

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)		
				Name Change Yes <input type="checkbox"/> No <input type="checkbox"/>		
NYS driver license ID number of PRIMARY REGISTRANT		DATE OF BIRTH		GENDER		TELEPHONE or MOBILE PHONE NUMBER
		Month Day Year		Male <input type="checkbox"/> Female <input type="checkbox"/>		Area Code ()
NAME OF CO-REGISTRANT (Last, First, Middle)				EMAIL		
				Name Change Yes <input type="checkbox"/> No <input type="checkbox"/>		
NYS driver license ID number of CO-REGISTRANT		DATE OF BIRTH		GENDER		
		Month Day Year		Male <input type="checkbox"/> Female <input type="checkbox"/>		ADDRESS CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> 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		Body Type (mark one)	
				Year Make		<input type="checkbox"/> 2-Door <input type="checkbox"/> Convertible <input type="checkbox"/> Trailer	
						<input type="checkbox"/> 4-Door <input type="checkbox"/> Suburban/SUV <input type="checkbox"/> Motorcycle	
						<input type="checkbox"/> Pick-up <input type="checkbox"/> Limo <input type="checkbox"/> Tow	
						<input type="checkbox"/> Van <input type="checkbox"/> Other	
Color		Unladen Weight		Type of Power (Fuel)			
				<input 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			
Cylinders		For trailers & commercial vehicles Maximum Gross Weight		Adult Seating Capacity (Including Driver)		Office Use Only Mileage Brand	
						<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N	
				Odometer Reading in Miles		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 <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		PRIMARY OWNER GENDER	
				Month Day Year		<input type="checkbox"/> Male <input type="checkbox"/> 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 <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						New Class				Ins. Co. Code		
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

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

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 other than 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.)

**Statement of Transaction – Sale or Gift of Motor Vehicle,
Trailer, All-Terrain Vehicle (ATV), Vessel (Boat), or Snowmobile****DTF-802**
(5/15)**Instructions**

The new owner's social security number, taxpayer identification number (TIN), or federal employer identification number (EIN) is required.

Use this form when sales tax was not collected at the time of purchase or when the vehicle was received as a gift. If the donor/seller is not required to complete Section 6, the new owner must have a copy of the bill of sale signed by the seller.

The seller or donor must complete Section 6 if:

- the motor vehicle is a gift or is sold below fair market value to a person other than a spouse, parent, child, stepparent, or stepchild
- the trailer, ATV, boat, boat/trailer combination, or snowmobile is a gift, or is sold below fair market value

If for any reason you must obtain a registration or title before you can establish the amount of tax due based on the less than fair market value purchase price, you may obtain tax clearance by paying the tax due based on the fair market value as established by the Tax Department. If this results in an overpayment, you may apply to the Tax Department for a refund or credit of the amount overpaid.

Note:

- If you are claiming an exemption other than a gift, use Form DTF-803 instead.
- If you are claiming credit for taxes paid to another state, use Form DTF-804 instead.
- If you are registering more than one motor vehicle for the same taxing jurisdiction, use Form DTF-805 instead.

Section 1 – Vehicle information

Type of vehicle (mark one box)			
<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Trailer	<input type="checkbox"/> Boat/Trailer combination	<input type="checkbox"/> ATV <input type="checkbox"/> Snowmobile <input type="checkbox"/> Boat (length in feet): _____ ft.
Year	Make	Model	Vehicle or hull identification number
Boats and boat/trailer combinations only – enter trailer information below			
Year	Make	Model	Vehicle identification number
Delivery location (complete only for an ATV or snowmobile)			
City		County	
Storage / use location (complete only for an ATV or snowmobile)			
City		County	
		Do you have a residence in this county? (If Yes, see Tax rate note in Section 5) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 – New owner information

Last name, first name, middle initial or business name		Social security number/TIN/EIN
Number and street address	City, state, and ZIP code	County
Business address (if commercial vehicle) (number and street)		City, state, and ZIP code

Section 3 – Previous owner

Last name, first name, middle initial or business name		EIN (if applicable)
Number and street address	City, state, and ZIP code	County

