

APPLICATION FOR DUPLICATE REGISTRATION

IMPORTANT: Do not use this form to change your name or any vehicle information. To make any of those changes, use form MV-82 "Vehicle Registration/Title Application".

1	Batch File Number	
	RDP	RRN

INSTRUCTIONS:

- Enter your license plate number and fill in Sections 1 and 2 below. Provide all requested information.
- Show proof of identity, such as a NYS photo driver license or ID card (see form ID-82 for other proofs of identity).
- If you receive a temporary registration document, place it on your dashboard. The new window sticker and registration document will be mailed to you in a few days.

LIC	LICENSE PLATE NUMBER:															
	NA	ME OF PI	RIMAR	Y REGISTR	ANT (Last,	First, Midd	le or Business Na	nme)								
S		NYS driver license ID number of PRIMARY REGISTRANT DATE OF BIRTH Month Day Year Ye														
E	NAME OF CO-REGISTRANT (Last, First, Middle) NYS driver license ID number of CO-REGISTRANT DATE OF BIRTH															
С																
T																
0	Month Day Year															
N	TEELI TIONE NOMBER										7					
IN.	ADDRESS CHANGE? TYES NO Area Code ()															
THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL (Include Street Number and Name, Rural Delivery or box number. This address will be printed on the doc										<i>ment.)</i> nty of Resi	dence					
	City	or Town								State	Zip C	ode	'		•	
	City	OI TOWII								State	Zip C					
	THE	ADDRE	SS WH	ERE PRIMA	RY REGIS	TRANT RE	SIDES IF DIFFE	RENT FROM THE	MAILING	ADDRESS.	(D	OO NOT GIVE	A P.O. BOX	T.)		
	City	. a. Ta								Ctata	7:- 0	a da				
	City	or Town								State	Zip C	ode				
								TRANT, the OV		st comple	ete this se	ection.				
	NYS	S driver li	icense	number of (OWNER	NAME OF	CURRENT OWN	ER(s) (Last, First,	Middle)					TE OF BIR Day	ГН ,Year	
													_			
			NAME	OF CO-OW	$NER \rightarrow$											
CERTIFICATION: The information I have given on this application is true to the best of my knowledge. I certify that the veh equipped as required by the Vehicle and Traffic Law, and has passed the required New York State inspection within the past 12 has qualified for a time extension (Form VS-1077) and will be inspected within 10 days. I also certify that appropriate insurance in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. If I am applying for replacement items, I certify that the registration is not currently under suspension or revocation. If I have plates in a series reserved for a spectrify 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 payments of the series of th											12 morce covernt registed	onths, or erage is estration group, I				
С	fee:	niy that s in cor	n am nect	ion with t	ne to red his appl	ication, I	m, and that I i ' <i>understand</i> i	nave only one that my signa	ture belo	ese plates	uthorize	using a s use of	crean ca my credi	ira for pa it card.	yment	or any
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	(If registering for a corporation, print title)															
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