MV-3	59 (3-09)								
pennsylvania Department of TRANSPORTATION Commonwealth of Pennsylvania Department of Transportation Bureau of Motor Vehicles P.O. Box 68283 Harrisburg, PA 17106-8283		Application For Miscellaneous Motor Vehicle Business Registration Plates		For	Departmer	nt Use Onl	У		
CHE	CK 🖌 ALL APPLICABLE:						5		
	New Application Change of	Name Change of Address	🗋 Cha	nge in Officers		Change of	f Owne	r	
TYP	TYPE OF MISCELLANEOUS MOTOR VEHICLE BUSINESS YOU ARE APPLYING FOR:								
	Repair or Towing Vehicle Salvage Dealer Transporter Financier or Collector-Repossessor (copy of banking license required) Watercraft Trailer Dealer								
Α	NAME AND ADDRESS OF BUSINESS (Exactly as registration is to be issued) Name Federal I.D. #								
	Street Address (Principal Place of Business)					List DIN Number			
	City		County			State Zip Code			
	Business Phone # of President or Controlling Partner								
В	B TYPE OF BUSINESS (Check One) This Location is (Check One)								
	Sole Proprietorship Partnership Corporation Owned Leased						sed		
С	LIST ALL OWNER(S), PARTNER	S OR CORPORATE OFFICERS	TITLE		DR	RIVER'S LICE	NSE #		
	STREET ADDRESS		CITY			STATE ZIP CODE			
			TITLE		DE	RIVER'S LICE			
	2. NAME								
	STREET ADDRESS		CITY				TATE	ZIP CODE	
	3. NAME		CITY		DF	DRIVER'S LICENSE #			
	STREET ADDRESS					S	TATE	ZIP CODE	
	4. NAME			TITLE D			DRIVER'S LICENSE #		
	STREET ADDRESS		CITY			S	TATE	ZIP CODE	
D	LIST OF OTHER BUSINESSES A	T THIS LOCATION				I			
E	INDICATE NUMBER OF REGIST		PLYING FO	R IN SPACE P	ROVIDED	DBESIDE	E THE		
	REPAIR OR TOWING (RT) FINANCIER OR COLLECTOR- REPOSSESSOR (CR) REPOSSESSOR (CR)								
	VEHICLE SALVAGE DEALER (WL)) TRANSPORTER (TR) WATERCRAFT TRA				LER DEALER (WD)				
	All classes of Miscellaneous Motor Vehicle Business - Annual Fee - \$36.00 each plate. Duplicate registration cards may be requested for all plates ordered for \$1.50 per duplicate. Duplicates requested per plate x \$1.50 =								

F	BUSINESS DESCRIPTION - Indicate the nature of your business that qualifies your business for the type of registration for which you are making application.					
G	INSURANCE INFORMATION					
	Insurance Company Name					
	Policy Number Effective Date Expiration Date					
н	ADDITIONAL INFORMATION					
	If this application is a change of supership, synlain and list former name of husiness					
1	If this application is a change of ownership, explain and list former name of business.					
	Please list DIN Number:					
2	A. Has this business or the owners, partners or corporate officers thereof ever been registered as a dealer, miscellaneous motor vehicle					
	business or issuing agent in this or any other state? TYES TNO If yes, list name(s), location(s), and identification number(s).					
2	B. Have any owners, partners or corporate officers of this business ever been affiliated with a dealership, miscellaneous motor vehicle business, messenger service or full agent whose registration was suspended, cancelled or revoked or is currently under investigation					
	or notice to attend a Departmental or court hearing or is awaiting a decision by a hearing officer of a Court?					
	YES NO If yes, explain:					
3	Do any of the owners, partners, corporate officers or any business with which they were previously affiliated, have any outstanding					
	liabilities which are due and owing to the Commonwealth of Pennsylvania including but not limited to taxes, fees, monetary penalties or outstanding plates or paperwork?					
	of outstanding plates of paperwork?					
	YES NO If yes, explain:					
4						
	Department regulations, Pennsylvania Crimes Code or Chapters 11, 13 or 23 of the Pennsylvania Vehicle Code? YES NO					
	If yes, explain:					

5.	5. Have any owners, partners or corporate officers of this business ever been convicted of a felony or misdemeanor? 🔲 YES 🛄 I							
	If yes, explain:							
6.	Have any owners, partners or corporate officers of this business ever remitted uncollectible checks payable to any agency of the Commonwealth of Pennsylvania? If YES INO							
7.	. Have any owners, partners or corporate officers filed bankruptcy within the past seven years? YES NO							
8.	Will this business be purchasing or selling any type of vehicles? YES NO If yes, describe type of vehicles.							
I	MISCELLANEOUS INFORMATION							
1.	Does your business location meet all local zoning and land use ordinances and building codes? YES NO							
	Does your business meet ADA accessibility requirements? YES NO. NOTE: A checklist to help you determine if you meet the guidelines is included in this packet.							

