



INSTRUCTIONS:

A. Is this vehicle being registered only for personal use? ☐ Yes ☐ NoIf **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**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.

Office Use Only				Class
Batch File No.	<input type="checkbox"/> Orig	<input type="checkbox"/> Activity	<input type="checkbox"/> Renewal	Three of Name
	<input type="checkbox"/> Dup	<input type="checkbox"/> Activity W/RR	<input type="checkbox"/> Renew W/RR	
	<input type="checkbox"/> Sales Tax with Title	<input type="checkbox"/> Sales Tax Only without Title		

SECTION 1

I WANT TO:	<input type="checkbox"/> REGISTER A VEHICLE	<input type="checkbox"/> RENEW A REGISTRATION	<input type="checkbox"/> GET A TITLE ONLY	Current Plate Number
	<input type="checkbox"/> CHANGE A REGISTRATION	<input type="checkbox"/> REPLACE LOST OR DAMAGED ITEMS	<input type="checkbox"/> TRANSFER PLATES	

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

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

Name Change
Yes ☐ No ☐

NYS driver license ID number of PRIMARY REGISTRANT

DATE OF BIRTH

Month Day Year

GENDER

Male ☐ Female ☐

TELEPHONE or MOBILE PHONE NUMBER

Area Code
()

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

EMAIL

Name Change
Yes ☐ No ☐

NYS driver license ID number of CO-REGISTRANT

DATE OF BIRTH

Month Day Year

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

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

Cylinders

For trailers & commercial vehicles
Maximum Gross Weight

Adult Seating Capacity (Including Driver)

Odometer Reading in Miles

Office Use Only

Mileage Brand
O A O E O N

For commercial vehicles

Axles Distance

Was this vehicle altered to increase the capacity beyond that provided by the manufacturer by method of extended chassis, lengthened wheel base, or a lengthened seating area? Yes ☐ No ☐If **YES**, do you have the required Federal Alterer's Safety Certification (normally found on the door jamb)? Yes ☐ No ☐**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.

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

GENDER

☐ Male
☐ Female

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 his/her 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		Special Conditions	
Sales Tax	Status	Value (\$)	Rate	Out of State	Jurisdiction	Audit	AT BV CF CO EO EX FL
Prior Owner		Issuance State	Title	Lien	Lien Number	Lien Release	IO NE NF NR NU OP OV
Proof Submitted							PA PI PK RC RE SC SO
							SP SR SS SV TE TL TO
							TP TR TX XR X6 WO
Reg/Title		State		Stop/Response/Scoff Law		Approved By	Date

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
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:

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

INSURANCE REQUIREMENTS

- | | |
|--|---|
| <input type="checkbox"/> For Hire (direct or indirect compensation) - Submit an FH Certificate | <input type="checkbox"/> DOT Operation - Submit and record the NYS DOT Permit and/or the Federal DOT Permit number: _____ |
| <input type="checkbox"/> Not For Hire - Submit a current and valid NYS Insurance ID Card | |

TAXIS ONLY (check one)

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

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.

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** _____
(Sign Here)

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