



VEHICLE REGISTRATION/TITLE APPLICATION

This form is available at www.dmv.ny.gov

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

INSTRUCTIONS - COMPLETE 1, 2, 4, 6 and 7. WHEN 3 AND 5 APPLY, COMPLETE THOSE SECTIONS. PRINT CLEARLY IN BLUE OR BLACK INK.

1 MARK THE BOX OF THE TYPE OF SERVICE YOU NEED. (For more information, refer to form MV-82.1, "Registering/Titling a Vehicle in New York State".)
A FIRST REGISTRATION for this vehicle CHANGE a title (refer to 5) REGISTER a vehicle that I registered before Get a TITLE ONLY for a 1973 or newer vehicle

2 NAME OF PRIMARY REGISTRANT (Last, First, Middle) NYS driver license number of PRIMARY SEX DATE OF BIRTH
NAME OF CO-REGISTRANT (Last, First, Middle) NYS driver license number of CO-REGISTRANT SEX DATE OF BIRTH
DAY TELEPHONE (Optional) NAME CHANGE? ADDRESS CHANGE? Is this registration for a corporation or partnership? How did you get the vehicle?
THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)
THE ADDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS. (DO NOT GIVE A P.O. BOX.)

3 DRIVER LICENSE NUMBER OF OWNER The owner of the vehicle must sign this section.
NOTE: Do not complete this section if a completed Registration Authorization (form MV-95) is attached or if you apply to renew a vehicle registration and the owner of that vehicle has not changed.
NAME OF CURRENT OWNER (Last, First, Middle) DATE OF BIRTH DAY TELEPHONE NUMBER OF OWNER (Optional)
THE ADDRESS WHERE OWNER GETS MAIL (Include the Street Number and Name, Rural Delivery or box number)
AUTHORIZATION: The registrant described in 2 is authorized to register the vehicle described in 4.

4 VEHICLE IDENTIFICATION NUMBER VEHICLE DESCRIPTION Body Type For Cars (mark one)
Body Type For Other Vehicles (mark one) Type of Power (Fuel)
Cylinders For trailers & commercial vehicles Maximum Gross Weight For rentals, buses & taxis Seating Capacity Odometer Reading in Miles Does the ODOMETER display 5, 6 or 7 numbers? (write the number, do not include tenths) For commercial vehicles Axles Distance

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 Stop/Response
Reg/Title State Date Old Fee Operator

5 CHANGES - Write new information about a current registration or title on page 1 of this form (for more information, refer to form MV-82.1, "Registering/Titling a Vehicle in New York State".)

NAME CHANGE: Print the **former** name exactly like the former name is printed on the current registration or title.

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

6 ADDITIONAL VEHICLE INFORMATION → **QUESTIONS 1-3 MUST BE COMPLETED.**

1. 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.)

2. Is this vehicle registered for your personal use? Yes No
 If you marked "Yes", go to the next question (question 3). If you marked "No", check any of these boxes that apply:

This vehicle is a passenger vehicle that will be used for hire with a driver and will be operated in the following location(s):
 New York City (NYC) A jurisdiction that is not NYC that regulates taxis A jurisdiction that does not regulate taxis

This vehicle is a passenger vehicle that is rented without a driver.

This vehicle requires a permit for **commercial operation**. (Mark the box of the type of permit that was issued and write the permit number on the line.)
 NYS DOT Permit No. _____ Federal DOT Permit No. _____

The **government owns** this vehicle.

This vehicle is used as (mark one) an ambulance an ambulance a hearse or invalid coach
 If payment is received to carry passengers, mark this box.

This vehicle is used exclusively as a **hearse** If payment is received to carry passengers, mark this box.

This vehicle is a **commercial tow truck** with a gross vehicle weight rating of at least 8,600 pounds.

This vehicle is used only as a **farm vehicle**. (form MV-260F, Part 1, must be attached) This vehicle is used only as an **agricultural truck**.

This vehicle is subject to the Department of Transportation inspection requirements for the carriers that transport passengers. (For more information, refer to form MV-82.1P, "Inspection Requirements for Carriers Transporting Passengers".)

3. Has this vehicle been modified to change its registration class? Yes No If "Yes", explain _____

4. This vehicle is a **pick-up truck** with an unladen weight that is a maximum of 6,000 pounds. This vehicle is never used for commercial purposes and does not have advertising on any part of it. I want (mark one): Passenger Plates Commercial Plates

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

Print Additional Name Here _____ Additional Signature Sign Here _____
 (Print Name in Full) (Sign Here - 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 fees in connection with this application,
 and I understand that I must be present for this transaction. Sign Here _____
 (Cardholder-Sign Name in Full)

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

Lien Filing Code (Assigned by DMV) _____ Lienholder Name _____

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

Lien Filing Code (Assigned by DMV) _____ 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)