| NEW YORK STATE OF OPPORTUNITY. | Department of Motor Vehicles |
|--------------------------------------|---------------------------------|
| 4 | Motor verticles |

VEHICLE REGISTRATION/TITLE APPLICATION

| Batch File No. | Offic | e Use Only | | Class |
|-------------------|------------------------|--------------------|------------------|---------------|
| Orig | Activity Activity W/RR | Renewal Renew W/RR | Lease Buyout | Three of Name |
| ☐ Sales Ta | ax with Title | ☐ Sales Tax On | ly without Title | |

INSTRUCTIONS:

A. Is this vehicle being registered only for personal use?
Yes No

If **YES** - Complete sections **1-4** of this form.

Note: If this vehicle is a pick-up truck with an unladen weight that is a maximum of 6,000 pounds, is never used for commercial purposes and does not have advertising on any part of the truck, you are eligible for passenger plates or commercial plates. Select one: Passenger Plates Commercial Plates

If $\ensuremath{\text{NO}}$ - Complete sections 1-5 of this form.

| | Complete the Certifi Refer to form MV-82 | | | icle in Ne | ew York | State for | informa | ation to | comple | te this for | m. | | | | | |
|--|---|---|-------------------|--------------|--------------|--------------|--------------------------|----------------|--------------------|---------------|--------------|---------------|--------------------|-----------------|---------------|-------------|
| | I WANT TO: | REGISTER A | | ION | = | V A REGI: | | | ITEMS | 一 | TITLE O | | Curren | t Plate Numb | per | |
| | NAME OF PRIMARY | / REGISTRANT (Last | t, First, Midd | dle or Bus | siness Na | me) | | | | FORM | ER NAM | E (If nan | ne was chang | ged you must pr | resent proof) | |
| | | | | | | | | | e Change | _ | | | | | | |
| | NYS driver licens | se ID number of PRIMA | ARY REGIST | TRANT I | DATE OF | BIRTH | | Yes | □ No [| ⊒ ∣ GENDER | | | TELEPHO | NE or MOBIL | E PHONE I | NUMBER |
| _ | WTO differ licens | SCID HUMBER OF FRANK | ART REGIO | | Month | Day | Year | | | Male | | le 🗆 | Area Code |) | | |
| | NAME OF CO-REGI | STRANT (Last, First, | Middle) | | | | | | | | MAIL | | | | | |
| SECTION | | | | | | | | | me Change Yes □ | e No 🗆 | | | | | | |
| EC | NYS driver lice | nse ID number of CO | O-REGISTE | ΡΔΝΤ Ι | DATE OF | BIRTH | | | res 🗀 | GENDER | | | | | | |
| တ | | | 10.011 | | Month | Day | Year | | | Male | | | | | | |
| | | | | | | | | | | Male 🗖 | Fema | іе 🗀 | ADDRE | SS CHANG | E? ☐ YES | □ NO |
| | THE ADDRESS WHI | ERE PRIMARY REGI | STRANT G | ETS MAIL | _ (Includ | e Street Nu | | | | ry or box nun | nber. This a | | will be on the | | Tot | |
| | | | | | | | Apt. No | o. City | or Town | | | State | Zip | Code | County of R | esidence |
| | THE ADDRESS WH | HERE PRIMARY REG | ISTRANT | RESIDES | IF DIFFE | ERENT FF | OM THE | MAILI | NG ADDI | RESS. (DO | NOT GIVE | A P.O. | BOX.) | | 1 | |
| | | | | | | | Apt. No | | or Town | | | State | | Code | 1 | |
| | | | | | | | | | | | | | | | | |
| | VEHICLE IDENTIFIC | CATION NUMBER | | | | | | | VEH | ICLE DESC | CRIPTION | | Body Type | e (mark one) | | |
| | | | | | | | | | Year | | Make | _ | | ☐ Convertibl | e 🗖 Tra | ailer |
| | | | To | na of Do | | <u> </u> | | | | | | | | ☐ Suburban | | torcycle |
| | Color | Inladen Weight | | pe of Pov | | | | | | | | | ☐ Pick-up | Limo | □ то | w |
| | | | | Gas [| Diesel | ☐ Electi | ric 🔲 | Flex | CNG | ☐ Propar | ne 🗆 N | None | ☐ Van | Other | | |
| 2 | | or trailers & commercial | | | | | | , | 7 | | | | ce Use Only | | commercial ve | |
| SECTION | Cylinders | Maximum Gross Weight | 1 | Adult Sea | ating Capa | city (Includ | ling Drive | r) | Odom | eter Reading | g in Miles | | age Brand A □ E | | Axles Di | stance |
| SEC | | altered to increase I base, or a lengthe | • | , , | | | • | | | • | | | | | ∕es □ N | lo 🗆 |
| | If <u>YES</u> , do you have the required Federal Alterer's Safety Certification (normally found on the door jamb)? Yes \square No \square | | | | | | | | | | | | | | | |
| | | our vehicle was a (normally put on tl | | | | | | | | | | | | | | |
| | | ver), you must show | | | | | | | | | | | | 9 | | |
| | If the OWNER of | the vehicle is DIF | FERENT 1 | from the | REGIS | TRANT, | the OW | NER n | nust co | mplete th | is secti | on. | | | PRI | MARY |
| | PRIMARY OWNER N | YS License Number | NAME OF | PRIMAR | Y OWNE | R (Last, F | irst, Midd | lle) | | | | PI D | RIMARY O | WNER RTH | OW | NER NDER |
| | PRIMARY OWNER NYS License Number NAME OF PRIMARY OWNER (Last, First, Middle) | | | | | | | Month Day Year | | | | Male | | | | |
| က | | | | | | | | | | | | | | | | Female |
| SECTION | THE ADDRESS WHI | ERE PRIMARY OWN | ER GETS I | MAIL (Inc | | | er and Nan ty or Town | | Delivery or | box number) | State | | Zip Code | | County | |
| NAME OF REGISTRATION AUTHORIZATION | | | | | | | | | | | | | | | | |
| CO-OWNER person(s) named in Section 1 to register this vehicle in provided the current ownership document. | | | | | | | | his/her nam | e. I have | | | | | | | |
| | X | | | | | | | | | | | | | | | |
| | (Signature of ALL own | er(s) and proof of ID re | quired when | first apply | ring for a N | | | | | ntity for Reg | gistration a | and Title | .) | | (Date) | |
| | | | | | | OFF | ICE US | SE ON | LY | | | | | | | |
| New Plate | | | | New Class | | | Ins. Co. Code | | | | | · | Conditions | | | |
| _ | es Tax Status Valu | |) | Out of S | tate | | Jurisdiction | on | | Audit | | AT | | | EO EX | FL OV |
| Prior | . (\$) | | Issuance | Title | Lien | Lien | | | | Lien F | Release | D.4 | IO NE | NF NR | | _ |
| Own | | | Issuance State | | | Number | | | | | | PA | | | RE SC | SO TO |
| Proc | of Submitted | | | | | | | | | | | 71 | SP SR | | | L TO |
| | | | | | Stop/Res | sponse/Scot | ff Law | | | | | TI Approve | | TX XR | X6 WO Date | |
| Reg | /Title | State | | | | | | | | | | | | | | |

