



Pennsylvania  
Department of Transportation

## URBAN MASS TRANSPORTATION SYSTEM TITLE AND REGISTRATION FEE EXEMPTION APPLICATION

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

**PLEASE SEE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS APPLICATION**

<b>A</b>	<b>APPLICANT INFORMATION</b>				
Applicant Name					
Street Address					
City		State	Zip Code		
Person to Contact		Telephone Number			
<b>B</b>	<b>TYPE OF CARRIER</b>				
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>For-Hire</b>  <input type="checkbox"/> (a) Sole Proprietorship  <input type="checkbox"/> (b) Partnership  <input type="checkbox"/> (c) Corporation </td> <td style="width: 50%; vertical-align: top;"> <b>Authority</b>  <input type="checkbox"/> (d) Municipal  <input type="checkbox"/> (e) Port </td> </tr> </table> <p>Carrier is subject to the jurisdiction of:   <input type="checkbox"/> (A) Municipality   <input type="checkbox"/> (B) Port Authority   <input type="checkbox"/> (C) PUC</p> <p>If PUC, list certificate number: _____</p>				<b>For-Hire</b> <input type="checkbox"/> (a) Sole Proprietorship <input type="checkbox"/> (b) Partnership <input type="checkbox"/> (c) Corporation	<b>Authority</b> <input type="checkbox"/> (d) Municipal <input type="checkbox"/> (e) Port
<b>For-Hire</b> <input type="checkbox"/> (a) Sole Proprietorship <input type="checkbox"/> (b) Partnership <input type="checkbox"/> (c) Corporation	<b>Authority</b> <input type="checkbox"/> (d) Municipal <input type="checkbox"/> (e) Port				
<b>C</b>	County of Principal Place of Business				
Counties Contiguous to County Listed Above					
<b>D</b>	Does carrier offer scheduled fixed route public transportation service? <input type="checkbox"/> YES <input type="checkbox"/> NO				
a. Revenue from scheduled routes in counties listed: _____ b. Revenue from all intrastate schedule routes: _____ c. $a \div b =$ _____ %					
<b>E</b>	I, _____ <div style="text-align: center;">(Print Name)</div> of _____ hereby affirm under penalties prescribed by law that this application (including any accompanying schedules and statements), has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.				
Signature		Title			
Date					

## INSTRUCTIONS

Please print or type all information.

### Section A

1. List the name of the Urban Mass Transportation System.
2. List the address of the Urban Mass Transportation System.
3. Identify the person to contact and telephone number if there are any problems concerning the application.

### Section B

4. Indicate the type of bus company. If it is for-hire, select either a, b or c. If the bus company is an authority, select - either d, or e.
5. Select who approves the rates and schedule. Check the proper block and list number provided by the PUC (if applicable).

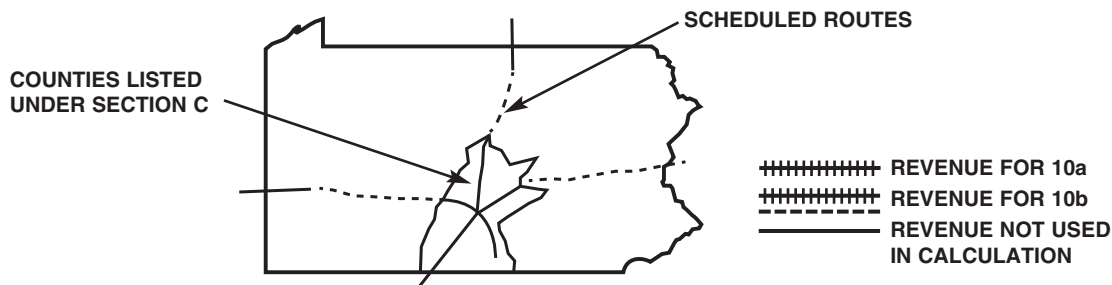
### Section C

6. List the county where the principal place of business is located.
7. List the counties contiguous to the county listed in question 6.

### Section D

8. Indicate yes or no to the question. If no, applicant does not qualify for exemption of registration and title fees. If yes, answer questions 9 a, b, and c.
9.
  - a. Indicate the revenue obtained from scheduled routes in the counties listed in questions 6 and 7 for the previous calendar year.
  - b. List the revenue derived from all intrastate scheduled operation of buses for the previous calendar year.

**NOTE:** For a and b do not include extra ordinary income such as advertising, State and Federal operating capital grants, or other promotions. Do not include any income from school or charter service. DO include payments from the Commonwealth's Free Transit Program for Senior Citizens and intrastate portion of interstate routes.



- c. Divide the figure listed in 9a by the figure listed in 9b and express the quotient as a percentage.

### Section E

10. Officer of the system must affirm and sign in this section. In addition, print the name of the office, title and the date application was made.

### For original application:

- Attach a list of all vehicles owned or leased by applicant (VIN, Title and Registration Plate)
- Attach copies of all scheduled routes.

Submit to: Commercial Registration Section, P.O. Box 68289, Harrisburg, PA 17106-8289