



APPLICATION FOR REPLACEMENT OF ILLEGIBLE REGISTRATION PLATE

(The space above is for Department use only)
Bureau of Motor Vehicles • P.O. Box 68593 • Harrisburg, PA 17106-8593

By completing this application, you are requesting to replace your current issue registration plate, with the same style of registration plate, due to the plate being deemed as illegible. The operation of a vehicle with an illegible registration plate is a violation of Section 1332 of the Vehicle Code, which may result in a \$100 fine.

_	APPLICANT AND VEHICLE INFORMATION AS LISTED ON CURRENT REGISTRATION CARD								
A								Expiration Date	
	Title Number	Vehicle Identification Number		Regist	Registration Plate Number		Registration Plate Style	MO: YR:	
	Last Name (or Full Business Nama) First Name					die Name	PA DL/Photo ID# or Bus, ID#	Date of Birth	
	Co-Applicant Last Name First Name Middle Name PA DL/Photo ID# Date of Birth								
	Oursels Observe of Add		New Street Address						
	Owner's Change of Address Complete only if different from registration card. If changing the address to an out-of-state address, you must also complete and submit Form MV-8 and qualify for an out-of-state address.		New Succession				Zip Code		
			City			State			
	NOTE: In conjunction with replacement of your registration plate, you will receive one registration card. If additional registration cards are desired, there is a \$2 fee for each card. Duplicate registration cards vary in cost depending on the time they are requested, refer to Form MV-70S, "Bureau of Motor Vehicles Schedule of Fees." Number of duplicate registration cards requested @ \$2 each:								
В	AUTHORIZATION TO REPLACE AN ILLEGIBLE REGISTRATION PLATE - Verification from Law Enforcement Officer, Certified								
	Safety Inspector or PennDOT authorized Online Messenger Service.								
	On this date, registration plate number on a has been determined to be illegible.							etermined to be illegible.	
	personalized plate. By signing same style and a new confi	or personalized plates, please ensure the configuration is reflected exactly in the boxes above, including dashes or spaces. Please also attach a photo of the ersonalized plate. By signing this form, the owner or registrant is requesting the below option and will receive another registration plate (with the ame style and a new configuration) or a personalized registration plate (with the same style and configuration as the illegible registration plate). OTE: If the illegible registration plate design being replaced is no longer available it will be replaced with a standard issue registration plate. If the illegible registration plate design has been updated since your registration plate was issued, you will receive the new design.							
	Free Replacement I have a personalized registration plate and want to keep my configuration. (FREE) I have a non-personalized registration plate and want to replace it with a next in series registration plate. (FREE) Fee Required								
	I have a non-personalized registration plate and want to keep my same configuration. NOTE: Not all registration plates are available for personalization of the registration plate cannot be personalized, you will receive the next in series of that style of registration plate. The fees associated with each plate type are listed below: □ Ex-Prisoner of War, Disabled Veterans, Severely Disabled Veterans, and Persons with Disability - FEE REQUIRED □ Standard issue - FEE REQUIRED □ All other registration plates - FEE REQUIRED								
	☐ All other registrati	on plates	- FEE REQUIRED			an	777	7	
	14/4	J	53	M37	creeki	3D	814-833-1110		
	Signature of Direc Office Certified Safety inspector or Online Messenger	Badge Ni Messery	umber Inspector ID or Online ger DIN/Business Partner ID		ment, Station Name o ie Messenger Name	f	Telephone Number	Date	
С	APPLICANT(S) SIGNAT								
	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 herei								
	are true and correct, and that any statement made on or pursuant to this application as 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 fine of at least \$1,000 [18 Pa.C.S. 4904(d)].								
	Signed on the day o	f			at _	(county (or other location, and state)	(country)	
						(county)	are consequently the december of the consequence of	and even Mac. € 6	
	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			
	Telephone Number								