Section 4 – Transaction information

Date of transaction mm / dd / yyyy	Relationship of new owner to previous owner (mark one box) <input type="checkbox"/> None <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Stepparent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (describe): _____
This transaction is a (mark one) <input type="checkbox"/> Gift of a motor vehicle to a person other than spouse, parent, child, stepparent, or stepchild. (donor must complete Section 6) <input type="checkbox"/> Purchase of a motor vehicle at below fair market value by a person other than spouse, parent, child, stepparent, or stepchild. (seller must complete Section 6) <input type="checkbox"/> Gift of a trailer, ATV, boat, or snowmobile (donor must complete Section 6) <input type="checkbox"/> Purchase of a trailer, ATV, boat, boat/trailer combination, or snowmobile at below fair market value (seller must complete Section 6) <input type="checkbox"/> Gift or purchase of a motor vehicle to spouse, parent, child, stepparent, or stepchild <input type="checkbox"/> None of the above	

For office use only							
Date	Initials	Office	Fair market value	Audit <input type="checkbox"/>	Tax Rate %	Tax paid	Term no.

Section 5 – Purchase information**1 Purchase price**

	Value
a. Amount of cash payment	1a \$
b. Balance of payments assumed.....	1b \$
c. Value of property given, traded, or swapped, or services performed instead of cash payment...	1c \$
d. Purchase price (total of lines 1a, 1b, and 1c).....	1d \$

Boats and boat/trailer combinations: For purchases or uses on or after June 1, 2015, tax only applies to the first \$230,000 of the purchase price. Do not enter more than \$230,000 on line 1d.

2 Was this transaction the purchase or gift of a motor vehicle

from your spouse, parent, child, stepparent, or stepchild? ☐ Yes (enter 0 on line 4; no tax is due) ☐ No (continue to line 3)

3 Tax rate* (enter as a decimal)**3****4 Sales tax due (multiply line 1d by line 3)****4** \$**5 Is the amount on line 1d lower than fair market value?**

☐ Yes (seller/donor must complete Section 6) ☐ No (sign certification below) ☐ N/A (Sale of boat for more than \$230,000)

* **Tax rate note:** For a motor vehicle, trailer, boat, or boat/trailer combination use the tax rate of the new owner's place of residence. If the purchaser is a resident in two or more counties in the state, use the rate in effect in the place where the motor vehicle, trailer, boat, or boat/trailer combination will be principally used or garaged. If the new owner is a business, use the tax rate of the place of business. If the business has locations in two or more counties in the state, use the rate in effect in the place where the motor vehicle, trailer, or boat will be principally used or garaged. For an ATV or snowmobile, use the higher rate of where the new owner took delivery, or where the vehicle is stored or used if new owner has a residence in storage/use locality.

Purchaser certification — I certify that the above statements are true and complete; and I make these statements with the knowledge that willfully issuing a false or fraudulent statement with the intent to evade tax is a misdemeanor under Tax Law section 1817(b), and Penal Law section 210.45, punishable by a fine up to \$10,000 for an individual and \$20,000 for a corporation.

Signature	Date
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If this form is submitted by someone other than the new owner/lessee, provide the following:

Name/business name	Social security number, TIN, or federal EIN
Address	

Section 6 – Affidavit of sale or gift of a motor vehicle, trailer, ATV, vessel (boat), or snowmobile

The seller or donor must complete if:

- the motor vehicle is a gift to a person other than a spouse, parent, child, stepparent, or stepchild
- the motor vehicle is sold below fair market value to a person other than a spouse, parent, child, stepparent, or stepchild
- the trailer, ATV, boat, or snowmobile is a gift
- the trailer, ATV, boat, boat/trailer combination, or snowmobile is sold below fair market value

6 Cash payment received..... **6** \$

7 If, as a condition for the sale or gift of the vehicle or boat, the purchaser/recipient did any of the following in addition to, or in lieu of, a cash payment, mark an X in the appropriate box and indicate the value of the service or goods you received.

	Yes	No	Value
a Performed any service	<input type="checkbox"/>	<input type="checkbox"/>	7a \$
b Assumed any debt	<input type="checkbox"/>	<input type="checkbox"/>	7b \$
c Traded/swapped a vehicle or other property	<input type="checkbox"/>	<input type="checkbox"/>	7c \$
d Total selling price (total of lines 6, 7a, 7b and 7c)			7d \$

8 Complete only if a corporation or business is the seller/donor

- a Was or is the purchaser/recipient an employee, officer, or stockholder of the company/corporation? ☐ Yes ☐ No
- b Was the transaction part of any terms of employment, employment contract, or termination agreement? ☐ Yes ☐ No

9 If you answered Yes to any part of line 7 or line 8, provide an explanation: _____

Seller/Donor certification — I have reviewed the information on Form DTF-802 and I certify that the statements are true and complete. I make these statements with the knowledge that willfully issuing a false or fraudulent statement with the intent to evade tax is a misdemeanor under Tax Law section 1817(b) and Penal Law section 210.45 punishable by a fine up to \$10,000 for an individual and \$20,000 for a corporation.

