

MV-1 (7-19)						H. TAX/FEES	
A. VEHICLE DESCRIPTION	Make of Vehicle Nissan		Vehicle Identification Number (VIN). If tracing required, tape securely to reverse side of this copy. 1N6BADED9FN50T537		Body Type (SDN, TK, Bus, etc.) TK	Model Year 2015	Purchase Price (See Note On Reverse.) —
	Gross Vehicle Wt. Rating 7000	Fuel Type: <input checked="" type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/> Other	DMV Bus. Part. ID/Mechanic # 85543		Authorized Notary Public or Certified Inspection Mechanic (Print Name) Colleen M. Womelsborg		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 M. Womelsborg	Taxable Amount —
B. APPLICANT INFORMATION	Last Name (or Full Business Name) FERRAR		First Name William	Middle Name Curtis	PA DL/ID# or Bus. ID# 11044690	Date of Birth 8/3/1954	Sales Tax X 6% (.06), X 7% (.07) or X 8% (.08) * (See Note on Reverse.) —
	Co-Purchaser Last Name FERRAR		First Name Mary	Middle Name Patricia	PA DL/ID# 23034280	Date of Birth 12/12/1960	Less Tax Credit —
	Street 178 Meadowbrook Dr.		Date Acquired/Purchased 4/19/2017		COUNTY CODE 414		1. Sales Tax Due —
	City Huntingdon		State PA	Zip Code 19046	Dealer/Bus. Partner ID# (If Applicable)	Refer to county codes listing on reverse side of yellow copy	1A. Exemption Reason Code (must be a number from 1 to 28 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.)							1B. Exemption No. —
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.							1C. PTA No. —
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. WARNING: Odometer discrepancy.				ODOMETER READING 54000		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.							2. Title Fee \$58.
D. LIEN INFORMATION	If no lien, CHECK <input checked="" type="checkbox"/> . Is this an ELT? (If yes, FIN required) <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO				3. Lien Fee —
	1st Lienholder Financial Institution Number		2nd Lienholder Financial Institution Number				4. Registration Or Processing Fee \$184
	1st Lienholder Name		2nd Lienholder Name				Fee Exempt Number as Assigned by the Department —
	Street		Street				5. County Fee \$10
City		State	Zip Code	City	State	Zip Code	6. Duplicate Reg. Fee No. of Dup. Reg. Cards: —
E. VEHICLE TRADED	Make of Vehicle		Vehicle Identification Number (VIN)		Model Year		7. Transfer Fee —
Body Type (SDN, BUS, TK, etc.)		Condition of Vehicle <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR					8. Increase Fee —
F. ADDITIONAL VEHICLE INFORMATION	Passenger, Taxi/Bus	<input 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				9. Replacement Fee —
	Motorcycle, Motor Driven Cycle, Moped	Cylinder Capacity 50cc or Less <input type="checkbox"/> YES <input checked="" 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			10. TOTAL PAID (ADD 1 THRU 8) Send One Check In This Amount \$252
		Operable Pedals <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Max Design Speed 25 MPH or Less <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
		Automatic Transmission <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Designed/Altered for Road Use <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	Motor Home	Chassis Mfr.	Body Make:				
	Trailer & Vehicles Below	Number of Axles:	Req. Registered Gross Wt. (Including Load)				
Truck, Truck Tractor	Sum of GAWR's:	Unladen Wt. (Empty) 11000					
Req. Registered Gross Combination Wt.		Gross Combination Wt. Rating					
G. APPLICATION FOR REGISTRATION	Original Registration Plate - CHECK ONE		<input type="checkbox"/> Transfer of Previously Issued Registration Plate <input type="checkbox"/> Transfer & Replacement of Registration Plate				
	<input type="checkbox"/> Registration Plate to be issued by Department (Proof of Insurance must be attached.)		<input type="checkbox"/> Transfer & Renewal of Registration Plate				
	<input type="checkbox"/> Exchange Registration Plate to be Issued by Department		Registration Plate No.		Reason for Replacement <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.)		Expires Month Year		NOTE: If "Never Received" block is checked, applicant must complete Form MV-44.		
	Transferred From Title No.		VIN				
	Signature of Person From Whom Registration Plate is Being Transferred (If Other Than Applicant)		Sign Here		Relationship to Applicant		
Insurance Company Name HCCO		NAIC No. 1437	Policy No. (Or Attach Binder) 0044215088	Policy Effective Date 7/27/21	Policy Expiration Date 7/27/22		
ISSUING AGENT INFORMATION	I certify that on month 09 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) Hendry Autotags		Agent No. 835193		
		Issuing Agent Signature Colleen M. Womelsborg		Telephone No. 717-391-9002			
I. NOTARIZATION	Subscribed And Sworn To Before Me: Month 09 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 M. Womelsborg		Signature of Purchaser or Authorized Signer Mary Ferrar				
S T A M P		Commonwealth of Pennsylvania - Notary Seal COLLEEN M. WOMELSBORG - Notary Public Montgomery County My Commission Expires Jun 19, 2022 Commission Number 1224865		Signature of Co-Purchaser/Title of Authorized Signer Mary Ferrar		TELEPHONE NO. —	