

**ATTENTION: STATE TO STATE VEHICLE TRANSFERS**

***MALVERN AUTO TAGS***

112 LANCASTER AVENUE, MALVERN, PA 19355

Phone: (610) 993-1215 Fax: (610) 993-1217

[malvernautotags@verizon.net](mailto:malvernautotags@verizon.net)

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**Financial Institution:** \_\_\_\_\_ **ELT #** \_\_\_\_\_

Financial Institution Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

To Whom it May Concern:

The below-named applicant(s) has presented themselves to this office to obtain Pennsylvania title and registration for this motor vehicle. The Vehicle Code of the Commonwealth of Pennsylvania requires & is requesting that the **ORIGINAL** title be submitted for this purpose. If you would please forward the encumbered title to our office, the PA Bureau of Motor Vehicles will return to you a properly encumbered Pennsylvania title.

<b>Name(s):</b>	<b>Moving From:</b>
<b>Email Address:</b>	<b>Phone #:</b>
<b>Address:</b>	
<b>Vehicle Info: (Year/Make/VIN)</b>	
<b>Account Number:</b>	

I, the undersigned vehicle owner, hereby request that my title be forwarded to Malvern Auto Tags, 112 Lancaster Avenue, Malvern, PA 19355 to expedite the securing of my PA title and registration plate. You are hereby authorized to release any account information to Malvern Auto Tags for the above-referenced vehicle.

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Signature of Applicant

Signature of Co-Applicant, If applicable

Commonwealth of Pennsylvania, County of Chester

The foregoing instrument was acknowledged before me.

Date / Notary Public \_\_\_\_\_