Phone Number of President or Controlling Partner																																																																																																
B	TYPE OF BUSINESS - Check (✓) One.						THIS LOCATION IS - Check (✓) One.																																																																																														
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation						<input type="checkbox"/> Owned <input type="checkbox"/> Leased																																																																																															
C	LIST ALL OWNERS, PARTNERS OR CORPORATE OFFICERS (Home Address)																																																																																																				
1. Name					Date of Birth	Title		Driver's License #																																																																																													
Email Address					Phone Number			Fax Number																																																																																													
Street Address					City			State	Zip Code																																																																																												
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Email Address					Phone Number			Fax Number																																																																																													
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D	LIST OTHER BUSINESSES AT THIS LOCATION																																																																																																				
E	INDICATE NUMBER OF REGISTRATION PLATES YOU ARE APPLYING FOR IN THE SPACE PROVIDED BESIDE THE APPROPRIATE CLASSIFICATION.																																																																																																				
Each plate type below has a one year or two year registration fee. 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 www.pa.gov/dmv or scan the QR code on the front of this application.																																																																																																					
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">Registration Plates</th> <th colspan="5">Registration Cards</th> </tr> <tr> <th>Registration Plate Type</th> <th># of Plates Requested</th> <th>Registration Fee</th> <th></th> <th>Plates Subtotal</th> <th># of Duplicates Requested</th> <th>Fee</th> <th></th> <th>Reg. Cards Subtotal</th> </tr> </thead> <tbody> <tr> <td>Financier or Collector-Repossessor (CR)</td> <td></td> <td>X</td> <td>=</td> <td>\$</td> <td>+</td> <td>X</td> <td>\$2</td> <td>= \$</td> </tr> <tr> <td>Repair or Towing (RT)</td> <td></td> <td>X</td> <td>=</td> <td>\$</td> <td>+</td> <td>X</td> <td>\$2</td> <td>= \$</td> </tr> <tr> <td>Transporter (TR)</td> <td></td> <td>X</td> <td>=</td> <td>\$</td> <td>+</td> <td>X</td> <td>\$2</td> <td>= \$</td> </tr> <tr> <td>Vehicle Salvage Dealer (WL)</td> <td></td> <td>X</td> <td>=</td> <td>\$</td> <td>+</td> <td>X</td> <td>\$2</td> <td>= \$</td> </tr> <tr> <td>Watercraft Trailer Dealer (WD)</td> <td></td> <td>X</td> <td>=</td> <td>\$</td> <td>+</td> <td>X</td> <td>\$2</td> <td>= \$</td> </tr> <tr> <td colspan="5"></td> <td colspan="4"> Registration Plates Subtotal: \$ </td> </tr> <tr> <td colspan="5"></td> <td colspan="4"> + Reg. Cards Subtotal: \$ </td> </tr> <tr> <td colspan="5"></td> <td colspan="4"> = Total Fees Due: \$ </td> </tr> </tbody> </table>											Registration Plates					Registration Cards					Registration Plate Type	# of Plates Requested	Registration Fee		Plates Subtotal	# of Duplicates Requested	Fee		Reg. Cards Subtotal	Financier or Collector-Repossessor (CR)		X	=	\$	+	X	\$2	= \$	Repair or Towing (RT)		X	=	\$	+	X	\$2	= \$	Transporter (TR)		X	=	\$	+	X	\$2	= \$	Vehicle Salvage Dealer (WL)		X	=	\$	+	X	\$2	= \$	Watercraft Trailer Dealer (WD)		X	=	\$	+	X	\$2	= \$						Registration Plates Subtotal: \$									+ Reg. Cards Subtotal: \$									= Total Fees Due: \$			
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NOTE: Dealer registration plates may be renewed for one or two-year periods. All dealer registration plates listed must have the same expiration date.																																																																																																					

Provide explanation below on how each of these registration plates will be used.

1. How many vehicle repairs or tows are projected for each month? _____
2. How many plates will be used for personal use? _____
3. For transporter businesses: How many vehicles are expected to be transported each month? _____
4. For Repossessor/Financier: How many vehicles are expected to be repossessed each month? _____
5. For Vehicle Salvage Dealer: How many vehicles are expected to be salvaged/sold each month? _____

F

BUSINESS DESCRIPTION - Indicate the nature of your business that qualifies your business for the type of registration for which you are making application.

G

INSURANCE INFORMATION - Refer to #5 in instructions for required proof of insurance.

Insurance Company Name: _____

Agent Name: _____ Agent Phone Number: _____

NAIC Number: _____ Policy Number: _____

Effective Date: _____ Expiration Date: _____

H

ADDITIONAL INFORMATION

1. If this application is a change of ownership, explain and list former name of business.

Please list Dealer/Business Partner Identification Number: _____

- 2A. Has this business or the owners, partners or corporate officers thereof ever been registered as a dealer, miscellaneous motor vehicle business or issuing agent in this or any other state?

☐ YES ☐ NO If yes, list name(s), location(s), and identification number(s).

- 2B. Have any owners, partners or corporate officers of this business ever been affiliated with a dealership, miscellaneous motor vehicle business, messenger service or full agent whose registration was suspended, cancelled or revoked or is currently under investigation or notice to attend a departmental or court hearing or is awaiting a decision by a hearing officer of a court?

☐ YES ☐ NO If yes, explain:

3. Do any of the owners, partners, corporate officers or any business with which they were previously affiliated have any outstanding liabilities which are due and owing to the Commonwealth of Pennsylvania, including but not limited to taxes, fees, monetary penalties or outstanding plates or paperwork?

