

VEHICLE REGISTRATION/TITLE
APPLICATION

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.

Batch File No.		Office Use Only		Class
<input type="checkbox"/> Orig	<input type="checkbox"/> Activity	<input type="checkbox"/> Renewal	<input type="checkbox"/> Lease Buyout	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)	
<div>Name Change Yes <input type="checkbox"/> No <input type="checkbox"/></div>					
NYS driver license ID number of PRIMARY REGISTRANT		DATE OF BIRTH		GENDER	TELEPHONE or MOBILE PHONE NUMBER
<div>Month <input type="text"/> Day <input type="text"/> Year <input type="text"/></div>		<div>Male <input type="checkbox"/> Female <input type="checkbox"/></div>		<div>Area Code (<input type="text"/>)</div>	
NAME OF CO-REGISTRANT (Last, First, Middle)				EMAIL	
<div>Name Change Yes <input type="checkbox"/> No <input type="checkbox"/></div>					
NYS driver license ID number of CO-REGISTRANT		DATE OF BIRTH		GENDER	ADDRESS CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<div>Month <input type="text"/> Day <input type="text"/> Year <input type="text"/></div>		<div>Male <input type="checkbox"/> Female <input type="checkbox"/></div>			
THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)					
<div>Apt. No. <input type="text"/></div>				City or Town	State <input type="text"/> Zip Code <input type="text"/>
County of Residence					
THE ADDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS. (DO NOT GIVE A P.O. BOX.)					
<div>Apt. No. <input type="text"/></div>				City or Town	State <input type="text"/> Zip Code <input type="text"/>

SECTION 2

VEHICLE IDENTIFICATION NUMBER		VEHICLE DESCRIPTION		Body Type (mark one)	
<div>Year <input type="text"/> Make <input type="text"/></div>		<div>2-Door <input type="checkbox"/> Convertible <input type="checkbox"/> Trailer <input type="checkbox"/></div>		<div>4-Door <input type="checkbox"/> Suburban/SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/></div>	
Color <input type="text"/>		Unladen Weight <input type="text"/>		<div>Pick-up <input type="checkbox"/> Limo <input type="checkbox"/> Tow <input type="checkbox"/></div>	
Type of Power (Fuel)		Office Use Only		For commercial vehicles	
<div>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 <input type="checkbox"/></div>		<div>Mileage Brand <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> N</div>		<div>Axes <input type="text"/> Distance <input type="text"/></div>	
Cylinders <input type="text"/>	For trailers & commercial vehicles Maximum Gross Weight <input type="text"/>	Adult Seating Capacity (Including Driver) <input type="text"/>	Odometer Reading in Miles <input type="text"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>					
If YES , do you have the required Federal Alterer's Safety Certification (normally found on the door jamb)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
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	
<div>Month <input type="text"/> Day <input type="text"/> Year <input type="text"/></div>				PRIMARY OWNER GENDER	
<div>Male <input type="checkbox"/> Female <input type="checkbox"/></div>					
THE ADDRESS WHERE PRIMARY OWNER GETS MAIL (Include the Street Number and Name, Rural Delivery or box number)					
<div>Apt. No. <input type="text"/></div>				City or Town	State <input type="text"/> Zip Code <input type="text"/>
County					
NAME OF CO-OWNER		REGISTRATION AUTHORIZATION <input type="checkbox"/> 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										Special Conditions			
New Plate	Status			Value (\$)	Rate	New Class	Ins. Co. Code	Jurisdiction		Audit	AT BV CF CO EO EX FL IO NE NF NR NU OP OV PA PI PK RC RE SC SO SP SR SS SV TE TL TO TP TR TX XR X6 WO		
Prior Owner	Issuance State			Title	Lien	Lien Number	Lien Release						
Proof Submitted													
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 must complete the "Taxis Only" section below) |
| <input type="checkbox"/> Used only as a farm vehicle (form MV-260F, Part 1 must 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 only 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.)

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 Enclosed (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
Signature **X**