

**I M P O R T A N T**  
**DO NOT**  
**THROW AWAY**

**NEW**  
**PA Motorcycle Safety Program**

**TITLING**  
**INSTRUCTIONS**

**AS OF**  
**JUNE 2010**



56 Grumbacher Road, Suite A ♦ York, PA 17406

Phone (717) 849-5156 ♦ Fax (717) 849-5166

Course Registration 1-800-845-9533

July 13, 2010

TO: Motorcycle Dealers

FROM: David Surgenor  
State Coordinator

RE: New Motorcycle Purchases  
2010 Titling Instructions

Attached are new titling instructions for 2010 on motorcycles purchased for use in our program.

Effective immediately, please complete the MSO and MV1, except for the required signatures and notarizations, as per the attached examples. A PennDOT representative will be contacting you within the next two weeks to set up a time to come out and complete the paperwork (signatures and notarizations). The PennDOT representative will take the paperwork with them. The paperwork on new motorcycle purchases will no longer be mailed to PennDOT.

Please note for any motorcycles that have already been picked up by MSP, please hand the previously completed paperwork to the PennDOT representative. Those MSOs and MV1s will not be signed or notarized.

If you have any questions, please do not hesitate to contact Sue Wilson, Manager of the Dealer Unit, at 717-787-4291 or the Bureau of Driver Licensing office at 717-787-6453.

Attachments

# SAMPLE MSO

Enter "PennDOT" as the Purchaser and enter address as shown on sample, then complete all dealership information, sign, and notarize.

Complete Odometer Disclosure Section, sign, and notarize. Authorized representative must also sign as purchaser.

Enter "None" for Lien Holder Information

Each undersigned seller certifies to the best of his knowledge, information and belief under penalty of law that the vehicle is new and has not been registered in this or any state at the time of delivery and the vehicle is not subject to any security interests other than those disclosed herein and warrant title to the vehicle.  
FOR VALUE RECEIVED I TRANSFER THE VEHICLE DESCRIBED ON THE FACE OF THIS CERTIFICATE TO:

DISTRIBUTION DEALER ASSIGNMENT NUMBER 1	NAME OF PURCHASER(S) <b>Penn DOT</b> ADDRESS <b>17 Arsenal Blvd Harrisburg, PA 17120</b> I certify to the best of my knowledge that the odometer reading is _____ No Tenth's DEALER _____ BY _____ NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 19____ State of _____ Notary Public County of _____ USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
DISTRIBUTION DEALER ASSIGNMENT NUMBER 2	NAME OF PURCHASER(S) _____ ADDRESS _____ I certify to the best of my knowledge that the odometer reading is _____ DEALER _____ BY _____ NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 19____ State of _____ Notary Public County of _____ USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
DISTRIBUTION DEALER ASSIGNMENT NUMBER 3	NAME OF PURCHASER(S) _____ ADDRESS _____ I certify to the best of my knowledge that the odometer reading is _____ No Tenth's DEALER _____ BY _____ NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 19____ State of _____ Notary Public County of _____ USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
DISTRIBUTION DEALER ASSIGNMENT NUMBER 4	NAME OF PURCHASER(S) _____ ADDRESS _____ I certify to the best of my knowledge that the odometer reading is _____ No Tenth's DEALER _____ BY _____ NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 19____ State of _____ Notary Public County of _____ USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
ODOMETER DISCLOSURE FOR RETAIL SALE	Federal Law requires you to state the odometer mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked. Odometer Reading: _____ No Tenth's. <input type="checkbox"/> The mileage stated is in excess of its mechanical limits. <input type="checkbox"/> The odometer reading is not the actual mileage. <b>WARNING ODOMETER DISCREPANCY</b> Signature(s) of Seller(s) _____ Date of Statement _____ Date of Sale _____ Printed Name(s) of Seller(s) _____ Dealer's No. _____ Signature of Buyer(s) _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 19____ Printed Name(s) of Purchaser(s) _____ Company Name (if Applicable) _____ State of _____ Notary Public Address of Purchaser(s) _____ County of _____ USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
LIEN HOLDER INFORMATION	Is there a lien on this vehicle? <b>NONE</b> If yes, name of lien holder is _____ Address of lien holder is _____

