

VEHICLE REGISTRATION/TITLE APPLICATION



Batch File No. _____

Orig Activity Renewal
 Dup Activity W/RR Renew W/RR

OFFICE USE ONLY	Old Plate	Old Class	3 of Name	Ins. Co. Code	Exp. Date	
	Special Case Number(s)			New Plate	New Class	
	Special Conditions	AT BY RC CF CO CP ER EX FL GI IF MO TO NE NF NR NU OD OP OV PA	PK RC RE SA SO SR SS SV TE TL	TX XR X2 X5 WO		
	Sales Tax Information	Status	Value (\$)	Jurisdiction	Rate	Out of State

DEALER ONLY	Did you issue plates to this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", enter the following: 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. Alterations are not allowed in the Lienholder sections.
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INSTRUCTIONS → COMPLETE BOXES 1, 2, 4, 6 and 7. COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY. PLEASE PRINT CLEARLY.

1 WHAT DO YOU WANT TO DO? (See Form MV-82.1, Registering a Vehicle in New York State, for more information.)

REGISTER this vehicle for the first time TRANSFER Plate Number _____ to this vehicle CHANGE a title (see box 5)
 RENEW plate # _____ CHANGE registration for Plate Number _____ (see box 5) TITLE ONLY for a 1973 or newer vehicle
 REPLACE lost registration items LEASE BUY-OUT Plate Number _____

2 CLIENT ID NO. (from Driver License of first registrant listed below) _____

NAME CHANGE? YES NO (See Box 5)

ADDRESS CHANGE? YES NO

Is this registration for a corporation or partnership? Yes No

NAME OF REGISTRANT (Last, First, Middle) _____

How was the vehicle obtained?
 New Leased New Used Leased Used

DATE OF BIRTH: Month _____ Day _____ Year _____

DAY PHONE NO. (Optional): Area Code _____ () _____

SEX: M F

ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number)
 _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ County _____

ADDRESS WHERE YOU LIVE IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX
 _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ County _____

3 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.
 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.

OWNER CLIENT ID NO. (from Driver License) _____

NAME OF CURRENT OWNER (Last, First, Middle) _____

DATE OF BIRTH: Month _____ Day _____ Year _____

OWNER'S DAY PHONE NO. (Optional): Area Code _____ () _____

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: Year _____ Make _____

Body Type For Cars: 2-Door 4-Door Convertible Station Wagon/ Suburban Other _____

Body Type For Other Vehicles: Pick-up Van Motorcycle Tow Truck Trailer Other _____

Color _____ Unladen Weight _____

Type of Power (Fuel): Gas Diesel Electric Flex CNG Propane None Other _____

Cylinders _____ For trailers & commercial vehicles: Max. Gross Weight _____

For rentals, buses & taxis: Seating Cap. _____

Odometer Reading in Miles _____ Vehicle's ODOMETER has room for how many numbers (5, 6 or 7 - do not include tenths)? _____

For trailers & commercial vehicles: Axles _____ Distance _____

DEALER ONLY	Lienholder Number	Lienholder Name and Mailing Address
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OFFICE USE ONLY	Mileage Brand	Prior Owner	Issuance State	Title	Lien	Lien Number	L.R.
	Proof Submitted (Name and Ownership)				Approved By		Stop/Response
	Reg/Title No. _____ State _____				Date	Old Fee	Operator

