



Pennsylvania  
Department of Transportation



[BMV Fees](#)

# APPLICATION FOR REPLACEMENT OF FLEET REGISTRATION CREDENTIALS

(The space above is for Department use only)  
Bureau of Motor Vehicles • P.O. Box 68289 • Harrisburg, PA 17106-8289

**CHECK (✓) APPROPRIATE BLOCK**

- Application for Duplicate Registration Card(s) - Complete Sections A, B **and either** C or D. (Fee depending on request. See NOTE in Section B.)
- Replacement of Registration Plate (Fee Required) - Complete Sections A, B **and either** C or D. **NOTE: Section D must be completed for all replacement registration plate requests and all products that were not received in the mail within 90 days of original issuance date. Do not use this application for replacement of dealer or apportioned registration plates.**

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](http://www.pa.gov/dmv) or scan the QR code at the top of this application.

A APPLICANT AND VEHICLE INFORMATION			
Account No.	Fleet No.	U.S. DOT No. _____ <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE	PUC No. _____ <input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE
Last Name (or Full Business Name)		First Name	Middle Name
Co-Owner Last Name		First Name	Middle Name
Street Address		City	State    Zip Code
<input type="checkbox"/> Check (✓) box if you wish to have duplicate registration card(s) emailed upon payment.		Email Address	
Equipment Number	Title Number	Registration Plate Number	

B APPLICATION FOR DUPLICATE REGISTRATION CARD(S) OR REPLACEMENT OF PRODUCT (Check (✓) appropriate blocks)	
<input type="checkbox"/> Registration Card	<input type="checkbox"/> Registration Plate
<b>REASON:</b> <input type="checkbox"/> *Lost <input type="checkbox"/> *Stolen <input type="checkbox"/> Defaced <input type="checkbox"/> Never Received	No fee is due if product was never received in the mail within 90 days from the original issuance date. <input type="checkbox"/> Other _____
* If the registration plate is lost or stolen, it must be reported to the State Police or your local law enforcement office.	
<b>NOTE: Registration Card:</b> There is a \$2 fee for a replacement registration card and for each additional registration card. Number of duplicate registration cards requested at \$2 each: _____.	
<b>Registration Plate:</b> There is a fee for a replacement registration plate. In conjunction with replacement of your registration plate, you will receive one registration card. If additional registration cards are desired, there is a fee required. Number of duplicate registration cards requested: _____.	

C APPLICANT(S) SIGNATURE			
I/We certify that ALL information given is TRUE and CORRECT.			
_____	_____	_____	_____
Signature of Applicant or Authorized Signer	Date	Signature of Co-Applicant/Title of Authorized Signer	Date

D APPLICATION FOR FREE ISSUANCE - Complete only if replacement registration plate is requested or if applicant is entitled to free re-issuance because original registration card was never received in the mail and application is being made within 90 days of original issuance or a replacement.	
I/We declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct. I/We hereby state that application was made for the above products or that the items as indicated were never received in the mail. I/We hereby 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]). I/We hereby state	
Signed on the ____ day of _____, _____ at _____, _____ (county or other location, and state), _____ (country).	
Printed Name of Applicant/Authorized Signer	Signature of Applicant /Authorized Signer
Printed Name of Co-Applicant	Signature of Co-Applicant/Title of Authorized Signer