



Pennsylvania
Department of Transportation

APPLICATION TO CHANGE INFORMATION ON FLEET ACCOUNT OR FLEET VEHICLE

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

A APPLICANT INFORMATION

Name of Applicant		
Account Fleet #	US DOT #	TIN #
>>>>>>> ONLY CHECK BLOCK(S) WHICH YOU ARE CHANGING OR CORRECTING AND LIST NEW INFORMATION BELOW <<<<<<<<		
<input type="checkbox"/> Fleet Business Name		
<input type="checkbox"/> Fleet Business Address		
City	State	Zip Code
<input type="checkbox"/> Fleet Mailing Address		
City	State	Zip Code
<input type="checkbox"/> Contact Person	<input type="checkbox"/> Telephone Number	<input type="checkbox"/> Email Address

B VEHICLE DATA INFORMATION

VIN as it appears on PA Certificate of Title		Title Number	Equipment Number
CHANGE	CORRECTION	ITEM	EXPLAIN PHYSICAL CHANGE AND/OR CHANGE IN USE OF THE VEHICLE AND/OR REASONS FOR APPLYING FOR CHANGE OR CORRECTION OF VEHICLE DATA.
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Number	
<input type="checkbox"/>	<input type="checkbox"/>	Make of Vehicle	
<input type="checkbox"/>	<input type="checkbox"/>	Year	
<input type="checkbox"/>	<input type="checkbox"/>	Body Type	
<input type="checkbox"/>	<input type="checkbox"/>	Seating Capacity	
<input type="checkbox"/>	<input type="checkbox"/>	Unladen Weight	
<input type="checkbox"/>	<input type="checkbox"/>	Registered Gross Combination Weight	
<input type="checkbox"/>	<input type="checkbox"/>	Registered Gross Vehicle Weight	
<input type="checkbox"/>	<input type="checkbox"/>	Number of Axles	Was Additional Axle Installed? . . . <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	<input type="checkbox"/>	Other	GAWR (For Added Axles)

C CORRECTED VIN AS VERIFIED

Tape VIN Tracing Here:	
VERIFICATION BY NOTARY PUBLIC OR INSPECTION MECHANIC	
Correct VIN:	GVWR:
Signature of Inspection Mechanic	
Inspection Mechanic Number	

D 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 or Authorized Signer	_____ Signature of Applicant or Authorized Signer
_____ Printed Name of Co-Applicant	_____ Signature of Co-Applicant/Title of Authorized Signer