Odometer Reading Recorded

# SAMPLE MV-1

No.1302405

www.dmv.state.pa.us

MV - 1 (5-05)						I. TAX / FEES	
VEHICLE DESCRIPTION	MAKE OF VEHICLE <b>MAKE</b>		VEHICLE IDENTIFICATION NUMBER (VIN) IF TRACING REQUIRED, TAPE SECURELY TO REVERSE OF THIS COPY <b>VIN</b>		BODY TYPE (SDN, TK, BUS, ETC.) <b>MC</b>	MODEL YEAR <b>17R</b>	PURCHASE PRICE (See note on reverse)
	GROSS VEHICLE WT. RATING	FUEL TYPE: <input checked="" type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE <input type="checkbox"/> HYBRID <input type="checkbox"/> OTHER	DI/MECHANIC #	AUTHORIZED NOTARY PUBLIC OR CERTIFIED INSPECTION MECHANIC (PRINT NAME)		LESS TRADE-IN	
APPLICANT INFORMATION	CHECK THE APPROPRIATE BLOCK IF THE VEHICLE IS TO BE USED OR WAS FORMERLY USED AS A TAXI <input type="checkbox"/> OR A POLICE VEHICLE (IF APPLICABLE) <input type="checkbox"/> <small>If certified, I have verified that a legible tracing cannot be secured and that the above VIN and vehicle weight information listed here are correct as shown on Section 9 of this form.</small>						TAXABLE AMOUNT
	LAST NAME (OR FULL BUSINESS NAME) <b>Penn DOT</b>		FIRST NAME	MIDDLE INITIAL	DATE ACQUIRED/ PURCHASED	X.6% (.06) SALES TAX *X.7% (.07) *See note on reverse	
VEHICLE INFORMATION	CO-PURCHASER		DEALER ID NUMBER (IF APPLICABLE)		LESS TAX CREDIT		
	STREET <b>17 Arsenal Blvd</b>		CITY <b>Harrisburg</b>	STATE <b>PA</b>	ZIP <b>17120</b>	COUNTY CODE	1. SALES TAX DUE
	NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (On death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/> . Otherwise, the title will be issued as "Tenants in Common" (On death of one owner, interest of deceased owner goes to his/her heirs or estate.)						1A. Exemption Reason Code (must be a number from 1 to 26 or 0)
VEHICLE INFORMATION	NOTE: IF THE VEHICLE IS TO BE USED AS A DAILY RENTAL OR LEASED VEHICLE, CHECK THIS BLOCK <input type="checkbox"/> . IF BLOCK IS CHECKED, COMPLETE AND ATTACH FORM MV-1.						1B. EXEMPTION NO.
	<input type="checkbox"/> REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS		<input type="checkbox"/> IS NOT THE ACTUAL MILEAGE WARNING: ODOMETER DISCREPANCY		ODOMETER READING (Exact mileage) <b>Ex- 15</b>		1C. (PTA) NO.
LIEN INFORMATION	WARNING: FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.						2. TITLE FEE
	1ST LIEN DATE: <input type="checkbox"/> IF NO LIEN, CHECK <input checked="" type="checkbox"/>	2ND LIEN DATE: <input type="checkbox"/> IF NO LIEN, CHECK <input type="checkbox"/>				3. LIEN FEE	
LIEN INFORMATION	1ST LIENHOLDER <b>NONE</b>		2ND LIENHOLDER		4. REGISTRATION OR PROCESSING FEE		
	STREET		STREET		5. DUPLICATE REG. FEE		
LIEN INFORMATION	CITY		CITY		6. TRANSFER FEE		
	STATE		STATE		7. INCREASE FEE		
LIEN INFORMATION	ZIP		ZIP		8. REPLACEMENT FEE		
	FINANCIAL INSTITUTION NUMBER		FINANCIAL INSTITUTION NUMBER		9. TOTAL PAID (ADD 1 THRU 6) Send One Check In This Amount		
VEHICLE INFORMATION	IF THIS IS AN ELT, CHECK HERE <input type="checkbox"/> NOTE: FIN IS REQUIRED		IF THIS IS AN ELT, CHECK HERE <input type="checkbox"/> NOTE: FIN IS REQUIRED		Fee Exempt Number as assigned by the Bureau		
	MAKE OF VEHICLE		VIN		MODEL YEAR		
ADDITIONAL VEHICLE INFORMATION	BODY TYPE (SDN, BUS, TK, ETC.)		CONDITION OF VEHICLE		GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/>		
