

MV-1 (7-19)											
A. VEHICLE DESCRIPTION	Make of Vehicle NISS		Vehicle Identification Number (VIN). If tracing required, tape securely to reverse side of this copy. JN8AT2MT1HW381124				Body Type (SDN, TK, Bus, etc.) 3WV		Model Year 2017		
	Gross Vehicle Wt. Rating	Fuel Type: <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Hybrid <input type="checkbox"/> Other	DIN/Bus. Part. ID/Mechanic # 835193		Authorized Notary Public or Certified Inspection Mechanic (Print Name) Colleen W. Womelsdorf		Purchase Price (See Note On Reverse.)		Less Trade-In	
	Check the appropriate block if the vehicle is to be used or was formerly used as a <input type="checkbox"/> Taxi or a <input type="checkbox"/> Police Vehicle			I certify that I have verified that a legible tracing cannot be secured and that the above VIN and vehicle weight information listed here and in Section F are correct.			Sign Here Colleen W. Womelsdorf		Taxable Amount		
B. APPLICANT INFORMATION	Last Name (or Full Business Name) Feerrar		First Name William		Middle Name Curtis		PA DL/ID# or Bus. ID# 12474690	Date of Birth 8/3/57		Sales Tax X 6% (.06), X 7% (.07) or X 8% (.08) ★ (See Note on Reverse.)	
	Co-Purchaser Last Name Feerrar		First Name Mary		Middle Name Patricia		PA DL/ID# 23634280	Date of Birth 12/12/60		Less Tax Credit	
	Street 178 Meadbrook Dr.				Date Acquired/Purchased 2/23/21		COUNTY CODE 416		1. Sales Tax Due		
	City Huntingdon Vly Pa				State Pa		Zip Code 19006		1A. Exemption Reason Code (must be a number from 1 to 26 or 0) #12		
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 their heirs or estate.)											
NOTE: If the vehicle is to be used as a daily rental or leased vehicle, CHECK HERE <input type="checkbox"/> . If block is checked, complete and attach Form MV-1L.											
C. MILEAGE INFORMATION	<input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits.				<input type="checkbox"/> Is NOT the actual mileage.				ODOMETER READING 26072 Tenths <input checked="" type="checkbox"/>		
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.											
D. LIEN INFORMATION	If no lien, CHECK <input checked="" type="checkbox"/> . Is this an ELT? (If yes, FIN required) <input type="checkbox"/> YES <input type="checkbox"/> NO				If no 2nd lien, CHECK <input checked="" type="checkbox"/> . Is this an ELT? (If yes, FIN required) <input type="checkbox"/> YES <input type="checkbox"/> NO				2. Title Fee 58-		
	1st Lienholder Financial Institution Number				2nd Lienholder Financial Institution Number				3. Lien Fee		
	1st Lienholder Name				2nd Lienholder Name				4. Registration Or Processing Fee 78.00		
	Street				Street				Fee Exempt Number as Assigned by the Department		
City				City				5. County Fee 10-			
State				State				6. Duplicate Reg. Fee No. of Dup. Reg. Cards:			
Zip Code				Zip Code				7. Transfer Fee			
E. VEHICLE TRADED	Make of Vehicle		Vehicle Identification Number (VIN)				Model Year		8. Increase Fee		
Body Type (SDN, BUS, TK, etc.)		Condition of Vehicle <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR						9. Replacement Fee			
F. ADDITIONAL VEHICLE INFORMATION	Passenger, Taxi/Bus		<input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> School Bus <input type="checkbox"/> Mass Transit <input type="checkbox"/> Other Bus		Seating Capacity		10. TOTAL PAID (ADD 1 THRU 8) Send One Check In This Amount 146-				
	Motorcycle, Motor Driven Cycle, Moped		Cylinder Capacity 50cc or Less <input type="checkbox"/> YES <input type="checkbox"/> NO		Brake Horsepower <input type="checkbox"/> 1.5 or Less <input type="checkbox"/> 1.6 to 5.0 <input type="checkbox"/> Over 5.0						
	Motor Home		Operable Pedals <input type="checkbox"/> YES <input type="checkbox"/> NO		Max Design Speed 25 MPH or Less <input type="checkbox"/> YES <input type="checkbox"/> NO						
	Trailer & Vehicles Below		Automatic Transmission <input type="checkbox"/> YES <input type="checkbox"/> NO		Designed/Altered for Road Use <input type="checkbox"/> YES <input type="checkbox"/> NO						
Truck, Truck Tractor		Chassis Mfr.		Body Make:							
		Number of Axles:		Req. Registered Gross Wt. (Including Load)							
		Sum of GAWR's:		Unladen Wt. (Empty)							
		Req. Registered Gross Combination Wt.		Gross Combination Wt. Rating							
G. APPLICATION FOR REGISTRATION	Original Registration Plate - CHECK ONE				Transfer of Previously Issued Registration Plate <input type="checkbox"/> Transfer & Replacement of Registration Plate <input type="checkbox"/> Transfer & Renewal of Registration Plate <input type="checkbox"/>						
	<input type="checkbox"/> Registration Plate to be Issued by Department (Proof of Insurance must be attached.)				Registration Plate No.				Reason for Replacement		
	<input type="checkbox"/> Exchange Registration Plate to be Issued by Department				Expires Month Year				<input type="checkbox"/> Lost <input type="checkbox"/> Defaced <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received (Lost in Mail)		
	<input checked="" type="checkbox"/> Temporary Registration Plate Issued by Full Agent (NOTE: This registration plate will expire 90 days from date of issuance.)				Transferred From Title No.				NOTE: If "Never Received" block is checked, applicant must complete Form MV-44.		
Temp. Registration Plate No. LTB-9618				Signature of Person From Whom Registration Plate is Being Transferred (If Other Than Applicant)				Relationship to Applicant			
Insurance Company Name Genco				NAIG No. 14157				Policy No. (Or Attach Binder) 4074225688			
				Policy Effective Date 1/21/21				Policy Expiration Date 1/21/22			
ISSUING AGENT INFORMATION				I certify that on month 9 day 22 year 21 , 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) Andrew Auto TAGS			
				Issuing Agent Signature Colleen W. Womelsdorf				Agent No. 835193			
								Telephone No. 715396-1400			
I. NOTARIZATION	Subscribed And Sworn To Before Me: Month 9 Day 22 Year 21				I/We certify that I/we have examined and signed this application after its completion. I/We further certify that all statements herein are TRUE and CORRECT and make application for certificate of title for the vehicle described in Section A. If any exemption is claimed, I/we certify that the purchaser is authorized to claim this exemption. I/we acknowledge that I/we may lose my/our operating privilege(s) or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. I/we acknowledge that I/we may be subject to a fine not exceeding \$5,000 and imprisonment of not more than two years for any false statement that I/we make on this application.						
	SIGNATURE OF PERSON ADMINISTERING OATH Colleen A. Womelsdorf				Signature of Purchaser or Authorized Signer William C. Feerrar						
Commonwealth of Pennsylvania - Notary Seal COLLEEN A. WOMELSDORF - Notary Public Montgomery County My Commission Expires Jun 19, 2022 Commission Number 1224865				Telephone No.							
				MESSENGER NO.							