NEW YORK STATE OF OPPORTUNITY.	Department of Motor Vehicles
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VEHICLE REGISTRATION/TITLE	
APPLICATION	

tch e No.	Offic	e Use Only		Class
Orig Dup Sales Ta	Activity Activity W/RR ax with Title	Renewal Renew W/RR Sales Tax Only	Lease Buyout	Three of Name

INSTRUCTIONS:

A. Is this vehicle being registered only for personal use? Tes 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 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.

	I WANT TO:	REGISTER A VEHICLE	RENEW A REGIS	TRATION	GET A TITLE ONLY	Current Plate Number	
			ON REPLACE LOST (OR DAMAGED ITEMS	TRANSFER PLATES	6	
	NAME OF PRIMARY REGISTRANT (Last, First, Middle or Business Name) FORMER NAME (If name was changed you must present proof)						
	Name Change						
	NYS driver license	ID number of PRIMARY REGIST	RANT DATE OF BIRTH	Yes 🗖 No		TELEPHONE or MOBILE PHONE	
			Month Day	Year		Area Code	
~						()	
SECTION	NAME OF CO-REGIST	TRANT (Last, First, Middle)		Name Chang	EMAIL		
E				Yes 🛛	No 🗖		
S E C	NYS driver licens	se ID number of CO-REGISTR	ANT DATE OF BIRTH		GENDER	_	
•			Month Day	Year	Male 🛛 Female 🗆	ADDRESS CHANGE?	s INO
	THE ADDRESS WHER	RE PRIMARY REGISTRANT GE	TS MAIL (Include Street Num	Apt. No. City or Town	ery or box number. This addres State	es will be on the document.)	f Residence
	THE ADDRESS WHE	RE PRIMARY REGISTRANT R	RESIDES IF DIFFERENT FRO				
				Apt. No. City or Town	State	Zip Code	
	VEHICLE IDENTIFICA			VEH Year	ICLE DESCRIPTION	Body Type (mark one)	
				l l l l l l l l l l l l l l l l l l l	Make		Trailer
			e of Power (Fuel)			_	Motorcycle Tow
	Color Unla	aden Weight	Gas Diesel Delectric		Propane None	Van Other	IOW
	For	trailers & commercial vehicles			0	office Use Only For commercial	vehicles
SECTION 2			Adult Seating Capacity (Includi	ng Driver) Odor		ileage Brand Axles	Distance
CTIC		ered to increase the capacity	y beyond that provided by				
SE	,	the required Federal Alterer'					
		d vehicle equipped with sa		-	- /	-	
				01		/ office a photograph or copy of	f all labels
	or plates (normally	put on the driver's side doo	or). If the vehicle was alte	red or stretched and	I now has an adult sea	ating capacity of 9 or more (incl	
	driver), you must she	ow the original NYS DOT In	spection Receipt OR a N	YS DOT Exemption I	_etter.		
	If the OWNER of th	e vehicle is DIFFERENT fr	rom the REGISTRANT, t	he OWNER must co	omplete this section.	P	RIMARY
	PRIMARY OWNER NYS	S License Number NAME OF I	PRIMARY OWNER (Last. Fir.	st. Middle)		PRIMARY OWNER O	WNER ENDER
						Month Day Year	Male
e							Female
NO	THE ADDRESS WHER	RE PRIMARY OWNER GETS N	IAIL (Include the Street Number Apt. No. City		r box number) State	Zip Code County	
Ĕ			Apr. No. City	or rown	State		
SECTION	NAME OF				REGISTRATION AUTHO	RIZATION D My signature auth	orizes the
0)	CO-OWNER			F		1 to register this vehicle in that perso	
				Ľ	lave provided the current o	whership document.	
	Х						
		(s) and proof of ID required when f	first applying for a NYS title. See	e form ID-82 - Proofs of Ide	entity for Registration and Ti	tle.) (Date)
			OFFI	CE USE ONLY			
New Plate			New Class	Ins. Co. Code	Specia	al Conditions	
Plate Class Code AT BV CF CO EO EX Sales Tax Status Value Rate Out of State Jurisdiction Audit AT BV CF CO EO EX FL							
Prior	(\$)	Issuance	Title Lien Lien		Lien Release	IO NE NF NR NU	OP OV
Owner State Number A FI FK KC KE SC SO							
Proc	Proof Submitted SP SR SS SV IE IL IO						
	TP TR TX XR X6 WO Stop/Response/Scoff Law Approved By Date						
Reg	/Title	State					
MV-	82 (2/22)		COMPLET	TE BOTH SIDES		PAG	GE 1 OF 2

	NAME OF PRIMARY REGISTRANT				
ION 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? If you marked <u>YES</u> , 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.				
9601	VEHICLE MODIFICATIONS Has this vehicle been modified from the original manufacturer specifications without extending the chassis or lengthening Yes No the wheel base? (Examples include: color changes, added seats, permanently mounted camping equipment, multi-stage vehicles.) If "Yes," describe the modifications:				
SECTION 3	NON-PERSONAL VEHICLE USE * Vehicles that transport passengers may require NYS DOT Operating Authority (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: A commercial tow truck with a gross vehicle Ambulette* Operates as a taxi* (you <u>must</u> complete the "Taxis Only" section below) Used only as a farm vehicle (form MV-260F, Part 1 <u>must</u> be submitted) Hearse Rented without a driver (private rental) Used only as an agricultural truck or agricultural trailer Used to transport passengers* (Bus, Livery, School Bus, School Car) Other - describe the use: School Car) INSURANCE REQUIREMENTS For Hire (direct or indirect compensation) - Submit an FH Certificate DOT Operation - Submit and record the NYS DOT Permit number:				
	TAXIS ONLY (check one) Vehicle is used in New York City, Westchester, or Nassau counties. 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 0	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 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 Print Additional Name Here (Print Name in Full - if registering for a corporation, print your full name and title)				
	Sign Here X (Sign Here) Additional Signature required for a partnership or if registering this vehicle in more than one name.)				