

MV-140 (05-03)

Commonwealth of Pennsylvania
 Bureau of Motor Vehicles
 1101 S. Front Street
 Harrisburg, PA 17104-2516

REQUEST FOR REGISTRATION

FOR DEPARTMENT USE ONLY

SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE

A VEHICLE DESCRIPTION and OWNER NAME(S)					
Title Number		Vehicle Identification Number		Plate Number	
Current Expiry Date		Make of Vehicle		Body Type	
Reg. Gross Wt. (if applicable)		Reg. Comb. Wt. (if applicable)		No. of Axles - (Complete only if truck or truck tractor).	
Name(s) or Company Name as it appears on registration card if previously registered					
B CHANGE OF ADDRESS - Complete ONLY when reporting a change of address. LIST NEW ADDRESS					
Street Address					
City				State	Zip Code
C INSURANCE INFORMATION					
Insurance Company Name			NAIC No.	Policy Number	
Policy Effective Date			Policy Expiration Date		
D ADDITIONAL INFORMATION					
Odometer reading (Exclude tenths) _ _ _ , _ _ _		Number of duplicate cards requested at \$1.50 per card			Fee exemption code (if applicable)
E LESSOR INFORMATION					
If the above vehicle is leased, please list the Lessor's name in the space below. NOTE: If Form MV-1L has never been filed with the Department, the leasing company (Lessor) must complete Form MV-1L and return the completed form along with this application.					
Lessor Name					
F APPLICATION FOR RETIRED STATUS - Complete only if you qualify for this designation. See instruction #6 on reverse.					
Applicant's Social Security Number		Date of Birth	Co-Applciant's Social Security Number		Date of Birth
Total Annual Income Last Year			Estimated Total Income This Year		
I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I am retired and receiving Social Security and/or other pension and income as listed in Section F. My total income for the upcoming registration year will not exceed \$19,200 and unless I am physically or mentally incapable of driving, I am the principal driver of this vehicle. I further certify that my signature authorizes the PA Department of Transportation to verify my/our income and that my occupation is "retired", through Internal Revenue Service income tax forms. I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]).					
 * Applicant's Signature - NOTE: Retired person must be vehicle owner or lessee					
G APPLICANT SIGNATURE(S)					
I/We hereby make application for registration and certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I/we understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]).					
<input type="checkbox"/> By checking this block, I/we certify that this vehicle is a motor carrier vehicle and that it has a currently valid Safety Inspection. By not checking this block, I/we certify that this vehicle is not a motor carrier vehicle.					
<input checked="" type="checkbox"/> _____ * Owner/Lessor Signature		<input checked="" type="checkbox"/> _____ * Co-Owner Signature		() Telephone Number	
* Lessee can sign when Form MV-1L has been submitted by the lessor designating the lessee as registrant.					
H ORGAN DONOR DONATION					
<input type="checkbox"/> I wish to contribute \$1.00 to the Organ Donation Awareness Trust Fund (ODTF). (If checked, please include the additional \$1.00 in your payment with your registration fee.)					

THIS APPLICATION CAN BE REPRODUCED**Messenger No.**

INSTRUCTIONS

1. Complete the vehicle and owner information in Section A.
2. If you have a change of address, complete Section B. Please note that the change of address information block need only be completed when the address listed on your registration card differs from your actual address. **NOTE:** P.O. Box Numbers may be used in addition to the actual address, but cannot be used as the only address.
3. Provide your insurance information in Section C. The NAIC number is a five digit unique number assigned by the National Association of Insurance Commissioners Central Office and is used to identify the insurer. If the NAIC number is on your insurance card, please list in the space provided. Your application will not be rejected if the NAIC number is not listed. If your number is not listed on your I.D. card, contact your insurance agent. If Self-Insured, enter "SELF-INSURED" in the Insurance Company Name block and your self-insurance certificate number in the Policy Number block. Vehicle insurance must be maintained at all times on all valid vehicle registrations. A lapse in insurance coverage could result in the suspension of vehicle registration privileges for three months. **NOTE:** Registrants of trailers are not required to submit insurance information.
4. Provide the current odometer reading for the vehicle in Section D and indicate the number of duplicates desired, if applicable. If your vehicle qualifies under Section 1901(c) of the Vehicle Code for a fee exemption, please list applicable code assigned to you by the Department in the space provided.
5. If the vehicle is leased, the Lessor's name must be listed in Section E.
6. Complete Section F if you qualify for the reduced Retired Status fee. You must be retired and receiving Social Security or other pensions as described on the front of this application, regardless of age. Part-time employment is permitted if you are retired from your principal occupation. If you receive only unemployment compensation or public assistance, or are a student or other individual who is not retired, you do not qualify. Total income from all sources is based on anticipated income for the upcoming registration year. If only a husband or wife qualify, the vehicle must be titled and registered in that individual's name, or in both names jointly. If both husband and wife qualify, each may register one vehicle for the \$10.00 processing fee. One or both vehicles may be titled and registered in both names jointly. Only one vehicle (9,000 lbs. or less) per person may be registered for the \$10.00 processing fee. The applicant must be the principal driver of the vehicle unless physically or mentally incapable of driving. Your signature in Section F, authorizes the Department to verify your income and that your occupation is "retired" using Internal Revenue Service income tax forms.
7. Proof of payment of Heavy Vehicle Use Tax is required when your vehicle has a registered gross weight or combination weight of 55,000 pounds or more. The following are acceptable proofs of payment: a copy of Form 2290, Schedule 1, validated by the IRS; or, an invalidated copy of Form 2290, Schedule 1 and a copy of your cancelled check.
8. Owner(s) must sign the application exactly as name(s) appears on the registration card in Section G. If the vehicle is in the name of a company/corporation, the signature of an authorized representative is required. **NOTE:** A lessee may sign this application when Form MV-1L has been completed by the leasing company and is attached or, was previously submitted designating the lessee as the owner of the registration plate. The owner(s) must indicate if the vehicle is designated as a motor carrier vehicle by checking the appropriate box in Section G.
9. You have the opportunity to contribute \$1.00 to the Organ Donation Awareness Trust Fund (ODTF) in Section H. Your contribution to the Fund will help increase public awareness of organ donation and help save lives. Please add the \$1.00 contribution to your payment. Also, be sure to check the proper block on the front of this application to make sure your contribution is handled properly.
10. Make check/money order payable to the "Commonwealth of Pennsylvania" and submit along with this application and any of the required additional forms mentioned above, when applicable, to the Bureau of Motor Vehicles, 1101 S. Front Street, Harrisburg, PA 17104-2516.
11. If this application is processed and registration is not received due to loss in the mail, you may apply for free replacement within 90 days of the date of original issuance by completing Form MV-44.
12. **SELF-CERTIFICATION OF SAFETY INSPECTION FOR MOTOR CARRIER VEHICLES:** Registrants of a motor carrier vehicle are required to self-certify, in the block provided, that the vehicle has a currently valid safety inspection at the time of this renewal. A motor carrier vehicle is: (1) a truck or truck tractor having a gross vehicle weight rating, gross combination weight rating, registered gross weight or registered combination weight of 17,001 pounds or more, OR (2) a truck or truck tractor engaged in interstate commerce and having a gross vehicle weight rating, gross combination weight rating, registered gross weight or registered combination weight of 10,001 pounds or more. Failure to have a currently valid safety inspection could result in suspension of registration for three months.