Signature	Name (printed or typed)	Date
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**Claim for Sales and Use Tax Exemption - Title/Registration
Motor Vehicle, Trailer, All-Terrain Vehicle (ATV), Vessel (Boat), or Snowmobile****DTF-803**
(4/14)For transactions processed by the Department of Motor Vehicles (DMV) and its agents or county clerk offices **only**.If you are claiming an exemption for a gift, use Form DTF-802, *Statement of Transaction – Sale or Gift of Motor Vehicle, Trailer, All-Terrain Vehicle (ATV), Vessel (Boat), or Snowmobile*.Misuse of this exemption claim may subject you to serious civil and criminal sanctions in addition to the payment of any tax and interest due.
Print or type clearly.**Section 1 – Vehicle information**

Type of vehicle (mark an X in one box)			
<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Trailer	<input type="checkbox"/> Boat (length in feet): _____ ft.	<input type="checkbox"/> ATV <input type="checkbox"/> Snowmobile
Year	Make	Model	Identification (ID) number
Purchase price (include cash, the value of any goods or services you gave in trade, and any balance of seller's payments you may have assumed)..... \$			Date of purchase / /

Section 2 – New owner/lessee information

Last name, first name, middle initial or business name		Social security number/TIN/EIN
Number and street address	City, state, and ZIP code	County

Section 3 – Previous owner/dealer information

Last name, first name, middle initial or business name		
Number and street address	City, state, and ZIP code	County

Section 4 – Exemption you are claimingTo claim a sales and use tax exemption on the vehicle listed in *Section 1 – Vehicle information*, mark an **X** in the appropriate box below and supply any additional information requested. **You must sign Section 5 – Certification, and present this completed form (including any additional required information) to the motor vehicle issuing office when registering the vehicle.**

- 1 ☐ **Nonresident of New York State (NYS)** (purchases of motor vehicles, trailers, or boats only) — At the time of purchase the purchaser was **not** a resident of NYS, did **not** have a place of abode in NYS, **and** was **not** engaged in any trade business, employment, or profession in NYS. See Publication 750, *A Guide to Sales Tax in New York State*, for more information on what is considered a place of abode.
(Mark an **X** in one of the boxes below; go to line 3 and enter required additional information.)
- ☐ Motor vehicle, trailer, or boat was not purchased in NYS.
If marked, enter the location where the motor vehicle, trailer, or boat was purchased: _____
- ☐ Motor vehicle, trailer, or boat was purchased in NYS, but previously registered by the purchaser in another state prior to registering it in NYS.
If marked, enter the state where the motor vehicle, trailer, or boat was previously registered: _____
- 2 ☐ **Nonresident of NYS** (purchase of ATVs or snowmobiles only) — The ATV or snowmobile was delivered to the purchaser outside of NYS. At the time of purchase the purchaser was **not** a resident of NYS, did **not** have a place of abode in NYS, **and** was **not** engaged in any trade, business, employment, or profession in NYS. (Go to line 3 and enter required additional information.)
- 3 **Required additional information** (You **must** provide the information requested below if you marked a box in either line 1 or 2 above.)
- Were you ever a resident of NYS? ☐ Yes ☐ No
If Yes, enter dates of residency: from ____ / ____ / ____ to ____ / ____ / ____
- At the time of purchase, were you absent from NYS for education, employment, or military service? ☐ Yes ☐ No
- While a resident of another state, did you own/rent living quarters in NYS? ☐ Yes ☐ No
- Date the purchased motor vehicle, trailer, boat, ATV, or snowmobile was first used in NYS: ____ / ____ / ____
- 4 ☐ **Exempt organization** — The purchaser is an organization exempt from tax as provided in Tax Law Article 28, section 1116(a).
(Attach copy of Form ST-119, Exempt Organization Certificate. Local, state, and federal governments are not required to attach Form ST-119.)
- 5 ☐ **Registered vendor for rental or lease** — The purchaser is registered as a NYS sales tax vendor, and the motor vehicle, trailer, boat, ATV, or snowmobile will be used **exclusively** by the purchaser for rental or lease to customers.
Enter the purchaser's *Certificate of Authority* number: _____
- 6 ☐ **Leased or rented vehicle** — Sales and use tax will be paid to lessor.
Lessor's name and address: _____ Term of lease: _____
- 7 ☐ **Settlement of estate** — The motor vehicle, trailer, boat, ATV, or snowmobile was acquired in the settlement of the estate of the previous owner, but was not purchased from the estate.

