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|--|---|---|--|----------------------------|
|  <b>NEW YORK</b><br>STATE OF<br>OPPORTUNITY.  | <b>Department of<br/>Motor Vehicles</b> | <b>VEHICLE REGISTRATION/<br/>TITLE APPLICATION FOR<br/>DEALER SALES</b><br><br>This form is available at <a href="http://dmv.ny.gov">dmv.ny.gov</a> | <b>Office Use Only</b><br>Batch<br>File No.<br><br><input type="checkbox"/> Orig <input type="checkbox"/> Activity <input type="checkbox"/> Renewal <input type="checkbox"/> Lease Buyout<br><input type="checkbox"/> Dup <input type="checkbox"/> Activity W/RR <input type="checkbox"/> Renew W/RR <input type="checkbox"/> Sales Tax with Title | Class<br><br>Three of Name |
| <b>I WANT TO:</b><br><input checked="" type="checkbox"/> REGISTER A VEHICLE<br><input type="checkbox"/> CHANGE A REGISTRATION  |   |   | <input type="checkbox"/> RENEW A REGISTRATION<br><input type="checkbox"/> REPLACE LOST OR DAMAGED ITEMS  |                            |
| <input type="checkbox"/> GET A TITLE ONLY<br><input type="checkbox"/> TRANSFER PLATES  |   |   | Plate Number   |                            |
| <b>1 NAME OF PRIMARY REGISTRANT</b> (Last, First, Middle or Business Name) <b>Registrant Type</b> <input type="checkbox"/> Individual <input type="checkbox"/> Co-Registrants <input type="checkbox"/> Corp/Organization<br>Motorist, Michael M  |   |   |  |                            |
| NYS driver license ID number of PRIMARY REGISTRANT <input type="checkbox"/> No ID #<br>1 2 3 4 5 6 7 8 9   |   |   | DATE OF BIRTH<br>Month 08 Day 31 Year 1 9 5 8  |                            |
| GENDER<br>Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>   |   |   |  |                            |
| <b>NAME OF CO-REGISTRANT</b> (Last, First, Middle)   |   |   |  |                            |
| NYS driver license ID number of CO-REGISTRANT <input type="checkbox"/> No ID #   |   |   | DATE OF BIRTH  |                            |
| GENDER<br>Male <input type="checkbox"/> Female <input type="checkbox"/>  |   |   |  |                            |
| NAME CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |   | ADDRESS CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO   |                            |
| TELEPHONE NUMBER<br>Area Code ( )  |   |   | MOBILE TELEPHONE NUMBER<br>Area Code ( )   |                            |
| FORMER NAME (If name was changed you must present proof)   |   |   | EMAIL  |                            |
| <b>THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL</b> (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)<br>2345 ANYWHERE STREET Apt. No. City or Town YOUR CITY State NY Zip Code 12345 County of Residence  |   |   |  |                            |
| <b>THE ADDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS.</b> (DO NOT GIVE A P.O. BOX.)<br>Apt. No. City or Town State Zip Code BROOME  |   |   |  |                            |
| <b>2 VEHICLE IDENTIFICATION NUMBER</b> TEST1TEST12345678   |   |   |  |                            |
| <b>VEHICLE DESCRIPTION</b> Year 2013 Make PORSCHE  |   |   |  |                            |
| <b>Body Type</b> (mark one) <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Pick-up <input type="checkbox"/> Van<br><input type="checkbox"/> Convertible <input type="checkbox"/> Suburban/SUV <input type="checkbox"/> Trailer<br><input type="checkbox"/> Motorcycle <input type="checkbox"/> Tow <input type="checkbox"/> Other |   |   |  |                            |
| <b>Type of Power (Fuel)</b> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Flex <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> None  |   |   |  |                            |
| <b>Color 1</b> RED <b>Color 2</b> <b>Unladen Weight</b> 3545   |   |   |  |                            |
| <b>Cylinders</b> 6 <b>For trailers &amp; commercial vehicles</b> <b>Maximum Gross Weight</b> <b>(Including driver)</b> <b>Adult Seating Capacity</b> 2 <b>Odometer Reading in Miles</b> 28   |   |   |  |                            |
| <b>Office Use Only</b> <b>Mileage Brand</b> A E N <b>For commercial vehicles</b> <b>Axes</b> <b>Distance</b>   |   |   |  |                            |
| <b>CHANGES:</b> Describe any vehicle changes and the reasons for the changes. (SUBMIT NYS TITLE IF ISSUED)   |   |   |  |                            |
| <b>3 If the OWNER of the vehicle is DIFFERENT from the REGISTRANT, the OWNER must complete this section.</b>   |   |   |  |                            |
| NYS driver license number of OWNER NAME OF CURRENT OWNER(s) (Last, First, Middle) DATE OF BIRTH  |   |   |  |                            |
| GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>   |   |   |  |                            |
| <b>THE ADDRESS WHERE OWNER GETS MAIL</b> (Include the Street Number and Name, Rural Delivery or box number)  |   |   |  |                            |
| Apt. No. City or Town State VA Zip Code County   |   |   |  |                            |
| (Signature of owner or authorized person, and signature of co-owner if applicable) (Date)  |   |   |  |                            |
| <b>DEALER USE ONLY - LIEN FILING - Alterations are not allowed in the lienholder section below</b>   |   |   |  |                            |
| Choose one → <input type="checkbox"/> There are no liens <input checked="" type="checkbox"/> I am filing for the lienholder(s) listed below  |   |   |  |                            |
| Lien Filing Code Lienholder Name Lienholder Mailing Address (number, street, city, state, zip code)  |   |   |  |                            |
| SAMPLE BANK 123 MAIN ST, NEW YORK, NY 12345  |   |   |  |                            |
| <b>NEW YORK DEALERS ONLY</b>   |   |   |  |                            |
| Did you issue plates to this vehicle? Plate Number Reg. Class Date Temp Issued Facility ID Number  |   |   |  |                            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |  |                            |
| <b>DEALER CERTIFICATION:</b> I certify that all information provided on this application is true.<br>I take responsibility for the integrity of the papers delivered to the Motor Vehicles office. (Signature of Dealer or Authorized Representative)  |   |   |  |                            |
| <b>OFFICE USE ONLY</b>   |   |   |  |                            |
| New Plate New Class Ins. Co. Code Special Conditions   |   |   |  |                            |
| Sales Tax Status Value (\$)  |   |   |  |                            |
| Rate Out of State Jurisdiction Audit   |   |   |  |                            |
| Prior Owner Issuance State Title Lien Lien Number Lien Release   |   |   |  |                            |
| Proof Submitted  |   |   |  |                            |
| Reg/Title State Stop/Response/Scoff Law Approved By Date   |   |   |  |                            |