☐ YES ☐ NO If yes, explain:

4. Have any owners, partners or corporate officers of this business ever been convicted or administratively sanctioned for violations of department regulations, Pennsylvania Crimes Code or Chapters 11, 13 or 23 of the Pennsylvania Vehicle Code?
☐ YES ☐ NO If yes, explain:

5. Have any owners, partners or corporate officers of this business ever been convicted of a felony or misdemeanor?
☐ YES ☐ NO If yes, explain:

6. Have any owners, partners or corporate officers of this business ever remitted uncollectible checks payable to any agency of the Commonwealth of Pennsylvania?
☐ YES ☐ NO If yes, explain:

7. Have any owners, partners or corporate officers filed bankruptcy within the past seven years?
☐ YES ☐ NO If yes, explain:

8. Will this business be purchasing or selling any type of vehicles?
☐ YES ☐ NO If yes, describe type of vehicles:

I MISCELLANEOUS INFORMATION

1. Does your business location meet all local zoning and land use ordinances and building codes? ☐ YES ☐ NO
2. Does your business meet ADA accessibility requirements? ☐ YES ☐ NO
3. Have all owners, partners and officers read and understood Chapter 53 of Title 67 (Manufacturer, Dealer and Motor Vehicle Business Registration Plates) and Chapters 11, 13 and 23 of the Pennsylvania Vehicle Code? ☐ YES ☐ NO

J VEHICLE OWNER'S SELF-CERTIFICATION

I/We declare under penalty of perjury under the law of the Commonwealth of Pennsylvania, that the foregoing is true and correct, and that application was made for the above product.

Furthermore, I/we state that I/we have read and signed this application after its completion, and I/we swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this application is subject to the penalties of 18 Pa.C.S. Section 4904 (relating to unsworn falsification), which include criminal prosecution and a term of imprisonment, the maximum of which may be one year [18 Pa.C.S. 4904(b)], or up to two years [18 Pa.C.S. 4904(a)]. In addition to any other penalty, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000 [18 Pa.C.S. 4904(d)].

Signed on the ____ day of _____, _____ at _____, _____ (county or other location, and state) _____ (country).

Printed Name of Authorized Signer

Signature of Authorized Signer

Title of Authorized Signer

Application for Miscellaneous Motor Vehicle Business

Registration Plates

INSTRUCTIONS FOR COMPLETING MV-359

1. 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 www.pa.gov/dmv or scan the QR code on the front of this application. **Payment is to be made by check or money order payable to the Commonwealth of Pennsylvania. DO NOT SEND CASH.**
2. All information must be typed in full. List name of business exactly as Miscellaneous Motor Vehicle Business (MMVB) registration is to be issued. Address must be the physical street address. A Post Office Box may be used only in addition to the street address. Include business telephone and home telephone numbers. The license issued will be valid only for the business address listed on this application.
3. Check appropriate box for the type of business and if location is owned or leased.
4. List all owners, partners or corporate officers. The official titles are required. Additional sheets may be used if necessary.
5. List other businesses at the same location.
6. (MMVB) registration plates may be personalized. Should you choose to personalize your MMVB registration plate, please complete and attach [Form MV-904D, "Application for Personalized Dealer Registration Plate."](#) to this application. **NOTE:** There is an additional fee required with personalization requests.

DOCUMENTS THAT MUST ACCOMPANY THIS APPLICATION

1. Include photographs of the interior and exterior of the business which clearly show the business office work area and business identification signs.
2. Applicants for Financier or Collector-Repossessor registration must include the appropriate license from the Pennsylvania Department of Banking.
3. Application for Transporter registration must include copies of all active contracts with registered dealers or manufacturers to regularly transport new or used vehicles on their own wheels, which are owned by or in the possession of said dealers or manufacturers.

NOTE: The contract must include the name and address of the business that will be transporting vehicles. This contract should be written on letterhead paper from the dealer/manufacturer you are contracting with. The contract must state that a fee will be paid for transporting vehicles. This contract should be signed by the person(s) representing both the transporter and the dealer/manufacturer.

4. Applicants for Vehicle Salvage Dealer registration who also desire to be authorized as a salvor under Chapter 73 of the Pennsylvania Vehicle Code must also complete a Salvor Application ([Form MV-951, "Application for Certificate of Authorization as a Salvor."](#))
5. Include an original criminal history record (SP 4-164) obtained from the Pennsylvania State Police (not a copy) for each owner, partner or corporate officer.

NOTE: If an individual owner, officer or employee is a resident of a state other than Pennsylvania, then a criminal background check from their state of residence shall also be provided.

6. A copy of the front and back of a government issued photo identification credential for each owner, partner or corporate officer.
7. When PennDOT issues a (MMVB) registration plate, a copy of one of the following acceptable proofs of insurance must be submitted. In addition, Title 67, Chapter 53.3(b)(iii) requires a certificate of insurance or a statement from an insurance carrier authorized to do business in this commonwealth, on its letterhead, that indicates the applicant has sufficient liability insurance to cover as many vehicles as the number of registration plates applied for.
 - A. An insurance identification card;
 - B. The declaration page of an insurance policy or a copy thereof;
 - C. A copy of a valid binder of insurance which contains all of the information required to appear on the I.D. card, excluding the policy number, and is signed by a licensed insurance agent or broker, or,
 - D. A copy of application for insurance to the Pennsylvania Automobile Insurance Plan (PAIP) containing all of the information required to appear on the I.D. card, excluding the policy number, and is signed by a licensed insurance agent or broker.
8. Appropriate fee for the number of dealer registration plates requested. **Payment is to be made by check or money order payable to the Commonwealth of Pennsylvania. DO NOT SEND CASH.**
9. Copy of deed/lease or rental agreement.

Mail all completed forms to: Bureau of Motor Vehicles, P.O. Box 68283, Harrisburg, PA 17106-8283.