



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.

A APPLICANT AND VEHICLE INFORMATION AS LISTED ON CURRENT REGISTRATION CARD				
Title Number	Vehicle Identification Number	Registration Plate Number	Registration Plate Style	Expiration Date MO: YR:
Last Name (or Full Business Name)		First Name	Middle 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
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 Street Address			
	City	State	Zip Code	
NOTE: In conjunction with replacement of your registration plate, you will receive one registration card. If additional registration cards are desired, the fee is \$2 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: _____				

B AUTHORIZATION TO REPLACE AN ILLEGIBLE REGISTRATION PLATE – Verification from Law Enforcement Officer or Certified Safety Inspector.										
On this date, registration plate number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> on a _____ Year _____ Make _____ has been determined to be illegible. For personalized plates, please ensure the configuration is reflected exactly in the boxes above, including dashes or spaces. Please also attach a photo of the personalized plate. By signing this form, the owner or registrant is requesting and will receive another registration plate (with the same style and a new configuration) or a personalized registration plate (with the same style and configuration as the illegible personalized registration plate) free of charge. NOTE: 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. <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 20px;"> Signature of Police Officer or Certified Safety Inspector Badge Number or Inspector ID Department or Station Name Telephone Number Date </div>										

C APPLICANT(S) SIGNATURE	
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
_____ Telephone Number	_____ Telephone Number