



STATE BOARD OF VEHICLE MANUFACTURERS,  
DEALERS & SALESPERSONS  
PO Box 2649  
Harrisburg PA 17105-2649

Phone Number: 717-783-1697  
Fax Number: 717-787-0250  
[www.dos.pa.gov/vehicle](http://www.dos.pa.gov/vehicle)  
Revised 06/2016

## OUT-OF-STATE RECREATIONAL VEHICLE DEALERSHIP REGISTRATION

### INSTRUCTIONS AND REQUIREMENTS

Before completing any part of this registration application, make sure this is the most recent version by comparing it with the one posted on the Board's website.

This registration application may only be used by an **OUT-OF-STATE DEALERSHIP** wishing to participate in a Pennsylvania RV show. This registration application **must** be completed and submitted for **each** Pennsylvania RV show your dealership is participating in.

Once registered in the state of Pennsylvania, the dealership will maintain the same registration number.

This registration application and all required documentation must be submitted to the **Vehicle Board at PO Box 2649; Harrisburg, PA 17105-2649**. Upon receipt of a correctly completed application and required documents, the application will be processed as soon as possible.

### INSTRUCTIONS

- Application responses must be typed or printed neatly in black or blue ink.
- All questions in all sections **MUST** be answered **completely and truthfully**. Statements are made under oath and are subject to Board investigation. Falsification of answers or failure to answer any question may constitute grounds for refusing the registration or taking disciplinary action against a registrant.
- **Attach** the following document to this application:
  1. Copy of your posted \$30,000 bond payable to the Commonwealth of Pennsylvania. A copy **must** be submitted with each registration application.
  2. **Be sure to keep a copy of your completed registration application for your records.**



## OUT-OF-STATE RECREATIONAL VEHICLE DEALERSHIP REGISTRATION

### DEALERSHIP INFORMATION:

Dealership Name: \_\_\_\_\_  
(Name of Corporation, Limited Liability Company, Partnership, if Sole Proprietorship, use personal name)

Dealership's TradeName: \_\_\_\_\_  
(Name under which Dealership will conduct business)

Business address: \_\_\_\_\_  
(STREET (CITY) (COUNTY) (STATE) ZIP CODE)

Contact person: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Registration number (if previously registered): \_\_\_\_\_

### THE RV DEALERSHIP MUST SATISFY AT LEAST FOUR OF THE FIVE LISTED ACTIVITIES AT ITS FACILITY INDICATED ABOVE:

- 1) Accepting delivery of new recreational vehicles from the recreational vehicle dealer's manufacturer for which the dealer possesses an agreement with the manufacturer to sell its recreational vehicles.  **Yes**  **No**
- 2) Maintaining inventory and offering recreation vehicles for sale to the public.  **Yes**  **No**
- 3) Consummating and finalizing recreational vehicle sales.  **Yes**  **No**
- 4) Servicing or repairing recreational vehicles.  **Yes**  **No**
- 5) Delivering recreation vehicles to purchasers with RV titling, registrations issued and taxes collected and paid to the dealer's appropriate home state agencies.  **Yes**  **No**

### SHOW INFORMATION:

Name of Show: \_\_\_\_\_

Address of Show: \_\_\_\_\_  
(STREET) (CITY) (COUNTY) (STATE) (ZIP CODE)

Telephone number: \_\_\_\_\_

Show dates: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**SALESPERSONS:** Please provide names of salespersons that will be working the show:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/we understand that any false statement made is subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of the license.

I/we verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. Section 4911.

\_\_\_\_\_  
(Owner, Officer, Partner, or Member's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Owner, Officer, Partner, or Member's Signature)

\_\_\_\_\_  
Date