



dmv.ny.gov

Batch
File No.

 Orig

Activity

PLEASE PRINT CLEARLY

OFFICE USE ONLY	Old Plate											Old Class				3 of Name					Insurance Company Code						
	Scofflaw Case Number(s)													New Plate										New Class	I	T	P
	Special Conditions:	EX	GI	IF	NF	NU	OD	OV	PA	RC	SA	SO	SP	SS	SV												
	Sales Tax Information	Status	Value (\$)				Jurisdiction				Rate		Out of State	Audit													
DEALER ONLY	Permit Info.	Permit Number			Expiration Date		Date Issued		Facility ID Number		Is there a lienholder? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", enter the information below UNLESS the vehicle will be transported out-of-state (in that case, advise the lender to perfect the lien in that state).														
	Lien Filing Code (Assigned by DMV)		Lienholder Name and Mailing Address																								

INSTRUCTIONS → COMPLETE 1 2 4 6 and 7 . WHEN 3 AND 5 APPLY, COMPLETE THOSE SECTIONS. PLEASE PRINT CLEARLY.

- | | |
|---|--|
| 1 Mark the box for the action you need. | <input type="checkbox"/> Transport this vehicle to register it at a location outside of New York State. |
| | THE FOLLOWING OPTIONS CANNOT BE USED BY PLATE ISSUANCE DEALERS OR PARTNERS: |
| | <input type="checkbox"/> Transport this vehicle within New York State to register it in another part of New York State. |
| | <input type="checkbox"/> Transport this vehicle to obtain the required NYS Department of Transportation or NYS Heavy Vehicle inspection (see page 2 for requirements). |
| <input type="checkbox"/> Change information on a current in-transit permit. | <input type="checkbox"/> This vehicle will be transported FROM (point of origin, include city and state): _____ |
| NOTE:
NOT VALID IN MASSACHUSETTS | TO (destination, include city and state or country): _____ |

- | | | | | |
|----------|---|---|---|--|
| 2 | NAME OF PRIMARY REGISTRANT <i>(Last, First, Middle)</i>
<div style="border: 1px solid black; height: 30px; width: 100%;"></div> | NYS driver license number of PRIMARY
<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> | SEX
<div style="border: 1px solid black; display: flex; justify-content: space-around; padding: 2px;"> M F X
 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> | DATE OF BIRTH
<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> Month Day Year
 <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> |
| | NAME OF CO-REGISTRANT <i>(Last, First, Middle)</i>
<div style="border: 1px solid black; height: 30px; width: 100%;"></div> | NYS driver license number of CO-REGISTRANT
<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> | SEX
<div style="border: 1px solid black; display: flex; justify-content: space-around; padding: 2px;"> M F X
 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> | DATE OF BIRTH
<div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> Month Day Year
 <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> |

DAY TELEPHONE *(Optional)*

Area Code
()

NAME CHANGE?
☐ YES (refer to **5**) ☐ NO

ADDRESS CHANGE?
☐ YES ☐ NO

Is this registration for a corporation or partnership? ☐ Yes ☐ No

How did you get the vehicle? (mark one)
☐ New ☐ Leased New
☐ Used ☐ Leased Used

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

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

- | | | | | | | |
|--|---|--|---|---|--|--|
| 3 | DRIVER LICENSE NUMBER OF OWNER
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <p>The owner of the vehicle must sign this section. Proof of ownership and proof of owner's name and date of birth are required.</p> | | | | |
| | NAME OF CURRENT OWNER <i>(Last, First, Middle)</i>
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | DATE OF BIRTH
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> MonthDayYear </div> | OWNER'S DAY PHONE NO. (Optional)
<div style="border: 1px solid black; padding: 2px;"> Area Code
 () </div> | | | |
| | ADDRESS WHERE OWNER GETS MAIL <i>(Include Street Number and Name, Rural Delivery and/or box number)</i>
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | | | | | |
| | <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | Apt. No.
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | City or Town
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | State
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | Zip Code
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | County
<div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> |
| AUTHORIZATION: The registrant described in 2 is authorized to register the vehicle described in 4 . | | | | | | |
| <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | | | | | | |
| <i>(Signature of owner or authorized person, and signature of co-owner if applicable)</i> | | | | | | <i>(Date)</i> |