Complete and sign the back.

8 ☐ **Tractor, trailer, or semi-trailer** — The motor vehicle is a tractor, trailer, or semi trailer which is or will be used in combination where the gross vehicle weight of the combination exceeds 26,000 pounds.

9 ☐ **Direct payment (DP) permit holder** — The purchaser has a DP permit issued by the Tax Department.

Enter the DP permit number (*attach copy*): **DP** —

10 ☐ **New York sales and use tax paid to seller** — The tax must be paid on the seller's sales and use tax return. The buyer must attach a copy of the bill of sale indicating tax paid. Complete the following:

Seller: _____ Purchase price: _____ Tax paid: _____

11 ☐ **Individual Indian exemption** — The purchaser must be an enrolled member of an exempt nation or tribe and must maintain a permanent residence on the reservation. The purchase must not be for resale. The motor vehicle, trailer, or boat must be registered to an address located on the reservation. If the purchase is an ATV or snowmobile, the vehicle must have been delivered to you on the reservation. Complete the following:

Name of exempt nation or tribe: _____

Name of qualified reservation: _____

12 **Military personnel** (motor vehicles only) — NYS resident who purchased the vehicle outside NYS while in military service

Mark an **X** in the appropriate box.

a ☐ **NYS tax exempt (tax paid to another state)** — No NYS or local sales or use tax is due if the seller or purchaser paid sales, use, excise, or highway use tax to another state in order to obtain the title. Complete the following:

Branch of military service: _____ Dates of military service: from ____/____/____ to ____/____/____

State where vehicle was purchased: _____ Tax paid: _____ Paid by: ☐ purchaser ☐ seller

Note: You must provide military ID or other documentation of military service and attach proof of tax paid to another state.

b ☐ **NYS tax deferred** — No NYS or local sales or use tax is due at this time if the purchaser:

- has been on active duty continuously since the vehicle was purchased outside NYS;
- is still on active duty and is still stationed outside NYS;
- has not been stationed in, nor had living quarters in, NYS from the time of purchase to the present; **and**
- will not use the vehicle in NYS except during authorized absence from duty.

Complete the following:

State or foreign country where vehicle was purchased (cannot be NYS): _____

Present duty station: _____

Present living quarters: _____

Note: upon discharge, separation, or release from active duty, or upon being stationed or quartered within NYS, the purchaser must pay any sales and use tax due if the purchaser continues to use the motor vehicle in NYS.

13 ☐ **Farm production and commercial horse boarding operation** — The motor vehicle, trailer, boat, ATV, or snowmobile will be used predominantly either in farm production or in a commercial horse boarding operation, or in both. Mark an **X** in the appropriate box to indicate the type of plate registration.

☐ Farming ☐ Commercial ☐ Registration not required (*provide reason*) _____
☐ Agriculture ☐ Passenger _____

14 ☐ **Other exemption** (explain) _____

Section 5 — Certification

I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements and issue this exemption certificate with the knowledge that this document provides evidence that state and local sales or use taxes do not apply to a transaction or transactions for which I tendered this document and that willfully issuing this document with the intent to evade any such tax may constitute a felony or other crime under New York State Law, punishable by a substantial fine and a possible jail sentence. I understand that the **Department of Motor Vehicles or county clerk** is **agent** for, and **acts on behalf** of, New York State and any locality with respect to any state or local sales or use tax the **Department of Motor Vehicles or county clerk** is required to collect from me; that **as agent they are** required to collect such taxes from me unless I properly furnish this certificate; and that this certificate **will be made** available to the Tax Department. I also understand that the Tax Department is authorized to investigate the validity of tax exemptions claimed and the accuracy of any information entered on this document.

Signature of new owner _____ Date ____/____/____
 (Sign name in full)

Print name of new owner _____ Title (if business) _____

Privacy notification — The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i). This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose. Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law. This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

For office use only		
Office	Date	
Cashier's initials	Term no.	Possible audit <input type="checkbox"/>

4 ADDITIONAL VEHICLE INFORMATION ————— QUESTIONS 1-3 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)? ☐ Yes ☐ No

* 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 11 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.)



