

# VEHICLE REGISTRATION/TITLE APPLICATION



Batch File No. \_\_\_\_\_

Orig  Activity  Renewal  
 Dup  Activity W/RR  Renew W/RR

|                 |                        |  |                               |                |           |
|-----------------|------------------------|--|-------------------------------|----------------|-----------|
| OFFICE USE ONLY | Old Plate              | Old Class  | 3 of Name                     | Ins. Co. Code  | Exp. Date |
|                 | Special Case Number(s) |  |                               | New Plate      | New Class |
|                 | Special Conditions     | AT BY RC CF CO CP ER EX FL GI IF MO TO NE NF NR NU OD OP OV PA | PK RC RE SA SO SR SS SV TE TL | TX XR X2 X5 WO |           |
|                 | Sales Tax Information  | Status   | Value (\$)                    | Jurisdiction   | Rate      |

**DEALER ONLY**

Did you issue plates to this vehicle?  Yes  No

If "Yes", enter the following: Plate Number \_\_\_\_\_ Reg. Class \_\_\_\_\_ Date Temp Issued \_\_\_\_\_ Facility ID Number \_\_\_\_\_

Is there a lienholder?  Yes  No If "Yes", enter the information in Dealer Only box below. Alterations are not allowed in the Lienholder sections.

**INSTRUCTIONS** → COMPLETE BOXES 1, 2, 4, 6 and 7. COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY. PLEASE PRINT CLEARLY.

**1** WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

REGISTER this vehicle for the first time  TRANSFER Plate Number \_\_\_\_\_ to this vehicle  CHANGE a title (see box 5)  
 RENEW plate # \_\_\_\_\_  CHANGE registration for Plate Number \_\_\_\_\_ (see box 5)  TITLE ONLY for a 1973 or newer vehicle  
 REPLACE lost registration items  LEASE BUY-OUT Plate Number \_\_\_\_\_

**2**

CLIENT ID NO. (from Driver License of first registrant listed below) \_\_\_\_\_ NAME CHANGE?  YES  NO (See Box 5)

ADDRESS CHANGE?  YES  NO

Is this registration for a corporation or partnership?  Yes  No

NAME OF REGISTRANT (Last, First, Middle) \_\_\_\_\_

How was the vehicle obtained?  
 New  Leased New  Used  Leased Used

DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ DAY PHONE NO. (Optional): Area Code \_\_\_\_\_

ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number) \_\_\_\_\_ Apt. No. \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

ADDRESS WHERE YOU LIVE IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX \_\_\_\_\_ Apt. No. \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**3** IF YOU ARE NOT THE OWNER of this vehicle, the owner must complete this section. Proof of ownership and proof of owner's name and date of birth are required. NOTE - You do not have to fill in this section if you attach a completed Registration Authorization (MV-95), or if you are renewing the vehicle, and the owner is the same.

OWNER CLIENT ID NO. (from Driver License) \_\_\_\_\_

NAME OF CURRENT OWNER (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ OWNER'S DAY PHONE NO. (Optional): Area Code \_\_\_\_\_

ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number) \_\_\_\_\_ Apt. No. \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

AUTHORIZATION: The registrant named in Box 2 is authorized to register the vehicle described in Box 4.

\_\_\_\_\_  
 (Owner's/Authorized Signature-Co-owner's Signature if applicable) \_\_\_\_\_ (Date) \_\_\_\_\_

**4**

VEHICLE IDENTIFICATION NUMBER \_\_\_\_\_ VEHICLE DESCRIPTION: Year \_\_\_\_\_ Make \_\_\_\_\_

Body Type For Cars:  2-Door  4-Door  Convertible  Station Wagon/ Suburban  Other \_\_\_\_\_

Body Type For Other Vehicles:  Pick-up  Van  Motorcycle  Tow  Truck  Trailer  Other \_\_\_\_\_

Type of Power (Fuel):  Gas  Diesel  Electric  Flex  CNG  Propane  None  Other \_\_\_\_\_

