| 5 | NEW YORK STREE OF OFFORTUNITY. Department of Motor Vehicles VEHICLE REGISTRATION/TITLE Batch File No. Office Use Only Class | | | | | | | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| IN | STRUCTIONS: | | | | | | | |
| A. I | s this vehicle being registered only for personal use? Yes No | | | | | | | |
| | YES - Complete sections 1-4 of this form. | | | | | | | |
| | Note: If this vehicle is a pick-up truck with an unladen weight that is a maximum of 6,000 pounds, 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 | | | | | | | |
| | f NO - Complete sections 1-5 of this form. | | | | | | | |
| | 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. | | | | | | | |
| | I WANT TO: REGISTER A VEHICLE RENEW A REGISTRATION GET A TITLE ONLY | | | | | | | |
| | CHANGE A REGISTRATION REPLACE LOST OR DAMAGED ITEMS TRANSFER PLATES | | | | | | | |
| | NAME OF PRIMARY REGISTRANT (Last, First, Middle or Business Name) FORMER NAME (If name was changed you must present proof) Name Change Name Change | | | | | | | |
| | Yes No D | | | | | | | |
| | NYS driver license ID number of PRIMARY REGISTRANT DATE OF BIRTH GENDER TELEPHONE or MOBILE PHONE NUMBER | | | | | | | |
| - | | | | | | | | |
| SECTION | NAME OF CO-REGISTRANT (Last, First, Middle) EMAIL Name Change Image | | | | | | | |
| CT | Yes 🔲 No 🔲 | | | | | | | |
| SE | NYS driver license ID number of CO-REGISTRANT DATE OF BIRTH GENDER | | | | | | | |
| | Male □ Female □ 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 | | | | | | | |
| | | | | | | | | |
| | Apt. No. City or Town State Zip Code | | | | | | | |
| | | | | | | | | |
| | VEHICLE IDENTIFICATION NUMBER VEHICLE DESCRIPTION Body Type (mark one) | | | | | | | |
| | Year Make | | | | | | | |
| | Color Upladen Weight Type of Power (Fuel) Description Type of Power (Fuel) Description Description | | | | | | | |
| | Color Unladen Weight Image: Color Imag | | | | | | | |
| 2 | For trailers & commercial vehicles Office Use Only For commercial vehicles | | | | | | | |
| CTION | Cylinders Maximum Gross Weight Adult Seating Capacity (Including Driver) Odometer Reading in Miles A Brand Axles Distance | | | | | | | |
| CT | Was this vehicle altered to increase the capacity beyond that provided by the manufacturer by method of extended chassis, | | | | | | | |
| SE | lengthened wheel base, or a lengthened seating area? | | | | | | | |
| | If YES, do you have the required Federal Alterer's Safety Certification (normally found on the door jamb)? | | | | | | | |
| | IMPORTANT: If your vehicle was altered/stretched to increase the passenger capacity, you must present to the DMV office a photograph or copy of all | | | | | | | |
| | labels or plates (normally put on the driver's side door). If the vehicle was altered or stretched and now has an adult seating capacity of 11 or more (including the driver), you must show the original NYS DOT Inspection Receipt OR a NYS DOT Exemption Letter. | | | | | | | |
| | | | | | | | | |
| | If the OWNER of the vehicle is DIFFERENT from the REGISTRANT, the OWNER must complete this section. PRIMARY | | | | | | | |
| | PRIMARY OWNER NYS License Number NAME OF PRIMARY OWNER (Last, First, Middle) PRIMARY OWNER OF BIRTH GENDER | | | | | | | |
| | Month Day Year | | | | | | | |
| N 3 | THE ADDRESS WHERE PRIMARY OWNER GETS MAIL (Include the Street Number and Name, Rural Delivery or box number) | | | | | | | |
| SECTION | Apt. No. City or Town State Zip Code County | | | | | | | |
| ы С | NAME OF REGISTRATION AUTHORIZATION I My signature authorizes the | | | | | | | |
| 0) | CO-OWNER person(s) named in Section 1 to register this vehicle in his/her name. I have provided the current ownership document. | | | | | | | |
| | | | | | | | | |
| | X (Circulation of ALL current(c) and excel of ID required when first each visc for a NYC (ide See form ID 92, Dreads of Identity for Deviatingian and Title) (Deta) | | | | | | | |
| | (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) | | | | | | | |