- | | | | | | | | | | |
|--------------|---|--|-------------|---|---|--------------|-----------------|--|--|
| 4 | VEHICLE IDENTIFICATION NUMBER | VEHICLE DESCRIPTION | | Body Type For Cars (mark one) | | | | | |
| | | Year | Make | <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Convertible <input type="checkbox"/> Station Wagon or Suburban <input type="checkbox"/> Other _____ | | | | | |
| | Body Type For Other Vehicles (mark one) | | | Type of Power or Fuel (mark one) | | | | | |
| | <input type="checkbox"/> Pick-up <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tow <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Other _____ | | | Color | Unladen Weight | | | | |
| | | | | <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 <input type="checkbox"/> Other _____ | | | | | |
| | Cylinders | <i>For trailers & commercial vehicles</i>
Maximum Gross Weight | | <i>For rentals, buses & taxis</i>
Seating Capacity | | | | | |
| | | | | Odometer Reading in Miles | | | | | |
| | | | | | <i>Does the ODOMETER display 5, 6 or 7 numbers? (write the number, do not include tenths) _____</i> | | | | |
| | | | | | <i>For trailers & commercial vehicles</i>
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Axles</td> <td style="width: 50%; text-align: center;">Distance</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table> | Axles | Distance | | |
| Axles | Distance | | | | | | | | |
| | | | | | | | | | |

OFFICE	Mileage Brand	Prior Owner							Title		Lien		Lien Number							L.R.	
USE	Proof Submitted (Name and Ownership)										Approved By		Stop/Response								
ONLY	Reg./Title No.									State		Date		Old Fee		Operator					

5

CHANGES - Write new information about a current registration or title on page 1 of this form. For more information, refer to form MV-82.1 "Registering/Titling a Vehicle in New York State".

NAME CHANGE: Print the **former** name exactly like the former name is printed on the current registration or title.

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

6

Proof of NYS DOT INSPECTION or HEAVY VEHICLE INSPECTION IS REQUIRED before registration if the vehicle carries passengers AND the vehicle:

- requires commercial operating authority;
- is a bus with a seating capacity of 15 or more persons;
- provides transportation under a contract with a private school or school district;
- transports children under the age of 21 to places of: academic or vocational instruction through grade 12; religious services, religious instruction or both; day camps or day care centers; care or training of persons with a physical disability, mental disability, or both;

Proof of NYS DOT INSPECTION or HEAVY VEHICLE INSPECTION IS NOT REQUIRED before registration if the vehicle:

- is owned and operated by a municipality, a public authority, or a school operated by, or certified by, the Office for People With Developmental Disabilities (OPWDD);
- is owned by the registrant for the registrant's personal use, and is also used to transport children under the age of 21, without compensation, as described in "d" above;
- is a taxi or livery vehicle which transports children under the age of 21 as described in "d" above, without a contract or agreement for on-going services.

For more information about proof of inspection requirements, refer to Inspection Requirements for Carriers Transporting Passengers (form MV-82.1P).

Vehicle Inspection Information

This information is needed to make sure you have all required proofs when you register the vehicle in New York State.

- Read the information above to determine if a NYS DOT inspection or a NYS Heavy Vehicle inspection is required. If one of these inspections is required, mark this box ☐.
- 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. (If you mark the "has been" box, the vehicle must have an anti-theft examination before the vehicle can be registered, and "Rebuilt Salvage: NY" will be printed on the title.)
- Does the vehicle require a commercial operating authority permit? ☐ Yes ☐ No
If "Yes", write the ☐ NYS DOT Permit No. _____
☐ I.C.C. Permit No. _____
- Is the vehicle used as an ambulette? ☐ Yes ☐ No If "Yes", mark this box if payment is received to carry passengers ☐

7

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 certify that appropriate insurance coverage is in effect, that the vehicle will be operated in accordance with the Vehicle and Traffic Law, and that I am not the subject of any unsatisfied notices of violation from a tolling authority. If I am applying for replacement registration items, I certify that the registration is not currently under suspension or revocation. **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 **X** _____ Sign Here **X** _____
(Print Name in Full - if registering for a corporation, print your full name and title) (Sign Name in Full)

Additional Signature Sign Here **X** _____
(Sign Name in Full -Additional signature required for a partnership or if registering this vehicle in more than one name.)

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,
and I understand that I must be present for this transaction.

Sign
Here **X** _____
(Cardholder-Sign Name in Full)

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 the Commissioner's employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

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

Lien Filing Code (Assigned by DMV) _____	Lienholder Name _____
Mailing Address _____ (Number and Street)	(City) _____ (State) _____ (Zip Code) _____
Lien Filing Code (Assigned by DMV) _____	Lienholder Name _____
Mailing Address _____ (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)