

[BMV Fees](#)

APPLICATION FOR REGISTRATION FEE EXEMPTION

(The space above is for Department use only)

Bureau of Motor Vehicles • DEX Section • 1101 South Front Street
Harrisburg, PA 17104-2516

PURPOSE AND INSTRUCTIONS:

This form is to be used by eligible entities for applying for an exemption from the Pennsylvania vehicle registration fee. Completed applications should be returned to the address listed at the top of this page.

As required by Section 1901 of the Vehicle Code, no registration fee shall be charged for vehicles registered by any of the organizations listed below, but there will be a processing fee for issuing and renewing the vehicle registration.

Please review the instructions below carefully prior to submitting the application.

Please indicate below the type of organization for which this application is being submitted.

- ☐ Hospital: Any organization having an established location with inpatient facilities, whose primary function is the treatment and care of injured, infirm, or persons with a disability. Affidavit by two officers of the organization (page 4) must be included and a certified copy of charter must be attached. If the organization is not chartered, a copy of by-laws may be submitted.
- ☐ Humane Society: Any nonprofit organization whose primary function is to prevent cruelty and provide food or shelter to mistreated animals or human beings. Affidavit by two officers of the organization (page 4) must be included and a certified copy of the charter must be attached. If the organization is not chartered, a copy of by-laws may be submitted.
- ☐ Nonprofit Youth Centers: Any organization, whose primary function is to promote the welfare of youth at an established location. Affidavit by two officers of the organization (page 4) must be included and a certified copy of the charter must be attached. If the organization is not chartered, a copy of by-laws may be submitted.
- ☐ American Red Cross.
- ☐ Church: A church may receive this exemption only if the vehicle is registered in the church's name. Affidavit by two trustees or two other officers authorized to administer church property (page 4) must be included with this application.
- ☐ Girl Scouts of America.
- ☐ Boy Scouts of America.
- ☐ Salvation Army.
- ☐ Duly chartered posts of a National Veterans' Organization.
- ☐ Young Men's Christian Association.
- ☐ Young Men's Hebrew Association.
- ☐ Young Women's Christian Association.
- ☐ Young Women's Hebrew Association.
- ☐ Jewish Community Center.
- ☐ Nonprofit corporation of musical marching groups of youths. Affidavit by two officers of the organization (page 4) must be included and a certified copy of the charter must be attached. If the organization is not chartered, a copy of by-laws may be submitted.
- ☐ Nonprofit organizations which care for or otherwise provide services for the elderly or the infirm. Affidavit by two officers of the organization (page 4) must be included and a certified copy of the charter must be attached. If the organization is not chartered, a copy of by-laws may be submitted.
- ☐ Nonprofit organizations which principally serve mentally or physically disabled persons. Affidavit of two officers of the organization (page 4) must be included and a certified copy of the charter must be attached. If the organization is not chartered, a copy of by-laws may be submitted.
- ☐ Nonprofit Mobile Aviation Museum.

NOTE: Vehicles titled and registered under the provisions of Section 1901 shall be operated and used exclusively for the purpose for which the vehicles were entitled to the exemption from fees.

ORGANIZATION INFORMATION:

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

1. I, _____, being
NAME ADDRESS OFFICIAL TITLE

duly sworn, and with full authority to act for the organization named herein, make application for exemption from payment of vehicle registration fees and state that the answers made herein are true and correct.

2. Name: _____
NAME OF ORGANIZATION FOR WHICH EXEMPTION IS REQUESTED

3. Address: _____
ADDRESS OF ORGANIZATION FOR WHICH EXEMPTION IS REQUESTED

4. What is the purpose of the organization? _____

5. What are the duties of this organization which require the use of a motor vehicle?

6. If the organization is maintained solely or in part by funds derived directly or indirectly through (A) popular subscription, (B) door-to-door solicitation, (C) contributions or dues of members, (D) income from bequests, or other sources, explain fully the manner in which such funds are acquired.

7. Do private shareholders or individuals benefit in any way from the net income of this organization? ☐ YES ☐ NO
If YES, please explain: _____

8. Does this organization own personal property and/or real estate? ☐ YES ☐ NO
If YES, please explain: _____

9. Does this organization occupy premises through rental or lease of agreement? ☐ YES ☐ NO
If YES, give name and address of owner:

10. Is this organization exempt from all state, county and local taxes?..... ☐ YES ☐ NO

If YES, list sales tax exemption number: _____

If NO, state which taxes must be paid: _____

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 or that the items as indicated were never received in the mail.

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 Applicant or Authorized Signer

Signature of Applicant or Authorized Signer

Printed Name of Co-Applicant

Signature of Co-Applicant/Title of Authorized Signer

NOTE: This portion of the application is to be executed only by organizations as required on Page 1.

AFFIDAVITS

I, _____
NAME ADDRESS OFFICIAL TITLE

of _____
NAME OF ORGANIZATION FOR WHICH THE EXEMPTION IS REQUESTED

Being duly sworn, hereby attest the fact that _____ is properly
NAME

empowered to act in and for _____
NAME OF ORGANIZATION

and furthermore, that any motor vehicle, trailer, semi-trailer owned by this organization and upon which no registration fee has been paid, will be operated exclusively in the performance of the duties of such organization. (The organization must furnish the processing fee required for this exemption.)

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 or that the items as indicated were never received in the mail.

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 Applicant or Authorized Signer

Signature of Applicant or Authorized Signer

Printed Name of Co-Applicant

Signature of Co-Applicant/Title of Authorized Signer

I, _____
NAME ADDRESS OFFICIAL TITLE
of _____
NAME OF ORGANIZATION FOR WHICH THE EXEMPTION IS REQUESTED

being duly sworn, hereby attest the fact that _____ is
NAME

properly empowered to act in and for _____
NAME OF ORGANIZATION

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

(country)

Printed Name of Applicant or Authorized Signer

Signature of Applicant or Authorized Signer

Printed Name of Co-Applicant

Signature of Co-Applicant/Title of Authorized Signer