



Pennsylvania
Department of Transportation

APPLICATION FOR AUTHORIZATION TO ISSUE APPORTIONED REGISTRATION CREDENTIALS

(The space above is for Department use only)
Bureau of Motor Vehicles • P.O.Box 68285 • Harrisburg, PA 17106-8285

PRINT OR TYPE ALL INFORMATION IN FULL

ATTACH THE FOLLOWING INFORMATION:

1. Copy of TA Training Certificate for all employees that will process apportioned permit applications
2. Check or money order made payable to the Commonwealth of Pennsylvania in the amount of \$75.

NOTE: Applicant must be an Authorized Agent under contract with PennDOT. The Business Name and Principal Place of Business address must match the applicants DIN records. Applicants must apply for a separate Authorization to Issue Apportioned Registration Credentials for each different location.

Please list current: Contract # _____ DIN # _____ EIN # _____

1. Name of Applicant: _____
Last First Middle PA DL / Photo ID#

2. Name of Business: _____
Bus. ID#

3. Business Phone Number: _____ Email Address: _____

4. Address of Principal Place of Business: _____
Street Address
City State Zip Code

5. Mailing Address: _____
Street Address
City State Zip Code

6. Type of Business:
☐ Sole Proprietorship ☐ Partnership ☐ Corporation State of Incorporation: _____

7. Name of each owner or partner. If a corporation, name of principal officers:

8. How long has the company been in business: _____

9. Type of Permits applicant desires to issue:
☐ 72-hour Trip Permit ☐ 20-day Hunter Permit ☐ 60-day Temporary Apportioned Registration

10. Briefly describe how permits will be stored: _____

11. Have you or any principal of your corporation within the past three years been found guilty, pleaded guilty, entered a plea of nolo contendere in this or any other state for forgery, embezzlement, obtaining money under false pretense, extortion, conspiracy to defraud, bribery, or any other crime involving moral turpitude?
☐ YES ☐ NO. If yes, give details on separate sheet.

UNSWORN DECLARATION

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 Applicant/Authorized Signer

Signature of Applicant /Authorized Signer

Title of Authorized Signer

(_____) _____
Telephone number