NEW YORK STATE | Department of Motor Vehicles

VEHICLE REGISTRATION/TITLE APPLICATION

PRINT CLEARLY IN BLUE OR BLACK INK

Office Use Only

Batch
File No.

Class

Three of Name

☐ Activity ☐ Renewal
☐ Activity W/RR ☐ Renew W/RR
☐ Orig ☐ Lease Buyout
☐ Dup ☐ Sales Tax with Title
☐ Sales Tax Only without Title

INSTRUCTIONS

A. Is this vehicle being registered only for personal use? ☐ **Yes** ☐ **No**

If **YES -** Complete sections **1-4** of this form.

Note: If this vehicle is a **pick-up** truck that is never used for commercial purposes and does not have advertising on any part of the truck, you are eligible for passenger plates or commercial plates.

Select one: ☐ **Passenger Plates** ☐ **Commercial Plates**

If **NO -** Complete sections **1-5** of this form.

B. Complete the Certification in Section 6.

C. Refer to form MV-82.1 Registering/Titling a Vehicle in New York State for information to complete this form.

SECTION 1

I WANT TO: ☐ **REGISTER A VEHICLE** ☐ **RENEW A REGISTRATION** ☐ **GET A TITLE ONLY** ☐ **CHANGE A REGISTRATION** ☐ **REPLACE LOST OR DAMAGED ITEMS** ☐ **TRANSFER PLATES**

Current Plate Number

NAME OF PRIMARY REGISTRANT *(Last, First, Middle or Business Name)*

Name Change Yes ☐ No ☐

FORMER NAME *(If name was changed you must present proof)*

NYS driver license ID number of PRIMARY REGISTRANT

DATE OF BIRTH Month Day Year

SEX M ☐ F ☐ X ☐

TELEPHONE or MOBILE PHONE NUMBER Area Code ( )

NAME OF CO-REGISTRANT *(Last, First, Middle)*

Name Change Yes ☐ No ☐

EMAIL

NYS driver license ID number of CO-REGISTRANT

DATE OF BIRTH Month Day Year

SEX M ☐ F ☐ X ☐

ADDRESS CHANGE? ☐ YES ☐ NO

THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL *(Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)*

Apt. No. | City or Town | State | Zip Code | County of Residence

THE ADDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS. *(DO NOT GIVE A P.O. BOX.)*

Apt. No. | City or Town | State | Zip Code

SECTION 2

VEHICLE IDENTIFICATION NUMBER

VEHICLE DESCRIPTION Year | Make

Body Type *(mark one)*

☐ 2-Door ☐ Convertible ☐ Trailer
☐ 4-Door ☐ Suburban/SUV ☐ Motorcycle
☐ Pick-up ☐ Limo ☐ Tow
☐ Van ☐ Other

Color

Unladen Weight

Type of Power (Fuel)

☐ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None ☐ Other

For trailers & commercial vehicles

Cylinders | **Maximum Gross Weight** | **Adult Seating Capacity (Including Driver)** | **Odometer Reading in Miles**

Office Use Only **Mileage Brand** ☐ **A** ☐ **E** ☐ **N**

For commercial vehicles Axles | Distance

Is this vehicle a limousine, stretch limousine or otherwise altered to increase seating capacity? . . . . . Yes ☐ No ☐

If **YES**, include a picture of the required Federal Alterer's Safety Certification (normally found on the driver's door or door post) in accordance with VTL §401.

If **YES**, is this limousine, stretch limousine or otherwise altered vehicle equipped with safety belts at all occupant seating positions? . . . . . Yes ☐ No ☐

IMPORTANT: If your vehicle is a limousine, stretch limousine or otherwise altered to increase the seating capacity, you must present to the DMV office a photograph or copy of all labels or plates (normally found on the driver's door or door post). If the vehicle is a limousine, stretch limousine or otherwise altered and now has an adult seating capacity of 9 or more (including the driver), you must show the original NYS DOT Inspection Receipt OR a NYS DOT Exemption Letter.

SECTION 3

If the OWNER of the vehicle is DIFFERENT from the REGISTRANT, the OWNER must complete this section.

PRIMARY OWNER NYS License Number

NAME OF PRIMARY OWNER *(Last, First, Middle)*

PRIMARY OWNER DATE OF BIRTH Month Day Year

PRIMARY OWNER SEX M ☐ F ☐ X ☐

THE ADDRESS WHERE PRIMARY OWNER GETS MAIL *(Include the Street Number and Name, Rural Delivery or box number)*

Apt. No. | City or Town | State | Zip Code | County

NAME OF CO-OWNER

REGISTRATION AUTHORIZATION ☐ My signature authorizes the person(s) named in Section 1 to register this vehicle in that person's name. I have provided the current ownership document.