3. Have all owners, partners and officers read and understood Chapter 53 of Title 67 (Manufacturer, Dealer and Motor Vehicle Business Registration Plates) and Chapters 11, 13 and 23 of the Pennsylvania Vehicle Code? UYES NO

J NOTARIZATION

(I/M/a) cortify under populty of lay	w that the information	contained					
(I/We) certify under penalty of law that the information contained herein is true and correct.			SUBSCRIBED ANI TO BEFORE ME:	D SWORN MONTH	DAY	YEAR	
				SIGNATURE OF	PERSON ADMINIST	ERING OATH	
Authorized Signature	Title	Date	S T	SIGN IN PRESENCE OF NOTARY			
Authorized Signature	Title	Date	A				
Authorized Signature	Title	Date	M P				

WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to one year [18 Pa.C.S. Section 4904(b)] in addition to any sanction imposed by this Department.

NOTE: When business is discontinued, miscellaneous motor vehicle business registration plates and cards must be returned to the Department within five days. If business is moved to another location, the Department must be notified within 10 days of the change. A completed form MV-359 and photographs of the new location must accompany this notification.

Applications for Miscellaneous Motor Vehicle Business Registration Plates

INSTRUCTIONS FOR COMPLETING MV-359

- All information must be typed in full. List name of business exactly as Miscellaneous Motor Vehicle Business registration is to be issued. Address must have physical street address. Post Office Box may be used in addition to street address. Include business telephone and home telephone numbers. The license issued will be valid only at the business address listed on this application.
- 2. Check appropriate box for type of business and if location is owned or leased.
- 3. List all owners, partners or corporate officers. The official titles are required. Additional sheets may be used if necessary.
- 4. List other businesses at same location.
- 5. Answer each question and provide all information requested.
- 6. Section J must be signed and notarized in the presence of a notary public.

DOCUMENTS THAT MUST ACCOMPANY THIS APPLICATION

- 1. Include photographs of the interior and exterior of the business which clearly show the business office work area and business identification signs.
- 2. Applicants for Financier or Collector-Repossessor must include the appropriate license from the Pennsylvania Department of Banking.
- Application for Transporter registration must include copies of all active contracts with registered dealers or manufacturers to regularly transport new or used vehicles on their own wheels, which are owned by or in the possession of said dealers or manufacturers.
- 4. Applicants for Vehicle Salvage Dealer registration who also desire to be authorized as a salvor under Chapter 73 of the Pennsylvania Vehicle Code must also complete a Salvor Application (Form MV-951).
- 5. An original criminal history record (SP4-164) obtained from the State Police (not a copy), for each owner, partner or corporate officer.
- 6. When the Department is to issue a miscellaneous motor vehicle business registration plate, one of the following items must be used to serve as acceptable proof of insurance:
 - 1. An insurance identification card;
 - 2. The declaration page of an insurance policy or a copy thereof;
 - 3. A copy of a valid binder of insurance which contains all of the information required to appear on the I.D. card, excluding the policy number, and is signed by a licensed insurance agent or broker, or,
 - 4. A copy of application for insurance to the Pennsylvania Automobile Insurance Plan (PAIP) containing all of the information required to appear on the I.D. card, excluding the policy number, and is signed by a licensed insurance agent or broker.

A copy of one of the items listed above must be attached to the application.

- 7. Appropriate fee for number of dealer plates requested.
- 8. Copy of deed/lease or rental agreement.

NOTE: The contract must include the name and address of the business that will be transporting their vehicles. This contract should be written on letterhead paper from the dealer/manufacturer whom you are contracting with. The contract must state that a fee will be paid for transporting their vehicles. This contract should be signed by the person(s) representing both the transporter and the dealer/manufacturer.

Mail all completed forms to the Commonwealth of Pennsylvania, Department of Transportation, Bureau of Motor Vehicles, P.O. Box 68283, Harrisburg, PA 17106-8283.