NEW YORK STATE OF OPPORTUNITY.	Department of Motor Vehicles
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VEHICLE REGISTRATION/TITLE APPLICATION

Batch File No.	Office Use Only		
Orig Activity Dup Activity W	RR Renewal Lease Buyout	Three of Name	
Sales Tax with Title	Sales Tax Only without Title		

INSTRUCTIONS:

A. Is this vehicle being registered only for personal use? \Box Yes \Box No

If **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 ${\bf NO}$ - Complete sections ${\bf 1-5}$ 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.

	I WANT TO:	REGISTER A VEHICLE	RENEW A REGIST	RATION	GET A TITLE C	ONLY	Current Plate Numb	ber
		CHANGE A REGISTRATION REPLACE LOST OR DAMAGED ITEMS TRANSFER PLATES		ATES				
	NAME OF PRIMARY	REGISTRANT (Last, First, Middl	e or Business Name)			IE (If name w	as changed you must pr	esent proof)
				Name Change Yes D No				
	NYS driver license	ID number of PRIMARY REGIST	RANT DATE OF BIRTH		GENDER	TE	LEPHONE or MOBIL	E PHONE NUMBER
			Month Day	Year	Male D Fema		ea Code	
Ξ)	
SECTION	NAME OF CO-REGIS	TRANT (Last, First, Middle)		Name Chan	ge EMAIL			
CT				Yes 🗖	No 🗖			
SE	NYS driver licen	se ID number of CO-REGISTR/			GENDER			
			Month Day	Year	Male 🛛 🛛 Fema		ADDRESS CHANG	E? 🗆 YES 🗖 NO
		RE PRIMARY REGISTRANT GE	TS MAIL (Include Street Numb	er and Name, Rural Deliv	erv or box number. This	L		
				Apt. No. City or Town		State	Zip Code	County of Residence
]
	THE ADDRESS WHE	ERE PRIMARY REGISTRANT R		M THE MAILING ADI Apt. No. City or Town		E A P.O. BOX	(.) Zip Code	
_							· - / / ›	
				VE Yea	HICLE DESCRIPTIOI		dy Type (mark one) 2-Door □ Convertible	e 🗖 Trailer
							4-Door Suburban/	
	Color	Iaden Weight	e of Power (Fuel)				Pick-up	
			Bas Diesel Delectric	Flex CNG	Propane	None	Van Dother	
2		r trailers & commercial vehicles aximum Gross Weight		Driver)				ommercial vehicles
SECTION 2	Cylinders Ma	aximum Gross weight	Adult Seating Capacity (Including		meter Reading in Miles	Mileage		Axles Distance
Ħ	Was this vehicle alt	ered to increase the capacity	v beyond that provided by t	he manufacturer b	y method of extend	ded chassi	s, lengthened	i
С Ш	wheel base, or a ler	ngthened seating area?			•••••			Yes 🛛 🛛 No 🗖
S	lf <u>YES</u> , do you have	the required Federal Alterer'	s Safety Certification (norm	ally found on the do	oor jamb) in accord	ance with V	VTL §401?	Yes 🛛 🛛 No 🗖
		nicle was altered on or after						_
	•						•	prior to 1/1/2021
		ir vehicle was altered/stretch						
		put on the driver's side doo now the original NYS DOT In	,			it seating	capacity of 9 or in	iore (including the
_		ne vehicle is DIFFERENT fr		•		ion		
			,		Simplete this seed		ARY OWNER	PRIMARY OWNER
	PRIMARY OWNER NY	S License Number NAME OF F	PRIMARY OWNER (Last, First	, Middle)		DATE	OF BIRTH Day Year	GENDER
								Male
N 3	THE ADDRESS WHE	RE PRIMARY OWNER GETS M	AIL (Include the Street Number a	nd Name, Rural Delivery o	or box number)			
NOL			Apt. No. City o	or Town	State	Zip	Code	County
SECTIO					I	<u> </u>		
S	NAME OF CO-OWNER				REGISTRATION AU person(s) named in S			
					provided the current c	wnership do	ocument.	
	Х							
		r(s) and proof of ID required when f	irst applying for a NYS title. See a	form ID-82 - Proofs of Id	lentity for Registration	and Title.)		(Date)
			OFFIC	E USE ONLY		,		
Nev			New In	s. Co.		Special Cond	litions	
Plat Sale	e Anno Anno Anno Anno Anno Anno Anno Ann	Rate		Code risdiction	Audit	AT	BV CF CO E	EO EX FL
	(\$)					ю	NE NF NR	NU OP OV
Prio Owr		I I I I I State	itle Lien Lien Number		Lien Release	PA		RE SC SO
	of Submitted					SP		TE TL TO
	TP TR TX XR X6 WO							
			Cham/Decomore (O (C)					Date
Reg	/Title	State	Stop/Response/Scoff La	aw		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? 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:							
ECTION 5	NON-PERSONAL VEHICLE USE * Vehicles that transport passengers may require NYS DOT Operating Author NYS DOT Inspection (see https://www.dot.ny.gov/divisions/operating/c (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) Combination Hearse Used only as an agricultural truck or agricultural trailer Used to transport provide the school Car)	 Sss/bus/inspection) and/or be subject to Article 19-A requirements Operates as a taxi* (you <u>must</u> complete the "Taxis Only" section below) Rented without a driver (private rental) rse/Invalid Used to pick up passengers for compensation <u>only</u> in jurisdictions that do not regulate taxis* 						
OF OF	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) 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 <u>other</u> <u>than</u> NYC, Westchester county, or Nassau county.						
SECTION 6	CERTIFICATION I certify that the information I have given on this application and on any documentation vehicle is fully equipped as required by the Vehicle and Traffic Law, and has passed (form VS-1077) and will be inspected within 10 days. I also certify that appropriat accordance with the Vehicle and Traffic Law. If I am applying for replacement registre revocation. If I have plates in a series reserved for a special group, I certify that I am <i>am using a credit card for payment of any fees in connection with this application, I</i> . WARNING: Intentionally making a false statement or providing false or misleading that may subject you to prosecution under the law. Print	the required New York State inspection, or has qualified for a time extension e insurance coverage is in effect, and that the vehicle will be operated in ation items, I certify that the registration is not currently under suspension or still eligible to receive them, and that I have only one set of these plates. If I understand that my signature below also authorizes use of my credit card.						
	Sign Here X (Sign Here)	Signature X (Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)						

PAYMENT INSTRUCTIONS

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

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

NOTE: If you mail your application to the Title Bureau, you must pay with a check or money order. Credit cards are not accepted.

NAME OF PRIMARY REGISTRANT: _____

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