X _____

(Signature of ALL owner(s) and proof of ID required when first applying for a NYS title. See form ID-82 - Proofs of Identity for Registration and Title.) *(Date)*

OFFICE USE ONLY

New Plate | New Class | Ins. Co. Code

Sales Tax | Status | Value ($) | Rate | Out of State | Jurisdiction | Audit

Prior Owner | Issuance State | Title | Lien | Lien Number | Lien Release

Proof Submitted

Reg/Title _____ State _____

Stop/Response/Scoff Law

Special Conditions

AT BV CF CO EO EX FL IO NE NF NR NU OP OV PA PI PK RC RE SC SO SP SR SS SV TE TL TO TP TR TX XR X6 WO

Approved By Date

SECTION 4

DAMAGE DISCLOSURE

Has the vehicle been wrecked, destroyed, or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and to make the vehicle legal to operate on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss? ☐ Yes ☐ No

If you marked YES, the vehicle must have an anti-theft examination before it is registered. The title that is issued will have the statement "Rebuilt Salvage" on it.

VEHICLE MODIFICATIONS

Has this vehicle been modified from the original manufacturer specifications without extending the chassis or lengthening the wheel base? (Examples include: color changes, added seats, permanently mounted camping equipment, multi-stage vehicles.) If "Yes," describe the modifications: ☐ Yes ☐ No

_____

_____

SECTION 5

NON-PERSONAL VEHICLE USE

***** Vehicles that transport passengers may require NYS DOT Operating Authority (see https://www.dot.ny.gov/divisions/operating/osss/bus/passenger), NYS DOT Inspection (see https://www.dot.ny.gov/divisions/operating/osss/bus/inspection) and/or be subject to Article 19-A requirements (see https://dmv.ny.gov/motor-carriers/information-and-forms-article-19).

Check one:

- ☐ A commercial tow truck with a gross vehicle weight rating of at least 8,600 pounds
- ☐ Used only as a farm vehicle (form MV-260F, Part 1 **must** be submitted)
- ☐ Used only as an agricultural truck or agricultural trailer
- ☐ Ambulance
- ☐ Ambulette*
- ☐ Hearse
- ☐ Combination Hearse/Invalid Coach*
- ☐ Used to transport passengers* (Bus, Livery, School Bus, School Car)
- ☐ Operates as a taxi* (you **must** complete the "Taxis Only" section below)
- ☐ Rented without a driver (private rental)
- ☐ Used to pick up passengers for compensation **only** in jurisdictions that do not regulate taxis*
- ☐ Other - describe the use: _____

INSURANCE REQUIREMENTS

- ☐ For Hire (direct or indirect compensation) - Submit an FH Certificate
- ☐ Not For Hire - Submit a current and valid NYS Insurance ID Card
- ☐ DOT Operation - Submit and record the NYS DOT Permit and/or the Federal DOT Permit number: _____

TAXIS ONLY (check one)

- ☐ Vehicle is used in New York City, Westchester, or Nassau counties.
- ☐ Vehicle is used as a contract carrier in NYC (commuter van with seating capacity between 9 and 14). You are eligible for LIVERY plates.
- ☐ Vehicle is used for pick up in a jurisdiction that regulates taxis other than NYC, Westchester county, or Nassau county.

SECTION 6

CERTIFICATION

I certify that the information I have given on this application and on any documentation provided in support of this application is true and complete. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection, or has qualified for a time extension (form VS-1077) and will be inspected within 10 days. I certify that appropriate insurance coverage is in effect, that the vehicle will be operated in accordance with the Vehicle and Traffic Law, and that I am not the subject of any unsatisfied notices of violation from a tolling authority. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. ***If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.***

WARNING: Intentionally making a false statement or providing false or misleading information in connection with this application is a criminal offense that may subject you to prosecution under the law.

Print Name Here _____
(Print Name in Full - if registering for a corporation, print your full name and title)

Print Additional Name Here _____
(Print Name in Full)

Sign Here X _____
(If signing for a corporation, sign your full name **and** provide a copy of your government-issued photo ID.)

Additional Signature X _____
(Sign Here - *Additional signature required for a partnership or if registering this vehicle in more than one name.)*