	PASSENGER TAXI/BIUS	PASSENGER <input type="checkbox"/> TAXI <input type="checkbox"/> LIMOUSINE <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> MASS TRANSIT <input type="checkbox"/> OTHER BUS <input type="checkbox"/>	CYLINDER CAPACITY 5000 OR LESS		SEATING CAPACITY		
ADDITIONAL VEHICLE INFORMATION	MOTORCYCLE MOTOR DRIVEN CYCLE MOPED		OPERABLE PEDALS		MAX DESIGN SPEED 25 MPH OR LESS		
	AUTOMATIC TRANSMISSION		DESIGNATED TIERED FOR ROAD USE		DESIGNATED TIERED FOR ROAD USE		
ADDITIONAL VEHICLE INFORMATION	MOTOR HOME		CHASSIS MFR.		BODY MAKE:		
	TRAILER & VEHICLES BELOW		SUM OF AXLES		REQ. REGISTERED GROSS WT. (INCLUDING LOAD)		
ADDITIONAL VEHICLE INFORMATION	TRUCK TRACTOR		REQ. REGISTERED GROSS COMBINATION WT.		GROSS COMBINATION WT. RATING		
	ORIGINAL PLATE <input checked="" type="checkbox"/> Check One		<input type="checkbox"/> TRANSFER OF PREVIOUSLY ISSUED PLATE		<input type="checkbox"/> TRANSFER & RENEWAL OF PLATE		
APPLICATION FOR REGISTRATION	<input type="checkbox"/> PLATE TO BE ISSUED BY BUREAU (PROOF OF INSURANCE MUST BE ATTACHED.)		<input type="checkbox"/> TRANSFER & REPLACEMENT OF PLATE		<input type="checkbox"/> TRANSFER OF PLATE & REPLACEMENT OF STICKER		
	<input type="checkbox"/> EXCHANGE PLATE TO BE ISSUED BY BUREAU		PLATE NO.		REASON FOR REPLACEMENT		
APPLICATION FOR REGISTRATION	<input type="checkbox"/> TEMPORARY PLATE ISSUED BY FULL AGENT (NOTE: THIS PLATE WILL EXPIRE 90 DAYS FROM DATE OF ISSUANCE.)		EXPIRES		Month Year		
	TRANSFERRED FROM TITLE NO.		VIN		NOTE: IF "NEVER RECEIVED" block is checked, applicant must complete Form MV-44.		
APPLICATION FOR REGISTRATION	SIGNATURE OF PERSON FROM WHOM PLATE IS BEING TRANSFERRED (IF OTHER THAN APPLICANT):		SIGN HERE		RELATIONSHIP TO APPLICANT		
	TEMP. PLATE NO.		INSURANCE COMPANY NAME		NAIC NO.		
APPLICATION FOR REGISTRATION	ISSUING AGENT INFORMATION		POLICY NO. (OR ATTACH BINDER)		POLICY EFFECTIVE DATE		
	I CERTIFY THAT ON MONTH _____ DAY _____ YEAR I HAVE CHECKED TO DETERMINE THAT THE VEHICLE IS INSURED AND ISSUED TEMPORARY REGISTRATION TO THE ABOVE APPLICANT, IN COMPLIANCE WITH ALL APPLICABLE PROVISIONS OF THE VEHICLE CODE AND DEPARTMENT REGULATIONS.		ISSUING AGENT (PRINT NAME)		AGENT NO.		
SEAL AND APPLICATION FOR TITLE	I WE ACKNOWLEDGE THAT I/WE MAY LOSE MY/OUR OPERATING PRIVILEGE(S) OR VEHICLE REGISTRATION(S) FOR FAILURE TO MAINTAIN FINANCIAL RESPONSIBILITY ON THE CURRENTLY REGISTERED VEHICLE FOR THE PERIOD OF REGISTRATION. I/WE FURTHER ACKNOWLEDGE THAT I/WE MAY BE SUBJECT TO A FINE NOT EXCEEDING \$5,000 AND IMPRISONMENT OF NOT MORE THAN TWO (2) YEARS FOR ANY FALSE STATEMENT THAT I/WE MAKE ON THIS APPLICATION, AND I/WE CERTIFY THAT I/WE HAVE EXAMINED AND SIGNED THIS FORM AFTER ITS COMPLETION, AND, THAT, IF AN EXEMPTION FROM PAYMENT OF SALES TAX IS CLAIMED, I AM/WE ARE AUTHORIZED TO CLAIM THIS EXEMPTION. I/WE FURTHER CERTIFY THAT ALL STATEMENTS HEREIN ARE TRUE AND CORRECT AND MAKE APPLICATION FOR CERTIFICATE OF TITLE FOR THE VEHICLE DESCRIBED IN BLOCK 6.		SIGNATURE OF INDIVIDUAL OR AUTHORIZED SIGNER		TELEPHONE NO.		
	SUBSCRIBED AND SWORN TO BEFORE ME		MO. DAY YEAR		SIGNATURE OF CO-OWNER/TITLE AUTHORIZED SIGNER		
SEAL AND APPLICATION FOR TITLE	SIGNATURE OF PERSON ADMINISTERING OATH		SIGNATURE OF CO-OWNER/TITLE AUTHORIZED SIGNER		TELEPHONE NO.		
	SEAL		SIGN IN PRESENCE OF NOTARY		MESSENGER NUMBER:		

1. BUREAU OF MOTOR VEHICLE

Notarization Required

Signature of Authorized Representative