



## VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available on DMV's web site - [www.dmv.ny.gov](http://www.dmv.ny.gov)Batch  
File No.
☐ Orig ☐ Activity ☐ Renewal ☐ Lease Buyout  
☐ Dup ☐ Activity W/RR ☐ Renew W/RR ☐ Sales Tax with Title

|                       |   |        |            |    |    |    |    |    |    |    |              |           |              |    |    |           |    |    |    |    |            |    |           |    |    |    |    |    |    |    |                  |    |              |               |    |    |    |  |  |  |                    |  |       |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|---|--------|------------|----|----|----|----|----|----|----|--------------|-----------|--------------|----|----|-----------|----|----|----|----|------------|----|-----------|----|----|----|----|----|----|----|------------------|----|--------------|---------------|----|----|----|--|--|--|--------------------|--|-------|--|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| OFFICE<br>USE<br>ONLY | Old Plate   |        |            |    |    |    |    |    |    |    |              | Old Class |              |    |    |           |    |    |    |    |            |    | 3 of Name |    |    |    |    |    |    |    |                  |    |              | Ins. Co. Code |    |    |    |  |  |  |                    |  |       |  | Exp. Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Scooplaw Case Number(s)   |        |            |    |    |    |    |    |    |    |              |           |              |    |    | New Plate |    |    |    |    |            |    |           |    |    |    |    |    |    |    | New Class        |    |              |               |    |    |    |  |  |  |                    |  |       |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Special Conditions  | AT     | BV         | CF | CO | CP | EX | FL | GI | IF | MO           | NE        | NF           | NR | NU | OD        | OP | OV | PA | PC | PK         | RC | RE        | SA | SO | SR | SS | SV | TE | TL | TO               | TP | TR           | TX            | XR | X6 | WO |  |  |  |                    |  |       |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       | Sales Tax Information   | Status | Value (\$) |    |    |    |    |    |    |    |              |           | Jurisdiction |    |    |           |    |    |    |    |            |    | Rate      |    |    |    |    |    |    |    |                  |    | Out of State |               |    |    |    |  |  |  |                    |  | Audit |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NY DEALER ONLY        | Did you issue plates to this vehicle?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |        |            |    |    |    |    |    |    |    | Plate Number |           |              |    |    |           |    |    |    |    | Reg. Class |    |           |    |    |    |    |    |    |    | Date Temp Issued |    |              |               |    |    |    |  |  |  | Facility ID Number |  |       |  |           |  |  |  |  |  | Is there a lienholder? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", enter the information in Dealer Only box below.<br>Alterations are not allowed in the lienholder sections. |  |  |  |  |  |  |  |  |  |

## INSTRUCTIONS →

COMPLETE BOXES 1 2 4 6 and 7. COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY.

PLEASE PRINT CLEARLY IN  
BLUE OR BLACK INK.

