



pennsylvania
DEPARTMENT OF TRANSPORTATION

Bureau of Motor Vehicles
Harrisburg, PA 17104

**Application for
Renewal/Change
and/or Replacement
of Certificate of
Authorization as
Motor Vehicle
Messenger Service**

For Department Use Only

To Add, Delete or Change Employee Information, you MUST Complete Form MV-73B.

INSTRUCTIONS:

1. Renewal of Registration - Complete Section A, B & F - Fee: \$50 Main Office / \$25 Branch Office
2. Duplicate Certificate of Authorization - Complete Section A, C & F - Fee: \$2.50
3. Change of Address - Complete Sections A, D & F - Fee: \$5
4. Replacement of Photo ID Card - Complete Sections A,E & F - Fee: \$2.00

A CURRENT REGISTERED NAME AND ADDRESS OF MESSENGER SERVICE			
Name as Now Registered			Messenger No.
Street Address as Now Registered (Principal Place of Business)			
City	County	State	Zip
B RENEWAL APPLICATION			
I (We) are applying for renewal of certificate(s) of authorization for the following office(s) holding registration number(s):			
1. Main Office	2. Branch	3. Branch	4. Branch
5. Branch	6. Branch	7. Branch	8. Branch
9. Branch	10. Branch	11. Branch	12. Branch
CERTIFICATION OF BOND - The following must be completed by surety in conjunction with renewal.			
I certify that this messenger service is bonded by:			
Bonding Company Name		Bond Number	For the registration year ending June 30, 20 _____
Signature of Bonding Agent		Print Bonding Agent's Name as Signed	Bonding Agent's Telephone Number
Messenger Contract Number		Check One: <input type="checkbox"/> Bond Renewal <input type="checkbox"/> New Bond (Must be Attached)	
C APPLICATION FOR DUPLICATE CERTIFICATE OF AUTHORIZATION			
I (We) are applying for a duplicate certificate with no changes because the original certificate was: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Defaced <input type="checkbox"/> Never Received			
D APPLICATION FOR REPLACEMENT OF CERTIFICATE DUE TO CHANGE OF BUSINESS ADDRESS (FEE \$5.00)			
Photos of office interior and exterior must be attached. Rider from bonding company must be submitted.			
New Street Address			
City		State	Zip
Will the new business address be used solely for messenger service business? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list below other type(s) of business(es) which will be conducted at this location.			
The property at the new address is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased (check one) (Attach copy of lease or deed to this application.)			
E APPLICATION FOR REPLACEMENT OF PHOTO IDENTIFICATION CARD			
Please issue a new photo ID card to the following employee currently designated to conduct business in the Bureau of Motor Vehicles:			
Name		Reason: (Check one) <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Defaced	
F CERTIFICATION			
I (We) certify under penalty of law that the above information is complete, true and correct. WARNING: THE MIS-STATEMENT OF FACTS OR FAILURE TO NOTIFY THE DEPARTMENT OF CHANGES ON THIS APPLICATION FORM SHALL BE GROUNDS FOR SUSPENSION OF YOUR CONTRACT.			
_____ Signature of Owner or President of Corporation		_____ Signature of Co-Owner or Other Corporate Officer	_____ Date
DEPARTMENT USE ONLY			
Requested items processed.			
Mailed by _____ Initials	Date _____	Received by _____ Initials	Date _____