**4 ADDITIONAL VEHICLE INFORMATION —————> QUESTIONS 1-4 MUST BE COMPLETED.**

1. 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?

☒ No ☐ Yes - (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.)

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 used as a contracted carrier.

☐ 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 ambulette** ☐ **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 or agricultural trailer**.

☐ 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 from the original manufacturer specifications? ☐ Yes ☒ No If "Yes", describe the modifications:

\_\_\_\_\_

4. 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) in accordance with VTL §401? ☐ Yes ☐ No

If **YES**, and the vehicle was altered on or after 1/1/2021, is this altered vehicle equipped with safety belts at all occupant seating positions? ☐ Yes ☐ No ☐ N/A, vehicle altered prior to 1/1/2021

\* If your vehicle was altered or stretched to increase the passenger capacity, you must present to the DMV issuing 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 9 or more adults (including the driver), you must show the original NYS DOT Inspection Receipt OR a NYS DOT Exemption Letter.

5. 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

**5 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)

Sign Here ➡ \_\_\_\_\_

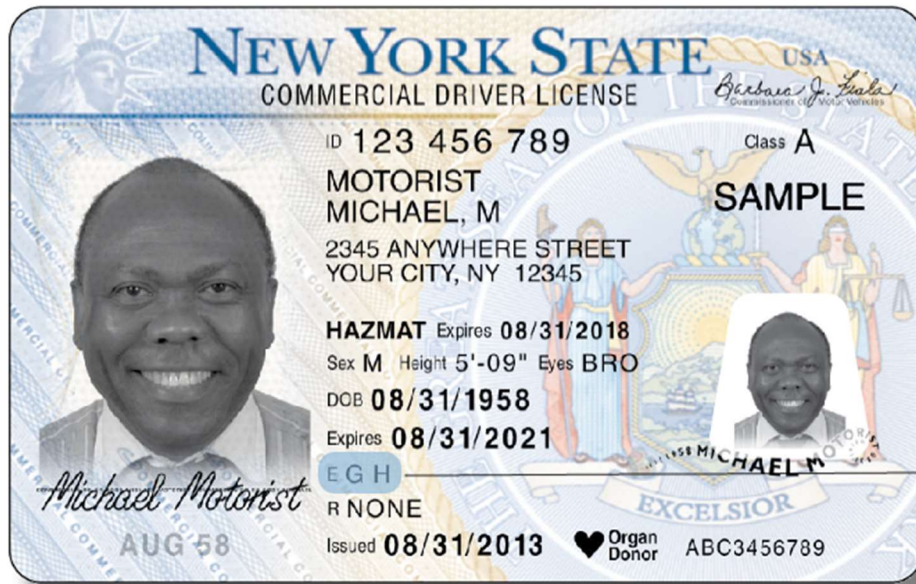
(Sign Here)

Print Additional Name Here ➡ \_\_\_\_\_

(Print Name in Full)

Additional Signature Sign Here ➡ \_\_\_\_\_

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



Endorsements

MUST BE A CLEAR COPY – CAN BE EXPIRED, BUT NOT MORE THAN 2 YEARS

IF THEY DO NOT HAVE A NYS ID, THEY MUST HAVE 6 POINT OF ID. SEE THE ID-82