

VEHICLE REGISTRATION/TITLE APPLICATION FOR DEALER SALES

Office Use Only
Batch File No.
Class
Three of Name
Activity
Renewal
Activity W/RR
Renew W/RR
Orig
Lease Buyout
Dup
Sales Tax with Title
Sales Tax Only without Title

INSTRUCTIONS

A. Is this vehicle being registered only for personal use?
If YES - Complete sections 1-4 of this form.
Note: If this vehicle is a pick-up truck that 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 NO - Complete sections 1-5 of this form.
B. Complete the Certification in Section 6.
C. Refer to form MV-82.1 Registering/Titling a Vehicle in New York State for information to complete this form.

SECTION 1

I WANT TO: REGISTER A VEHICLE RENEW A REGISTRATION GET A TITLE ONLY
CHANGE A REGISTRATION REPLACE LOST OR DAMAGED ITEMS TRANSFER PLATES
Current Plate Number
NAME OF PRIMARY REGISTRANT Registrant Type FORMER NAME
NYS driver license ID number of PRIMARY REGISTRANT DATE OF BIRTH SEX TELEPHONE or MOBILE PHONE NUMBER
NAME OF CO-REGISTRANT EMAIL
NYS driver license ID number of CO-REGISTRANT DATE OF BIRTH SEX ADDRESS CHANGE?
THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL
THE ADDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS.

SECTION 2

VEHICLE IDENTIFICATION NUMBER VEHICLE DESCRIPTION Body Type
Color 1 Color 2 Unladen Weight Type of Power (Fuel)
Cylinders Maximum Gross Weight Adult Seating Capacity Odometer Reading in Miles
Office Use Only Mileage Brand Axles Distance

SECTION 3

If the OWNER of the vehicle is DIFFERENT from the REGISTRANT, the OWNER must complete this section.
PRIMARY OWNER NYS License Number NAME OF PRIMARY OWNER
THE ADDRESS WHERE PRIMARY OWNER GETS MAIL
NAME OF CO-OWNER REGISTRATION AUTHORIZATION
X (Signature of ALL owner(s) and proof of ID required when first applying for a NYS title. See form ID-82 - Proofs of Identity for Registration and Title.)

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 listed below
Lien Filing Code Lienholder Name Lienholder Mailing Address

NEW YORK DEALERS ONLY
Did you issue plates to this vehicle? Plate Number Reg. Class Date Temp Issued Facility ID Number

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.
X (Signature of Dealer or Authorized Representative)

OFFICE USE ONLY
New Plate New Class Ins. Co. Code Special Conditions
Sales Tax Status Value Rate Out of State Jurisdiction Audit
Prior Owner Issuance State Title Lien Lien Number Lien Release
Proof Submitted
Reg/Title State Stop/Response/Scoff Law Approved By Date

SECTION 4

**DAMAGE DISCLOSURE**

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?  Yes  No

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.

**ALTERED** (passenger capacity increased beyond that provided by the original manufacturer by method of extended chassis, lengthened wheelbase, or a lengthened seating area)

Is this vehicle a limousine, stretch limousine or otherwise altered to increase seating capacity?  Yes  No

If **YES**, include a picture of the required Federal Alterer's Safety Certification (normally found on the driver's door or door post) in accordance with VTL §401.

If **YES**, is this limousine, stretch limousine or otherwise altered vehicle equipped with safety belts at all occupant seating positions?  Yes  No

**IMPORTANT:** If your vehicle is a limousine, stretch limousine or otherwise altered to increase the seating capacity, you must present to the DMV office a photograph or copy of all labels or plates (normally found on the driver's door or door post). If the vehicle is a limousine, stretch limousine or otherwise altered and now has an adult seating capacity of 9 or more (including the driver), you must show the original NYS DOT Inspection Receipt OR a NYS DOT Exemption Letter.

**VEHICLE MODIFICATIONS**

Has this vehicle been modified from the original manufacturer specifications without extending the chassis or lengthening the wheel base? (Examples include: color changes, added seats, permanently mounted camping equipment, multi-stage vehicles.) If "Yes," describe the modifications:  Yes  No

SECTION 5

**NON-PERSONAL VEHICLE USE**

\* Vehicles that transport passengers may require NYS DOT Operating Authority (see <https://www.dot.ny.gov/divisions/operating/osss/bus/passenger>), NYS DOT Inspection (see <https://www.dot.ny.gov/divisions/operating/osss/bus/inspection>) and/or be subject to Article 19-A requirements (see <https://dmv.ny.gov/motor-carriers/information-and-forms-article-19>).

Check one:

- |                                                                                                             |                                                                                              |                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A commercial tow truck with a gross vehicle weight rating of at least 8,600 pounds | <input type="checkbox"/> Ambulette*                                                          | <input type="checkbox"/> Operates as a taxi* (you <b>must</b> complete the "Taxis Only" section below)                        |
| <input type="checkbox"/> Used only as a farm vehicle (form MV-260F, Part 1 <b>must</b> be submitted)        | <input type="checkbox"/> Hearse                                                              | <input type="checkbox"/> Rented without a driver (private rental)                                                             |
| <input type="checkbox"/> Used only as an agricultural truck or agricultural trailer                         | <input type="checkbox"/> Combination Hearse/Invalid Coach*                                   | <input type="checkbox"/> Used to pick up passengers for compensation <b>only</b> in jurisdictions that do not regulate taxis* |
| <input type="checkbox"/> Ambulance                                                                          | <input type="checkbox"/> Used to transport passengers* (Bus, Livery, School Bus, School Car) | <input type="checkbox"/> Other - describe the use: _____                                                                      |

**INSURANCE REQUIREMENTS**

- |                                                                                                |                                                                                                                           |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> For Hire (direct or indirect compensation) - Submit an FH Certificate | <input type="checkbox"/> DOT Operation - Submit and record the NYS DOT Permit and/or the Federal DOT Permit number: _____ |
| <input type="checkbox"/> Not For Hire - Submit a current and valid NYS Insurance ID Card       |                                                                                                                           |

**TAXIS ONLY (check one)**

- |                                                                                                                                                                  |                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Vehicle is used in New York City, Westchester, or Nassau counties.                                                                      | <input type="checkbox"/> Vehicle is used for pick up in a jurisdiction that regulates taxis <u>other than</u> NYC, Westchester county, or Nassau county. |
| <input type="checkbox"/> Vehicle is used as a contract carrier in NYC (commuter van with seating capacity between 9 and 14). You are eligible for LIVERY plates. |                                                                                                                                                          |

SECTION 6

**CERTIFICATION**

I certify that the information I have given on this application and on any documentation provided in support of this application is true and complete. 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, 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 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)

Print Additional Name Here \_\_\_\_\_  
(Print Name in Full)

Sign Here **X** \_\_\_\_\_  
(Sign Here)

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