

VEHICLE REGISTRATION/ TITLE APPLICATION

This form is available at www.dmv.ny.gov

Office Use Only	Class
Batch File No.	Three of Name
<input type="checkbox"/> Orig <input type="checkbox"/> Activity <input type="checkbox"/> Renewal <input type="checkbox"/> Lease Buyout <input type="checkbox"/> Dup <input type="checkbox"/> Activity W/RR <input type="checkbox"/> Renew W/RR <input type="checkbox"/> Sales Tax with Title	

I WANT TO:

<input type="checkbox"/> REGISTER A VEHICLE	<input type="checkbox"/> RENEW A REGISTRATION	<input type="checkbox"/> GET A TITLE ONLY	Plate Number
<input type="checkbox"/> CHANGE A REGISTRATION	<input type="checkbox"/> REPLACE LOST OR DAMAGED ITEMS	<input type="checkbox"/> TRANSFER PLATES	

1 NAME OF PRIMARY REGISTRANT (Last, First, Middle or Business Name)

NYS driver license ID number of PRIMARY REGISTRANT: _____ DATE OF BIRTH: _____ GENDER: Male Female

NAME OF CO-REGISTRANT (Last, First, Middle): _____

NYS driver license ID number of CO-REGISTRANT: _____ DATE OF BIRTH: _____ GENDER: Male Female

ADDRESS CHANGE? YES NO NAME CHANGE? YES NO TELEPHONE NUMBER: _____

FORMER NAME (If name was changed you must present proof): _____

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 _____	

2 VEHICLE IDENTIFICATION NUMBER _____ **VEHICLE DESCRIPTION** Year _____ Make _____ **Body Type (mark one)**

2-Door 4-Door Pick-up Van
 Convertible Suburban/SUV Trailer
 Motorcycle Tow Other _____

Type of Power (Fuel)
 Gas Diesel Electric Flex CNG Propane None

Color _____	Unladen Weight _____	Cylinders _____	For trailers & commercial vehicles Maximum Gross Weight _____	For rentals, buses & taxis Seating Capacity _____	Odometer Reading in Miles _____	Office Use Only Mileage Brand A E N	For commercial vehicles Axles _____ Distance _____
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CHANGES: Describe any vehicle changes and the reasons for the changes. (SUBMIT NYS TITLE IF ISSUED)

3 If the OWNER of the vehicle is DIFFERENT from the REGISTRANT, the OWNER must complete this section.

NYS driver license number of OWNER: _____ NAME OF CURRENT OWNER(s) (Last, First, Middle): _____ DATE OF BIRTH: _____

NAME OF CO-OWNER → _____ GENDER: Male Female

THE ADDRESS WHERE OWNER GETS MAIL (Include the Street Number and Name, Rural Delivery or box number)

_____	Apt. No. _____	City or Town _____	State _____	Zip Code _____	County _____
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(Signature of owner or authorized person, and signature of co-owner if applicable) _____ (Date) _____

DEALER USE ONLY - LIEN FILING - Alterations are not allowed in the lienholder section below

Choose one → There are no liens I am filing for the lienholder(s) listed below

Lien Filing Code _____	Lienholder Name _____	Lienholder Mailing Address (number, street, city, state, zip code) _____
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NEW YORK DEALERS ONLY

Did you issue plates to this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plate Number _____	Reg. Class _____	Date Temp Issued _____	Facility ID Number _____
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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)

OFFICE USE ONLY

New Plate _____	New Class _____	Ins. Co. Code _____	Special Conditions
Sales Tax _____	Status _____	Value (\$) _____	Rate _____
Prior Owner _____	Issuance State _____	Title _____	Lien _____
Proof Submitted _____	Reg/Title _____	State _____	Stop/Response/Scoff Law _____

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

Approved By _____ Date _____

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 to change its registration class? Yes No If "Yes", explain _____

4. 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:** 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.**

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.)

Email (optional) ▶ _____