All information (*except signature*) must be typed. **Be careful when entering vehicle, hull or manufactured home ID number. When information is not legible, is incorrect, or not complete, the lien is not recorded.**

For more information about filing a lien electronically,
visit <https://dmv.ny.gov/forms/mv-909.pdf>

VEHICLE/BOAT/MANUFACTURED HOME INFORMATION

Identification Number			
Year	Make	Body Type/Hull	Registration/Plate No. of Borrower, if any
This is a: <input type="checkbox"/> Vehicle <input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Manufactured home			

OWNER INFORMATION

Owner's Last Name	First	M.I.
Owner's Last Name	First	M.I.
Street Address (including Apt. No.)		
City	State	Zip Code

☐ Check here if this is a new address.

NOTE: Lien will be recorded only if the name(s) listed as the owner(s) is **EXACTLY** the same as the owner(s) recorded, or to be recorded, on the Certificate of Title. If a Certificate of Title has not been issued to this borrower, print the name as it appears on the driver license.

OWNER'S STATEMENT: I understand that the lienholder will send this notice to the DEPARTMENT OF MOTOR VEHICLES. If a title was previously issued in my name for this vehicle, boat, trailer or manufactured home, I gave it to the lienholder to be sent to DMV with this notice. I understand that a new Certificate of Title, showing the lienholder's name, will be mailed to me.

OWNER(S): SIGN HERE **X** _____ **X** _____ Date _____
(Must be an original signature. If a POA is used, a copy of the POA must be attached.) (Must be an original signature. If a POA is used, a copy of the POA must be attached.)

If signing for a corporation, print your name and title: _____ (Name) _____ (Title)

LIEN INFORMATION

Lien Filing Code (assigned by DMV: enter only if a code has been assigned to you or your company)		
Lienholder's Name		
Lienholder's Name (continued)		
Street Address		
City	State	Zip Code

This notice authorizes the Department of Motor Vehicles to disclose (or otherwise make available) information about the lienholder obtained by the department in connection with this record.

X _____ Date of Security Agreement _____
(Lienholder's Signature—Must be an original signature or a facsimile stamp)

Has a NY Certificate of Title been issued to this borrower? ☐ YES ☐ NO IF YES, ATTACH TITLE.

LIENHOLDER: Mail this form, the \$5 fee **paid by the lienholder** payable to the Commissioner of Motor Vehicles, and the owner's title (if issued) to:
TITLE BUREAU, NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES, PO BOX 2604, ALBANY NY 12220-0604

You can verify online if a lien was recorded or if a title certificate was issued.
Go to the Lien/Title Certificate Status page at the DMV web site: dmv.ny.gov/titlestat/default.html





Clearly print or type all information, except signatures.

I, _____,
(Seller)

in consideration of \$ _____, do hereby sell, transfer and convey to

_____,
(Buyer)

the following vehicle:

DESCRIPTION OF VEHICLE

Year	Make	Model
Vehicle or Hull Identification Number		

TERMS AND CONDITIONS (if applicable)

SELLER

Name	
Address (optional)	
Signature	Date
X	

BUYER

Name	
Address (optional)	
Signature	Date
X	

CITY OF NEW YORK VEHICLE USE TAX EXEMPTION CERTIFICATE

As the owner, I certify that the vehicle identified below is not subject to tax for the following reason (check only one):

*A. ☐ I am domiciled in New York City but maintain a permanent place of abode elsewhere, and I did not spend more than 30 days in the City during the last 12 months.

*B. ☐ I am not domiciled in New York City and I do not maintain a permanent place of abode in the City, or did not spend more than 183 days in the City during the last 12 months.

C. ☐ It is owned by nonprofit, religious, charitable or educational organization specified as exempt in Section 11-803 or Section 11-2203 of the New York City Administrative Code.

*D. ☐ It is owned by a business, association or corporation but it is not regularly kept, stored, garaged or maintained within the City.

E. ☐ It is used principally for the transportation of children to and from schools, or camps operated by a nonprofit, religious, charitable or educational organization.

F. ☐ It is a commercial motor vehicle, but 50% or less of its mileage is on City streets or highways, AND it is not used principally in connection with a business carried on within the City.

G. ☐ It is a motor vehicle for the transportation of passengers, but it is used in the City for under 30 days per tax year, or it is used exclusively for the transportation of persons in connection with funerals and for no other purposes.

I understand that this certificate will be forwarded to the City of New York for review, and that if I falsely state that this vehicle qualified for exemption, I have committed a misdemeanor and that I may have to pay a penalty up to five times the tax plus interest of 5 percent per month or fraction thereof computed from the date the tax was due.

