

VEHICLE REGISTRATION/TITLE APPLICATION



This form is also available on DMV's web site - www.nysdmv.com

Batch File No.
Orig Activity Renewal Lease Buyout
Dup Activity W/RR Renew W/RR Sales Tax with Title

OFFICE USE ONLY
Old Plate, Old Class, 3 of Name, Ins. Co. Code, Exp. Date, Scofflaw Case Number(s), New Plate, New Class, Special Conditions, Sales Tax Information

NY DEALER ONLY
Did you issue plates to this vehicle?
Plate Number, Reg. Class, Date Temp Issued, Facility ID Number, Is there a lienholder?

INSTRUCTIONS - COMPLETE BOXES 1, 2, 4, 6 and 7. COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

1 WHAT DO YOU WANT TO DO?
REGISTER this vehicle for the first time
TRANSFER Plate Number
CHANGE a title
RENEW plate #
CHANGE registration for Plate Number
REPLACE lost registration items
CHANGE registration for Plate Number (see box 5)
TITLE ONLY for a 1973 or newer vehicle
LEASE BUY-OUT Plate Number

2 CLIENT ID NO. (from Driver License of first registrant listed below)
NAME CHANGE?
ADDRESS CHANGE?
Is this registration for a corporation or partnership?
NAME OF REGISTRANT (Last, First, Middle)
How was the vehicle obtained?
DATE OF BIRTH
SEX
DAY PHONE NO. (Optional)
ADDRESS WHERE YOU GET YOUR MAIL
ADDRESS WHERE YOU LIVE

3 OWNER CLIENT ID NO. (from Driver License)
NAME OF CURRENT OWNER (Last, First, Middle)
DATE OF BIRTH
OWNER'S DAY PHONE NO. (Optional)
ADDRESS WHERE OWNER GETS MAIL
AUTHORIZATION: The registrant named in box 2 is authorized to register the vehicle described in box 4.

4 VEHICLE IDENTIFICATION NUMBER
VEHICLE DESCRIPTION
Body Type For Cars
Body Type For Other Vehicles
Type of Power (Fuel)
Cylinders, Max. Gross Weight, Seating Cap., Odometer Reading in Miles

NY DEALER ONLY
Lien Filing Code (Assigned by DMV)
Lienholder Name and Mailing Address

OFFICE USE ONLY
Mileage Brand, Prior Owner, Issuance State, Title, Lien, Lien Number, Lien Release
Proof Submitted (Name and Ownership)
Approved By, Date, Old Fee, Stop/Response, Operator

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CHANGES

To change information on a current registration and/or title, be sure to enter the **new** information on page 1 of this form. (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGE: Print **former** name exactly as it appears on the current registration or title.

CHANGES: Describe any vehicle changes and the reasons for the changes.

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ADDITIONAL VEHICLE INFORMATION ———> **QUESTIONS 1-3 MUST BE COMPLETED.**

- I certify that, to the best of my knowledge, this vehicle has been or has not 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 for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. **(Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)**
- Is this vehicle registered for your own personal use? Yes No
If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:
 - It is a passenger vehicle to be used for hire with a driver and operated in:
 - New York City A jurisdiction other than NYC, that regulates taxis A jurisdiction that does not regulate taxis
 - It is a passenger vehicle that is rented or leased without a driver.
 - It requires a **commercial operating authority** permit:
 - NYS DOT Permit No. _____ I.C.C. Permit No. _____ US DOT Permit No. _____
 - It is **government-owned**.
 - It is used as an ambulance ambulette Check this box if: payment is received to carry passengers
 - It is a **commercial tow truck** with a GVWR of at least 8,600 lbs. It is used as a **hearse**.
 - It is used only as a **farm vehicle** (Form MV-260F, Part 1, must be attached). It is used only as an **agricultural truck**.
- Has this vehicle been modified to change its registration class? Yes No If "Yes", explain _____
- If this vehicle is a **pick-up truck** with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it, do you want? Passenger Plates Commercial Plates

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CERTIFICATION: The information I have given on this application is true to the best of my knowledge. 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 within the past 12 months, or has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. 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.**

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 ▶ _____
(Sign Name in Full)

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

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____
to use my credit card for payment of any fees in connection with this application.

Sign Here ▶ _____
(Cardholder-Sign Name in Full)

To Be Completed by a Registered New York State Dealer Only – List any additional Lienholders

Lienholder Number _____	Lienholder Name _____
Mailing Address _____ (Number and Street)	(City) (State) (Zip Code)
Lienholder Number _____	Lienholder Name _____
Mailing Address _____ (Number and Street)	(City) (State) (Zip Code)

NY DEALER CERTIFICATION: I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles office. _____
(Signature of Dealer or Authorized Representative)