| | Not For Hire - Submit a current and valid NYS Insu TAXIS ONLY (check one) | | | | | | | |
|-------------|---|---|--|------------------|--|--|--|--|
| | Not For Hire - Submit a current and valid NYS Insu | | | | | | | |
| | Net For Him Code with a surrount and well-id NVO leave | urance ID Card | Permit and/or the Federal DOT Permit number: ——————————————————————————————————— | | | | | |
| | INSURANCE REQUIREMENTS ☐ For Hire (direct or indirect compensation) - Submit a | an FH Certificate | DOT Operation - Submit and record the NYS | | | | | |
| SEC | | School Car) | | | | | | |
| CIIONS | Used only as an agricultural truck or agricultural trailer Ambulance | Coach* Used to transport passengers* (Bus, Livery, School Bus, School Car) | Used to pick up passengers for compensation only in jurisdictions that do not regulate to the use: | nsation axis* | | | | |
| | Used only as a farm vehicle (form MV-260F, Part 1 must be submitted) | Hearse Combination Hearse/Invalid | Rented without a driver (private rental) | | | | | |
| | A commercial tow truck with a gross vehicle weight rating of at least 8,600 pounds | Ambulette* | Operates as a taxi* (you must complete the "Taxis Only" section below) | 9 | | | | |
| | (see https://dmv.ny.gov/motor-carriers/information-an Check one: | nd-forms-article-19). | | | | | | |
| | * Vehicles that transport passengers may require NYS DO NYS DOT Inspection (see https://www.dot.ny.gov/div | oT Operating Authority (see https: | //www.dot.ny.gov/divisions/operating/osss/bus/pass | senger), | | | | |
| | | | | | | | | |
| SECT | VEHICLE MODIFICATIONS Has this vehicle been modified from the original manuf the wheel base? (Examples include: color changes, ac vehicles.) If "Yes," describe the modifications: | | | □ No | | | | |
| 0 7 4 | 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. | | | | | | | |
| | 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? | | | | | | | |
| | DAMAGE DISCLOSURE Has the vehicle been wrecked, destroyed, or damage. | d to such an extent that the to | tal estimate, or actual cost, of parts. | □ No | | | | |

PAYMENT INSTRUCTIONS

You can pay for your transaction by check, money order or credit card.

- 1. Select your payment method.
- 2. Complete the section for your payment method.
- 3. Make your check or money order payable to the "Commissioner of Motor Vehicles" (DO NOT SEND CASH)
- 4. Return page 3 with your application. Make sure to include your check or money order if applicable.

| Check Money Order Amount Enclosed \$ | | | | | | | | | | |
|---|----------------|--------------|------------------|--|------------|--|--|--|--|--|
| Credit Card Authorization - Provide all of the information below. | | | | | | | | | | |
| Credit Card Type | ☐ Visa | ☐ MasterCard | ☐ American Expre | ess Discover | | | | | | |
| Name (as it appears o | n credit card) | | | | | | | | | |
| Credit Card Number | | | Expiration D | Security Code (3 or 4 digit code on back or front of | your card) | | | | | |
| Authorized Signature X | | | | | | | | | | |

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