

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

NEW

PA Motorcycle Safety Program

TITLING
INSTRUCTIONS

AS OF
FEBRUARY 2009



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF TRANSPORTATION
BUREAU OF DRIVER LICENSING
HARRISBURG, PENNSYLVANIA
17104-2516

February 2, 2009

Dear PennDOT Partner:

I am writing to notify you of an important improvement we've made to the titling process for motorcycles purchased for use in Pennsylvania's Motorcycle Safety Program.

Effective immediately, upon receipt of payment, you will be required to submit the MSO and MV-1, Application for Certificate of Title, to the below address within 20 days:

Attn: Shane Moyer
PA Department of Transportation
Bureau of Driver Licensing
1101 South Front Street
Harrisburg, PA 17106-8684

Please note that failure to submit the required paperwork in a timely manner could result in penalties for your dealership. We appreciate your support of our program and do not want you to experience any problems; therefore, we're providing you with a sample copy of an MSO and an MV-1 application. These samples may be helpful to you when completing the paperwork. If we implement any process changes, you will be given updated instructions outlining the exact process.

Thank you for your cooperation. We look forward to working with you in the future. If you have any questions, please don't hesitate to contact our office at 717-787-6453 or Sue Wilson, Manager of the Dealer Unit at (717) 787-4291.

Sincerely,

A handwritten signature in cursive script that reads "Janet L. Dolan".

Janet L. Dolan, Director
Bureau of Driver Licensing

Enclosures

cc: Sue Wilson

ASSIGNMENT OF TITLE for PAMSP motorcycle purchases

The form to be used is an MV-1, Application for Certificate of Title.

Please complete the following sections of the MV-1 as outlined below:

SECTION A: Make of Vehicle, VIN number, body type, year, fuel

SECTION B: Applicant information must be entered as follows:

PennDOT
17 Arsenal Blvd
Harrisburg, PA 17120

SECTION C: Exact odometer reading

SECTION D: Lien information MUST be marked 'NO' Lien

I. TAX/FEE

1A. Exemption for Commonwealth is #16.

***NOTE:** Since the majority of the Motorcycle Safety Programs purchases are negotiated over the telephone, a signature is not being collected at the time of purchase. Please continue to submit the paperwork directly to PennDOT without the signature.

Please attach the MSO to the MV-1 form. Completion of the MSO should be exactly as it is listed above with all proper signatures and notarizations, and all required sections completed. **It is extremely important that the Distribution/Dealer Assignment Section is completed on the MSO with "PennDOT" as the purchaser and "17 Arsenal Blvd, Harrisburg, PA 17120" as our address.** Remember to complete all dealership information and sign and notarize all required sections. (A completed sample of an MSO and MV-1 have been attached for your reference.)

All PAMSP paperwork must be submitted to the following address within the 20-day requirement:

Attn: Shane Moyer
Department of Transportation
Special Drivers Programs
BDL- Driver Qualifications
1101 South Front Street
Harrisburg, PA 17106-8684

Thank you for your continued support of the Motorcycle Safety Program. If you have any questions, please do not hesitate to call Special Driver Programs at 717-787-6453.

Enter "Penn DOT" as the Purchaser and enter our address as indicated. Then complete all dealership information, sign and notarize.

Complete Odometer Disclosure Section, sign and notarize.

Enter "NONE" for lienholder 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 this 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) Penn DOT ADDRESS 17 Arsenal Blvd Harrisburg, PA 17120 I certify to the best of my knowledge that the odometer reading is _____ No Tenths DEALER _____ BY _____ NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____ State of _____ 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____ County of _____ Notary Public _____ USE NOTARIZATION ONLY IF REQUIRED BY 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 _____ No Tenths DEALER _____ BY _____ NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____ State of _____ 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____ County of _____ Notary Public _____ USE NOTARIZATION ONLY IF REQUIRED BY 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 Tenths DEALER _____ BY _____ NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____ State of _____ 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____ County of _____ Notary Public _____ USE NOTARIZATION ONLY IF REQUIRED BY 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 Tenths DEALER _____ BY _____ NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____ State of _____ 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____ County of _____ Notary Public _____ USE NOTARIZATION ONLY IF REQUIRED BY 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 Tenths. <input type="checkbox"/> The mileage stated is in excess of its mechanical limits. <input type="checkbox"/> The odometer reading is not the actual mileage. Signature(s) of Seller(s) _____ Date of Statement _____ Date of Sale _____ Printed Name(s) of Seller(s) _____ Dealer's No. _____ Signature of Purchaser(s) _____ Printed Name(s) of Purchaser(s) _____ Company Name (if Applicable) _____ Address of Purchaser(s) _____ State of _____ County of _____ USE NOTARIZATION ONLY IF REQUIRED BY TITLING JURISDICTION |
| LIENHOLDER | I certify to the best of my knowledge that the vehicle is not subject to any security interests other than those disclosed herein and warrant this to the vehicle. Name of Lienholder NONE Address of Lienholder _____ State of _____ County of _____ |