|                       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|-----------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|
| 1                     | WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | <input type="checkbox"/> REGISTER this vehicle for the first time <input type="checkbox"/> CHANGE a title (see box 5) <input type="checkbox"/> TITLE ONLY for a 1973 or newer vehicle<br>For the following options, please enter PLATE NUMBER <input type="text"/><br><input type="checkbox"/> RENEW Registration <input type="checkbox"/> CHANGE Registration (see box 5) <input type="checkbox"/> REPLACE lost registration items <input type="checkbox"/> TRANSFER Plate Number to this Vehicle <input type="checkbox"/> LEASE BUY-OUT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 2                     | NAME OF PRIMARY REGISTRANT (Last, First, Middle)  |  |  |  |  |  |  |  |  |  | PRIMARY CLIENT ID NO. (from NYS License)   |  |  |  |  |  |  |  |  |  | SEX  |  |  |  |  |  |  |  |  |  | DATE OF BIRTH  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | <input type="text"/>  |  |  |  |  |  |  |  |  |  | <input type="text"/>   |  |  |  |  |  |  |  |  |  | <input type="text"/>   |  |  |  |  |  |  |  |  |  | <input type="text"/>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | NAME OF CO-REGISTRANT (Last, First, Middle)   |  |  |  |  |  |  |  |  |  | CO-REGISTRANT CLIENT ID NO. (from NYS License)   |  |  |  |  |  |  |  |  |  | SEX  |  |  |  |  |  |  |  |  |  | DATE OF BIRTH  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | <input type="text"/>  |  |  |  |  |  |  |  |  |  | <input type="text"/>   |  |  |  |  |  |  |  |  |  | <input type="text"/>   |  |  |  |  |  |  |  |  |  | <input type="text"/>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 3                     | DAY PHONE NO. (Optional)  |  |  |  |  |  |  |  |  |  | NAME CHANGE?   |  |  |  |  |  |  |  |  |  | ADDRESS CHANGE?  |  |  |  |  |  |  |  |  |  | Is this registration for a corporation or partnership?   |  |  |  |  |  |  |  |  |  | How was the vehicle obtained?  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | Area Code   |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> YES (see box 5) <input type="checkbox"/> NO   |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> New <input type="checkbox"/> Leased New <input type="checkbox"/> Used <input type="checkbox"/> Leased Used  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | PRIMARY REGISTRANT ADDRESS WHERE YOU GET YOUR MAIL  |  |  |  |  |  |  |  |  |  | (Include Street Number and Name, Rural Delivery and/or box number. This address will appear on the document.)  |  |  |  |  |  |  |  |  |  | Apt. No.   |  |  |  |  |  |  |  |  |  | City or Town   |  |  |  |  |  |  |  |  |  | State  |  |  |  |  |  |  |  |  |  | Zip Code                |  |  |  |  |  |  |  |  |  | County of Residence |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | PRIMARY REGISTRANT ADDRESS WHERE YOU LIVE (IF DIFFERENT FROM MAILING ADDRESS. DO NOT GIVE P.O. BOX.)  |  |  |  |  |  |  |  |  |  | Apt. No.   |  |  |  |  |  |  |  |  |  | City or Town   |  |  |  |  |  |  |  |  |  | State  |  |  |  |  |  |  |  |  |  | Zip Code   |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 4                     | OWNER CLIENT ID NO. (from Driver License)   |  |  |  |  |  |  |  |  |  | IF YOU ARE NOT THE OWNER of this vehicle, the owner must complete this section. Proof of ownership and proof of owner's name and date of birth are required.               |  |  |  |  |  |  |  |  |  | DATE OF BIRTH  |  |  |  |  |  |  |  |  |  | OWNER'S DAY PHONE NO. (Optional)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | <input type="text"/>  |  |  |  |  |  |  |  |  |  | NOTE -You do not have to fill in this section if you attach a completed Registration Authorization (MV-95), or if you are renewing the vehicle, and the owner is the same. |  |  |  |  |  |  |  |  |  | <input type="text"/>   |  |  |  |  |  |  |  |  |  | <input type="text"/>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | NAME OF CURRENT OWNER (Last, First, Middle)   |  |  |  |  |  |  |  |  |  | ADDRESS WHERE OWNER GETS MAIL (Include Street Number and Name, Rural Delivery and/or box number)   |  |  |  |  |  |  |  |  |  | Apt. No.   |  |  |  |  |  |  |  |  |  | City or Town   |  |  |  |  |  |  |  |  |  | State  |  |  |  |  |  |  |  |  |  | Zip Code                |  |  |  |  |  |  |  |  |  | County              |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | AUTHORIZATION: The registrant named in box 2 is authorized to register the vehicle described in box 4.  |  |  |  |  |  |  |  |  |  | (Owner's/Authorized Signature-Co-owner's Signature If applicable)  |  |  |  |  |  |  |  |  |  | (Date)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| 4                     | VEHICLE IDENTIFICATION NUMBER   |  |  |  |  |  |  |  |  |  | VEHICLE DESCRIPTION  |  |  |  |  |  |  |  |  |  | Body Type For Cars   |  |  |  |  |  |  |  |  |  | Body Type For Other Vehicles   |  |  |  |  |  |  |  |  |  | Type of Power (Fuel)   |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | <input type="text"/>  |  |  |  |  |  |  |  |  |  | Year Make  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Convertible <input type="checkbox"/> Station Wagon/ Suburban <input type="checkbox"/> Other |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Pick-up <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tow <input type="checkbox"/> Trailer <input type="checkbox"/> Other |  |  |  |  |  |  |  |  |  | <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 |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       | Cylinders   |  |  |  |  |  |  |  |  |  | Max. Gross Weight  |  |  |  |  |  |  |  |  |  | Seating Cap.   |  |  |  |  |  |  |  |  |  | Odometer Reading in Miles  |  |  |  |  |  |  |  |  |  | Vehicle's ODOMETER has room for how many numbers (5, 6 or 7 - do not include tenths)?  |  |  |  |  |  |  |  |  |  | For commercial vehicles |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
|                       |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |
| OFFICE<br>USE<br>ONLY | Lien Filing Code (Assigned by DMV)  |  |  |  |  |  |  |  |  |  | Lienholder Name and Mailing Address  |  |  |  |  |  |  |  |  |  | Mileage Brand  |  |  |  |  |  |  |  |  |  | Prior Owner  |  |  |  |  |  |  |  |  |  | Issuance State   |  |  |  |  |  |  |  |  |  | Title                   |  |  |  |  |  |  |  |  |  | Lien                |  |  |  |  |  |  |  |  |  | Lien Number |  |  |  |  |  |  |  |  |  | Lien Release |  |  |  |  |  |  |  |  |  |
|                       | Proof Submitted (Name and Ownership)  |  |  |  |  |  |  |  |  |  | State  |  |  |  |  |  |  |  |  |  | Approved By  |  |  |  |  |  |  |  |  |  | Date   |  |  |  |  |  |  |  |  |  | Old Fee  |  |  |  |  |  |  |  |  |  | Operator                |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |



