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:

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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