

VEHICLE REGISTRATION/ TITLE APPLICATION FOR DEALER SALES

This form is available at dmv.ny.gov

Office Use Only		Class	
Batch			
File No.			
<input type="checkbox"/> Orig <input type="checkbox"/> Activity <input type="checkbox"/> Renewal <input type="checkbox"/> Lease Buyout <input type="checkbox"/> Dup <input type="checkbox"/> Activity W/RR <input type="checkbox"/> Renew W/RR <input type="checkbox"/> Sales Tax with Title		Three of Name	

I WANT TO:

<input checked="" type="checkbox"/> REGISTER A VEHICLE	<input type="checkbox"/> RENEW A REGISTRATION	<input type="checkbox"/> GET A TITLE ONLY	Plate Number
<input type="checkbox"/> CHANGE A REGISTRATION	<input type="checkbox"/> REPLACE LOST OR DAMAGED ITEMS	<input type="checkbox"/> TRANSFER PLATES	JCY2300

1 NAME OF PRIMARY REGISTRANT (Last, First, Middle or Business Name) Public, John, Q				Registrant Type <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Co-Registrants <input type="checkbox"/> Corp/Organization			
NYS driver license ID number of PRIMARY REGISTRANT <input checked="" type="checkbox"/> No CID <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				DATE OF BIRTH <div style="border: 1px solid black; padding: 2px;">01-01-1975</div>		GENDER Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
NAME OF CO-REGISTRANT (Last, First, Middle) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
NYS driver license ID number of CO-REGISTRANT <input type="checkbox"/> No CID <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				DATE OF BIRTH <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	
NAME CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ADDRESS CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		TELEPHONE NUMBER Area Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div> ()		MOBILE TELEPHONE NUMBER Area Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div> ()	
FORMER NAME (If name was changed you must present proof) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				EMAIL N/A			
THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)							
123 Anywhere Street		Apt. No.	City or Town Mytown		State N Y	Zip Code 99999	County of Residence Albany
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			Body Type	
	SCBET9ZA9FC042898		Year 2015	Make BENTL	4DSD		
Color 1 WH		Color 2 N/A	Unladen Weight 5430		Type of Power (Fuel) G		
For trailers & commercial vehicles		(Including Driver)		Office Use Only		For commercial vehicles	
Cylinders 8	Maximum Gross Weight N/A	Adult Seating Capacity 9	Odometer Reading in Miles 32294		Mileage Brand <input checked="" type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> N	Axes N/A	Distance N/A
CHANGES: Describe any vehicle changes and the reasons for the changes. (SUBMIT NYS TITLE IF ISSUED) Seating Capacity: 5 to 9 Reason: TEST.							

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

NYS driver license number of OWNER <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div>	NAME OF CURRENT OWNER(s) (Last, First, Middle) <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	DATE OF BIRTH <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<input type="checkbox"/> No CID NAME OF CO-OWNER →		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>
THE ADDRESS WHERE OWNER GETS MAIL (Include the Street Number and Name, Rural Delivery or box number) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;">Apt. No.</div> <div style="width: 25%;">City or Town</div> <div style="width: 15%;">State</div> <div style="width: 15%;">Zip Code</div> <div style="width: 20%;">County</div> </div>		
(Signature of owner or authorized person, and signature of co-owner if applicable) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		
(Date) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		

DEALER USE ONLY - LIEN FILING - Alterations are not allowed in the lienholder section below

Choose one <input checked="checked" type="checkbox"/> There are <u>no</u> liens <input type="checkbox"/> I am filing for the lienholder(s) listed below		
Lien Filing Code	Lienholder Name	Lienholder Mailing Address

NEW YORK DEALERS ONLY

Did you issue plates to this vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Plate Number JCY2300	Reg. Class PASSENGER OMS	Date Temp Issued	Facility ID Number 7041587
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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

OFFICE USE ONLY															Special Conditions																
New Plate				New Class				Ins. Co. Code				<div> <div>AT</div> <div>BV</div> <div>CF</div> <div>CO</div> <div>EO</div> <div>EX</div> <div>FL</div> </div>																			
Sales Tax		Status		Value (\$)		Rate		Out of State				Jurisdiction				Audit				<div> <div>IO</div> <div>NE</div> <div>NF</div> <div>NR</div> <div>NU</div> <div>OP</div> <div>OV</div> </div>											
Prior Owner		Issuance State				Title		Lien		Lien Number				Lien Release				<div> <div>PA</div> <div>PI</div> <div>PK</div> <div>RC</div> <div>RE</div> <div>SC</div> <div>SO</div> </div>													
																		<div> <div>SP</div> <div>SR</div> <div>SS</div> <div>SV</div> <div>TE</div> <div>EL</div> <div>TO</div> </div>													
																		<div> <div>TP</div> <div>TR</div> <div>TX</div> <div>XR</div> <div>X6</div> <div>WOC</div> </div>													
Reg/Title								State				Stop/Response/Scoff Law								Approved By						Date					

4 ADDITIONAL VEHICLE INFORMATION ————— QUESTIONS 1-4 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. Was this vehicle altered to increase the capacity beyond that provided by the manufacturer by method of extended chassis, lengthened wheel base, or a lengthened seating area? ☐ Yes ☒ No

If **YES**, do you have the required Federal Alterer's Safety Certification (normally found on the door jamb)? ☐ Yes ☐ No

* If your vehicle was altered or stretched to increase the passenger capacity, you must present to the DMV issuing office a photograph or copy of all labels or plates (normally put on the driver's side door). If the vehicle was altered or stretched and now has an adult seating capacity of 11 or more adults (including the driver), you must show the original NYS DOT Inspection Receipt OR a NYS DOT Exemption Letter.

5. 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: 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 Name Here Public, John, Q
(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.)