**5 CHANGES** - To change information on a current registration and/or title, be sure to enter the new information on page 1 of this form. (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

NAME CHANGE: Print **former** name exactly as it appears on the current registration or title.

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

**6 ADDITIONAL VEHICLE INFORMATION** → **QUESTIONS 1-3 MUST BE COMPLETED.**

- 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.  
(Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage" on it.)
- Is this vehicle registered for your own personal use? ☐ Yes ☐ No  
If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:  
☐ It is a passenger vehicle to be used for hire with a driver and operated in:  
☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis  
☐ It is a passenger vehicle that is rented without a driver.  
☐ It requires a **commercial operating authority** permit:  
☐ NYS DOT Permit No. \_\_\_\_\_ ☐ I.C.C. Permit No. \_\_\_\_\_ ☐ US DOT Permit No. \_\_\_\_\_  
☐ It is **government-owned**.  
☐ It is used as an ☐ ambulance ☐ ambulette ☐ hearse/invalid coach Check this box if: ☐ payment is received to carry passengers  
☐ It is used exclusively as a **hearse** Check this box if: ☐ payment is received to carry passengers  
☐ It is a **commercial tow truck** with a GVWR of at least 8,600 lbs.  
☐ It is used only as a **farm vehicle** (Form MV-260F, Part 1, must be attached). ☐ It is used only as an **agricultural truck**.
- Has this vehicle been modified to change its registration class? ☐ Yes ☐ No If "Yes", explain \_\_\_\_\_
- This vehicle is a **pick-up truck** with an unladen weight of 5,500 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it, and you want? ☐ Passenger Plates ☐ Commercial Plates

**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 also certify that appropriate insurance coverage is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. 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.**

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

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

**CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:**

My signature authorizes \_\_\_\_\_ to use my credit card for payment of fees in connection with this application, and I understand that I must be present for this transaction.  
Sign Here → \_\_\_\_\_ (Cardholder-Sign Name in Full)

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

|  |                           |
|--|---------------------------|
| Lien Filing Code<br>(Assigned by DMV)  | Lienholder Name           |
| Mailing Address<br>(Number and Street) | (City) (State) (Zip Code) |
| Lien Filing Code<br>(Assigned by DMV)  | Lienholder Name           |
| Mailing Address<br>(Number and Street) | (City) (State) (Zip Code) |

**NY 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)