*Reasons A, B and D do not exempt eligible vehicles from the Commercial Motor Vehicles Tax.

Name of Registrant. (Please Print)	Plate Number	Year of Vehicle	Make of
Expiring Registration	Sign Name		Date



Name of Registrant (Print or Type)		
Street address		
City	State	Zip Code
Vehicle Identification Number	Plate number	

AMBULANCE - An ambulance is a vehicle designed, appropriately equipped, and used for the purpose of carrying and providing emergency health care for sick/injured persons by a person or entity registered or certified as an ambulance service by the Department of Health. An ambulance certification (MV-3A) and Ambulance Service Certificate (DOH-3414) are required to register an ambulance in addition to this form. An ambulance is exempt from "For-Hire" insurance and/or registration fees if no charge is made for services, or if the cost of service is incidental to the operation of a non-profit hospital.

Check the box that applies to the ambulance listed above:

- ☐ **This ambulance is exempt from "For-Hire" insurance.** You must provide a New York State Insurance Identification Card (Form FS-20) to register an ambulance if "For-Hire" insurance coverage is not required.
- ☐ **This ambulance is exempt from registration fees.** No charge is made for services, or the cost of service is incidental to the operation of a non-profit hospital.

The certification below must be signed: if the vehicle is registered by a firm or corporation, an officer of the corporation must sign the certification.

CERTIFICATION

By checking the above box(es) I, _____, affirm under penalty of perjury that the vehicle is an **ambulance** and no charge is made for services, or the cost of service is incidental to the operation of a non-profit hospital. I am the owner of this vehicle, or an officer of the firm or corporation registering this vehicle.

SIGNATURE X _____ TITLE OR POSITION _____
(must be an officer of the corporation)

BUS - A bus is a motor vehicle having a seating capacity of fifteen (15) or more passengers in addition to the driver and used for the transportation of persons. A bus is exempt from "For-Hire" insurance if no charge, direct or indirect, is made for carrying any persons. Registration fees apply.

- ☐ **This bus is exempt from "For Hire" insurance.** No charge, direct or indirect, is made for carrying any persons. The vehicle has a seating capacity of _____ and is used as follows: _____.

You must provide a New York State Insurance Identification Card (Form FS-20) to register a bus if "For-Hire" insurance coverage is not required. You can obtain the required insurance coverage and identification card from any insurance company authorized to do business in New York State.

The certification below must be signed: if the vehicle is registered by a firm or corporation, an officer of the corporation must sign the certification.

CERTIFICATION

By checking the above box I, _____, affirm under penalty of perjury that the vehicle is a **bus** and no charge direct or indirect, is made for carrying any persons. I am the owner of this vehicle, or an officer of the firm or corporation registering this vehicle.

SIGNATURE X _____ TITLE OR POSITION _____
(must be an officer of the corporation)



New York State Department of Motor Vehicles



AFFIRMATION TO REGISTER A VEHICLE

Under the penalties of perjury, I affirm that the vehicle described below is not being registered to avoid a for-hire or insurance-related revocation or suspension issued against the previous registrant(s).

Vehicle Description:

_____ (Year)	_____ (Make)	_____ (Vehicle Identification Number)
		_____ (Name)
		_____ (Address)
		_____ (Signature)

IMPORTANT: False statements are punishable under Section 210.45 of the Penal Law.

FOR OFFICE USE ONLY

_____ (Office)	_____ (Previous Plate Number)
_____ (Signature)	_____ (New Plate Number)



New York State Department of Motor Vehicles



**STATEMENT TO REGISTER A VEHICLE THAT CANNOT BE
RENEWED BECAUSE OF UNANSWERED PARKING TICKETS**

Under the penalties of perjury, I affirm that the vehicle described below is not being registered to circumvent Section 401 (5-a) of the New York State Vehicle and Traffic Law pertaining to unpaid parking fines. NOTE: Section 401 (5-a) is printed on the back of this form.

Vehicle Description:

_____	_____	_____
(Year)	(Make)	(Vehicle Identification Number)

		(Name)
		_____'_____'_____
		(Address)

		(Signature)

IMPORTANT: This form will be given to the appropriate Parking Violations Bureau. Any deception or substitution, or causing another person to deceive or substitute, in connection with this statement may result in the revocation or suspension of your registration and/or in criminal prosecution.

FOR DMV USE ONLY	

	(Previous Plate Number)
_____	_____
(Name of Parking Violations Bureau)	(New Plate Number)