



APPLICATION FOR DEALER PLATE ISSUANCE PROGRAM

(Print or type all information and sign the certification.)

DMV OFFICE USE ONLY table with columns REG. CLASS and LIMIT, listing PAS, MCY, COM, TRL, ATV, LMA, LMB, LMC, and IN-TRANSIT PERMITS.

SEE PAGE 3 FOR INSTRUCTIONS ON HOW TO FILL OUT THIS APPLICATION

This program is restricted to dealers who meet the eligibility requirements set forth in Commissioner's Regulations Part 78 section 78.23(a) and the Dealer Plate Issuance Manual (MV-461) section 1.2.

SECTION 1

Form for Section 1 containing questions 1-9 regarding facility identification, contact person, telephone numbers, business name, address, security, and registration classes.

SECTION 2

Form for Section 2 containing question 1 (business list table) and question 2 (years in business).

SECTION 3**CERTIFICATION:**

I certify that I have read, and will abide by, the statutes of the Vehicle and Traffic Law, the Commissioner's Regulations and procedures outlined in the Dealer Plate Issuance Manual (MV-461) and, if applicable, the All-Terrain Vehicle Dealer Registration Instructions (RV-2), governing the Dealer Plate Issuance Program. I understand that limited use motorcycles and all-terrain vehicles must be registered at the point-of-sale of such vehicle. I understand that any violation of the statute, Commissioner's Regulations or procedures may result in the withdrawal of my authorization to participate in the Dealer Plate Issuance Program and/or suspension or revocation of my dealer registration or the imposition of a civil penalty.

I further certify that all the information I have provided on this form is true and accurate to the best of my belief.

(Print or Type Name of Officer of Corporation or Owner)

(Print or Type Title)

X

(Signature of Officer of Corporation or Owner)

(Date of Application)

FALSE STATEMENTS MADE ON THIS APPLICATION ARE SUBJECT TO SECTION 210.45 OF THE PENAL LAW.

RETURN THIS APPLICATION

By mail to: New York State Department of Motor Vehicles
Dealer Plate Issuance Application Unit
6 Empire State Plaza, Room 220
Albany, NY 12228

Or by email to: dmv.sm.plateissuanceappunit@dmv.ny.gov

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HOW TO FILL OUT THE APPLICATION

1. Facility Identification Number

Provide the facility identification number printed above your name and address on your official business certificate, form MV-61P.

2. Dealer E-mail Address

Provide the e-mail address for your dealership that can receive communications from DMV via the Internet.

3. Contact Person

Provide the name of a person who can be contacted during and outside of your business hours.

4. Telephone/Fax Numbers

- Provide a telephone number where you can be reached during business hours. (Required)
- Provide an emergency telephone number where you can be contacted outside your business hours. (Required)
- Provide a fax number, if available.

5. Business Name

Provide the business name as it appears on your official business certificate.

6. Business Address

Provide your business address as it appears on your official business certificate.

7. Secure Storage for Plates and In-Transit Permits

Specify the type of security you will use to store plates and in-transit permits. If you check "Other", you must identify the type of facility or device. For example, if you will not store plates in a locked safe or a locked room, but will store them in a locked cabinet, check "Other" and write "locked cabinet" next to "Other".

8. Plate Limit

For the last calendar year, list the total original retail sales for the classes of vehicles and trailers shown.

9. Registration Class

Identify the registration class(es) for which you are requesting registration plates and/or in-transit permits.

Signature Line

- Print or type the name of the corporate officer or the owner.
- Provide the signature of the corporate officer or the owner.
- Print or type the title of the corporate officer or the owner.
- Print or type the date the application is signed.