



# APPLICATION FOR CORRECTION OF VEHICLE RECORD OR VERIFICATION OF VEHICLE IDENTIFICATION NUMBER

For Department Use Only  
Bureau of Motor Vehicles • Harrisburg, PA 17106-8283

## SEE INFORMATION ON REVERSE

Title Number	Registration Plate Number	Is lienholder an ELT Participant? <input type="checkbox"/> YES <input type="checkbox"/> NO	Financial Institution Number
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**CHECK (✓) APPLICABLE BLOCK BELOW**

- Correction or Verification of Vehicle Identification Number - Complete Sections A, B and F.
- Application for State Replacement Vehicle Identification Number Plate/Decal - Complete Sections A, C (MUST be completed by a Police Officer) and F.
- Correction of Body Type, Number of Axles, or Other Corrections to the Vehicle Title or Registration Data - Complete Sections A, D and F. (If the vehicle has been modified, such as the addition or removal of axles, or you are requesting a change to the manufacturer weight specifications, Form MV-426B must be completed.)
- Verification of Gross Vehicle Weight Rating (GVWR) or Gross Combination Weight Rating (GCWR) by inspection mechanic only - Complete Sections A, and F.

A VEHICLE OWNER INFORMATION				
Last Name (or Full Business Name)	First Name	Middle Name	PA DL/Photo ID# or Bus. ID#	Date of Birth
Co-Owner Last Name	First Name	Middle Name	PA DL/Photo ID#	Date of Birth
Current Street Address		City	State	Zip Code
Please use the "County Codes" listing found on the back of this application and list the numerical code for the county of your residence.				County Code

B CORRECTION OR VERIFICATION OF VEHICLE IDENTIFICATION NUMBER	C APPLICATION FOR STATE REPLACEMENT VIN PLATE
To be used only to correct typographical error of one digit, transposition of two digits, or if engine number has been erroneously recorded as the VIN OR for the purpose of VIN verification.  <b>ATTACH TRACING HERE OR HAVE AUTHORIZED NOTARY PUBLIC EMPLOYED BY A FULL AGENT OR MOTOR VEHICLE DEALER, OR INSPECTION MECHANIC COMPLETE THE VERIFICATION INFORMATION BELOW.</b>	Original Vehicle Identification Number (if known)
	Reason for Replacement of VIN Plate: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Defaced <input type="checkbox"/> Never Received <input type="checkbox"/> Other (Please Explain) _____
	<b>VERIFICATION BY POLICE OFFICER (Local or State Police)</b> Signature of Police Officer _____ Badge Number _____ Department Name _____ Telephone Number _____
Record Correct VIN	Signature of Notary Public or Inspection Mechanic
Signature of Notary Public or Inspection Mechanic	DIN/Mechanic #

D VEHICLE DATA THAT REQUIRES CORRECTION - Check only the block(s) and list the information that needs correcting due to an error in the title application or to a change in the use of the vehicle.				
<input type="checkbox"/> Make of Vehicle Correct to:	<input type="checkbox"/> Body Type Correct to:	<input type="checkbox"/> Year Correct to:	<input type="checkbox"/> Seating Capacity Correct to:	<input type="checkbox"/> Unladen Weight Correct to:
<input type="checkbox"/> Odometer - See Instructions on Reverse side Correct to:	<input type="checkbox"/> Registered Gross Vehicle Weight Correct to:	<input type="checkbox"/> Registered Gross Combination Weight Correct to:	<input type="checkbox"/> Other Correct to:	

E VERIFICATION OF WEIGHT RATING (Inspection Mechanic Only)		GVWR	GCWR
Signature of Inspection Mechanic		Inspection Mechanic Number	
<input type="checkbox"/> No. of Axles Correct to:	Was additional axle installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>NOTE: If additional axle was added, Form MV-426B must be completed.</b>	

F CERTIFICATION - I(We) hereby certify under penalty of law that all information given on this application is TRUE and CORRECT (Date must be listed	
Signature of Owner or Authorized Person	Date
Signature of Co-Owner or Title of Authorized Person	Applicant's Telephone Number ( )