Color \_\_\_\_\_ Unladen Weight \_\_\_\_\_

Cylinders \_\_\_\_\_ For trailers & commercial vehicles: Max. Gross Weight \_\_\_\_\_ For rentals, buses & taxis: Seating Cap. \_\_\_\_\_ Odometer Reading in Miles \_\_\_\_\_

Vehicle's ODOMETER has room for how many numbers (5, 6 or 7 - do not include tenths)? \_\_\_\_\_ For trailers & commercial vehicles: Axles \_\_\_\_\_ Distance \_\_\_\_\_

**DEALER ONLY**

Lienholder Number \_\_\_\_\_ Lienholder Name and Mailing Address \_\_\_\_\_

**OFFICE USE ONLY**

Mileage Brand Prior Owner \_\_\_\_\_ Issuance State \_\_\_\_\_ Title \_\_\_\_\_ Lien \_\_\_\_\_ Lien Number \_\_\_\_\_ L.R. \_\_\_\_\_

Proof Submitted (Name and Ownership) \_\_\_\_\_ Approved By \_\_\_\_\_ Stop/Response \_\_\_\_\_

Reg/Title No. \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Old Fee \_\_\_\_\_ Operator \_\_\_\_\_

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**CHANGES**

To change information on a current registration and/or title, be sure to enter the **new** information on page 1 of this form. (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGE: Print former name exactly as it appears on the current registration or title.

|  |
|--|
|  |
|  |

CHANGES: Describe any vehicle changes and the reasons for the changes.

|  |
|--|
|  |
|  |

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**ADDITIONAL VEHICLE INFORMATION** → **QUESTIONS 1-3 MUST BE COMPLETED.**

1. I certify that, to the best of my knowledge, this vehicle  has been or  has not 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 for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered and that the title issued will have the statement "Rebuilt Salvage: NY" on it.)
2. Is this vehicle owned and registered by you for your own personal use?  Yes  No  
If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:
- It is a passenger vehicle to be used for hire with a driver and operated in:  
 New York City  A jurisdiction other than NYC, that regulates taxis  A jurisdiction that does not regulate taxis
- It is a passenger vehicle that is rented or leased without a driver, and is registered in:  
 My name  The name of the leasing or rental company
- It requires a commercial operating authority permit:  
 NYS DOT Permit No. \_\_\_\_\_  I.C.C. Permit No. \_\_\_\_\_  US DOT Permit No. \_\_\_\_\_
- It is government-owned.
- It is used as an  ambulance  ambulette Check this box if:  payment is received to carry passengers
- It is a commercial tow truck with a GVWR of at least 8,600 lbs.  It is used as a hearse.
- It is used only as a farm vehicle (Form MV-260F, Part 1, must be attached).  It is used only as an agricultural truck.
3. Has this vehicle been modified to change its registration class?  Yes  No If "Yes", explain \_\_\_\_\_
4. Is this vehicle a pick-up truck with an unladen weight of 5,000 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it?  Yes  No Do you want?  Passenger Plates  Commercial Plates

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**CERTIFICATION:** The information I have given on this application is true to the best of my knowledge. 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 within the past 12 months, 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.

Print Name Here ↓

\_\_\_\_\_  
(Print Name in Full - If registering for a corporation,  
print your full name and title)

Sign Here ↓

\_\_\_\_\_  
(Sign Name in Full)

Additional Signature

Sign Here ↓

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

**IMPORTANT:** Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

**CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:**

My signature authorizes \_\_\_\_\_  
to use my credit card for payment of any fees in connection with this application.

Sign

Here ↓

\_\_\_\_\_  
(Cardholder-Sign Name in Full)

**To Be Completed by a Registered New York State Dealer Only - List any additional Lienholders**

|  |   |
|--|---|
| Lienholder Number _____                      | Lienholder Name _____                       |
| Mailing Address _____<br>(Number and Street) | (City) _____ (State) _____ (Zip Code) _____ |
| Lienholder Number _____                      | Lienholder Name _____                       |
| Mailing Address _____<br>(Number and Street) | (City) _____ (State) _____ (Zip Code) _____ |

**DEALER CERTIFICATION:** I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles office.

\_\_\_\_\_  
(Signature of Dealer or Authorized Representative)