NEW YORK STATE OF OPPORTUNITY. Department of Motor Vehicles

VEHICLE REGISTRATION/ TITLE APPLICATION

This form is available at dmv.ny.gov

Office Use Only				Class
Batch File No.				
☐ Orig ☐ Dup	☐ Activity ☐ Activity W/RR	☐ Renewal ☐ Renew W/RR	☐ Lease Buyout ☐ Sales Tax with Title	Three of Name

I WANT TO: ☐ REGISTER A VEHICLE ☐ RENEW A REGISTRATION ☐ GET A TITLE ONLY ☐ CHANGE A REGISTRATION ☐ REPLACE LOST OR DAMAGED ITEMS ☐ TRANSFER PLATES

Plate Number

1

NAME OF PRIMARY REGISTRANT *(Last, First, Middle or Business Name)*

NYS driver license ID number of PRIMARY REGISTRANT

DATE OF BIRTH Month Day Year

GENDER Male ☐ Female ☐

NAME OF CO-REGISTRANT *(Last, First, Middle)*

NYS driver license ID number of CO-REGISTRANT

DATE OF BIRTH Month Day Year

GENDER Male ☐ Female ☐

ADDRESS CHANGE? ☐ YES ☐ NO

NAME CHANGE? ☐ YES ☐ NO

TELEPHONE NUMBER

FORMER NAME *(If name was changed you must present proof))*

THE 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

THE 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

2

VEHICLE IDENTIFICATION NUMBER

VEHICLE DESCRIPTION Year Make

Body Type *(mark one)* ☐ 2-Door ☐ 4-Door ☐ Pick-up ☐ Van ☐ Convertible ☐ Suburban/SUV ☐ Trailer ☐ Motorcycle ☐ Tow ☐ Other _____

Color

Unladen Weight

Type of Power (Fuel) ☐ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None

Cylinders

For trailers & commercial vehicles **Maximum Gross Weight**

For rentals,buses & taxis **Seating Capacity**

Odometer Reading in Miles

Office Use Only **Mileage Brand** A E N

For commercial vehicles Axles Distance

CHANGES: *Describe any vehicle changes and the reasons for the changes.* (SUBMIT NYS TITLE IF ISSUED)

3

If the OWNER of the vehicle is DIFFERENT from the REGISTRANT, the OWNER must complete this section.

NYS driver license number of OWNER

NAME OF CURRENT OWNER(s) *(Last, First, Middle)*

DATE OF BIRTH Month Day Year

NAME OF CO-OWNER →

GENDER Male ☐ Female ☐

THE ADDRESS WHERE OWNER GETS MAIL *(Include the Street Number and Name, Rural Delivery or box number)*

	Apt. No.	City or Town	State	Zip Code	County

(Signature of owner or authorized person, and signature of co-owner if applicable) *(Date)*

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(s) listed below

Lien Filing Code	Lienholder Name	Lienholder Mailing Address (number, street, city, state, zip code)

NEW YORK DEALERS ONLY

Did you issue plates to this vehicle? ☐ Yes ☐ No	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.

(Signature of Dealer or Authorized Representative)

OFFICE USE ONLY

New Plate	New Class	Ins. Co. Code

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

Special Conditions

AT BV CF CO EO EX FL IO NE NF NR NU OP OV PA PI PK RC RE SC SO SP SR SS SV TE TL TO TP TR TX XR X6 WO

Approved By Date

4 ADDITIONAL VEHICLE INFORMATION ⟶ *QUESTIONS 1-3 MUST BE COMPLETED.*

1. 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?

   ☐ No ☐ Yes - (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.)

2. Is this vehicle registered for your personal use? ☐ Yes ☐ No

   If you marked "Yes", go to the next question (question 3) . ***If you marked "No", check any of these boxes that apply:***

   ☐ This vehicle is a passenger vehicle that will be used for hire with a driver and will be operated in the following location(s):

   ☐ New York City (NYC) ☐ A jurisdiction that is not NYC that regulates taxis ☐ A jurisdiction that does not regulate taxis

   ☐ This vehicle is used as a contracted carrier.

   ☐ This vehicle is a passenger vehicle that is rented without a driver.

   ☐ This vehicle requires a permit for **commercial operation.** (Mark the box of the type of permit that was issued and write the permit number on the line.) ☐ NYS DOT Permit No. _____ ☐ Federal DOT Permit No. _____

   ☐ The **government owns** this vehicle.

   ☐ This vehicle is used as (mark one) ☐ **an ambulance** ☐ **an ambulette** ☐ **a hearse or invalid coach**

   If payment is received to carry passengers, mark this box. ☐

   ☐ This vehicle is used exclusively as a **hearse** If payment is received to carry passengers, mark this box. ☐

   ☐ This vehicle is a **commercial tow truck** with a gross vehicle weight rating of at least 8,600 pounds.

   ☐ This vehicle is used only as a **farm vehicle.** (*form MV-260F, Part 1, must be attached*)

   ☐ This vehicle is used only as an **agricultural truck or agricultural trailer.**

   ☐ This vehicle is subject to the Department of Transportation inspection requirements for the carriers that transport passengers. (For more information, refer to form MV-82.1P, "Inspection Requirements for Carriers Transporting Passengers".)

3. Has this vehicle been modified to change its registration class? ☐ Yes ☐ No If "Yes", explain _____

4. This vehicle is a **pick-up truck** with an unladen weight that is a maximum of 6,000 pounds. This vehicle is never used for commercial purposes and does not have advertising on any part of it. I want (mark one): ☐ Passenger Plates ☐ Commercial Plates

5

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.***

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)

Sign Here ➧ _____

(Sign Here)

Print Additional Name Here ➧ _____

(Print Name in Full)

Additional Signature Sign Here ➧ _____

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

Email (optional) ➧ _____

reset/clear