| New Plate | 1 | | | New Class | | Ins. Co. Code | | 1 | Special Conditions |
|-------------------------|------------|-------|------------|--------------|----------------------|------------------|------------------|------------|--------------------------|
| | Tax Status | Value | Rate | Out of S | I <u>II</u> State | Jurisdiction | <u>ו ו</u> ו | Audit | AT BV CF CO EO EX FL |
| | | (\$) | | | | | | | IO NE NF NR NU OP OV |
| Prior | | | Issuance T | Title | Lien Lien | | | Lien Relea | ASE PA PI PK RC RE SC SO |
| Owner | | | State | | Numbe | r I | | | SP_SR_SS_SV_TE_TL_TO |
| Proof Submitted | | | | | | | | | |
| TP TR TX XR X6 WO | | | | | | | | | |
| Stop/Response/Scoff Law | | | | | | | Approved By Date | | |
| Reg/Title State | | | | | | | | | |

| 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? 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 | | | | | | | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--|--|--|--|--|
| | | | | | | | | | |
| | 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: | | | | | | | | |
| ECTION 5 | A commercial tow truck with a gross vehicle weight rating of at least 8,600 pounds | Ambulette* | Operates as a taxi* (you <u>must</u> complete the "Taxis Only" section below) | | | | | | |
| | Used only as a farm vehicle (form MV-260F, Part 1 <u>must</u> be submitted) | Hearse | Rented without a driver (privat | e rental) | | | | | |
| | Used only as an agricultural truck or agricultural trailer | Combination Hearse/Invalid Coach* Used to transport passengers* (Bus, Livery, School Bus, School Car) | Used to pick up passengers f <u>only</u> in jurisdictions that do not Other - describe the use: | or compensation regulate taxis* | | | | | |
| SEC. | | | | | | | | | |
| | | | |] | | | | | |
| | INSURANCE REQUIREMENTS For Hire (direct or indirect compensation) - Submit an FH Certificate DOT Operation - Submit and record the NYS DOT Permit and/or the Federal DOT Permit number: | | | | | | | | |
| | Not For Hire - Submit a current and valid NYS Insurance ID Card | | | | | | | | |
| | TAXIS ONLY (check one) | | | | | | | | |
| | | Neeseu eeustiss | Vahiela is used for pick up in a | iurisdiction that | | | | | |
| | 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 thregulates taxis other than NYC, Westchest county, or Nassau county. | | | | | | | | |
| | | | | | | | | | |
| | 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 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. 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. | | | | | | | | |
| N | Print Name Here | Print Addition Name He | | | | | | | |
| | (Print Name in Full - if registering for a corporation, print your | full name and title) | (Print Name in Full) | | | | | | |
| | Sign Here X (Sign Here) | Addition Signatu | (Sign Here - Additional signature required for | | | | | | |
| | | | if registering this vehicle in more than o | one name.) | | | | | |

PAYMENT INSTRUCTIONS

You can pay for your transaction by check, money order or credit card.

- 1. Select your payment method.
- 2. Complete the section for your payment method.
- 3. Make your check or money order payable to the "Commissioner of Motor Vehicles" (DO NOT SEND CASH)
- 4. Return page 3 with your application. Make sure to include your check or money order if applicable.

NAME OF PRIMARY REGISTRANT: _____

| Check | Money Order | Amount En | closed (DO NOT SEND CASH) | \$ | | | | |
|-------------------------------------------------------------------|-------------|--------------|---------------------------|-----------------------------------------------------------------|--|--|--|--|
| | | | | | | | | |
| Credit Card Authorization - Provide all of the information below. | | | | | | | | |
| Credit Card Type | 🗖 Visa | ☐ MasterCard | American Express | Discover | | | | |
| Name (as it appears on credit card) | | | | | | | | |
| | | | | | | | | |
| Credit Card Number | | | Expiration Date | Security Code (3 or 4 digit code on back or front of your card) | | | | |
| | | | | | | | | |
| Authorized | | | 1 | | | | | |
| Signature X | | | | | | | | |