New York State Department of Motor Vehicles **MV-82** Batch File No VEHICLE REGISTRATION/TITLE APPLICATION ☐ Orig ☐ Activity ☐ Renewal Lease Buyout ☐ Dup ☐ Activity W/RR ☐ Renew W/RR ☐ Sales Tax with Title This form is available at www.dmv.ny.gov Old Old 3 of Ins. Co. Exp Plate Class Name Code Date Scofflaw Case New New Plate Class Number(s) CE СО Special ΑT ΒV CF CP ΕX FL GI MO NE NF NR NU OD OP οv PΑ Conditions PΚ RC so SR то ΤP TR TX wo USE Sales Tax Status Value Jurisdiction Rate Out of State Audit Information Is there a lienholder? ☐ Yes ☐ No Facility ID Number Did you issue plates to this Plate Reg. Class Date Temp Issued enter the information in Dealer Only box below Number Alterations are not allowed in the lienholder sections □ Yes □ No PRINT CLEARLY IN COMPLETE 1 2 4 6 and 7. WHEN 3 AND 5 APPLY, COMPLETE THOSE SECTIONS. INSTRUCTIONS -> <u>BLUE OR BLACK INK.</u> MARK THE BOX OF THE TYPE OF SERVICE YOU NEED. (For more information, refer to form MV-82.1, "Registering/Titling a Vehicle in New York State".) Get a **TITLE ONLY** for a 1973 or newer vehicle A FIRST REGISTRATION for this vehicle ☐ CHANGE a title (refer to 5) ☐ REGISTER a vehicle that I registered before If you mark one of the options below, write the PLATE NUMBER here 🗖 RENEW a Registration 🗖 CHANGE a Registration (refer to 🛐) 🗖 REPLACE lost registration items 🔲 TRANSFER a Plate Number 🔲 Purchased my LEASED VEHICLE You can update the address s on your registration and renew your registration online at www.dmv.ny.gov NAME OF PRIMARY REGISTRANT (Last, First, Middle) NYS driver license number of PRIMARY SEX DATE OF BIRTH Month Day M F NAME OF CO-REGISTRANT (Last, First, Middle) NYS driver license number of CO-REGISTRANT DATE OF BIRTH SEX M F Dav DAY TELEPHONE (Optional) NAME CHANGE? ADDRESS CHANGE? How did you get Is this registration for a corporation □New ☐Leased New Area Code the vehicle? or partnership? ☐ Yes ☐ No ☐ YES ☐ NO ☐ YES (refer to 5) ☐ NO □Used □Leased Used (mark one) 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 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 Zip Code DRIVER LICENSE NUMBER OF OWNER The owner of the vehicle must sign this section. NOTE: Do not complete this section if a completed Registration Authorization (form MV-95) is attached or if you apply to renew a vehicle registration and the owner of that vehicle has not changed. Proof of ownership and proof of owner's name and date of birth are required.

DAY TELEPHONE NUMBER OF NAME OF CURRENT OWNER (Last, First, Middle) DATE OF BIRTH OWNER. (Optional) Day Month Area Code (Include the Street Number and Name Rural Delivery or box number) THE ADDRESS WHERE OWNER GETS MAIL Apt. No. City or Town State Zip Code County AUTHORIZATION: The registrant described in 2 is authorized to register the vehicle described in 4 (Signature of owner or authorized person, and signature of co-owner if applicable) (Date) Body Type For Cars (mark one) VEHICLE IDENTIFICATION NUMBER VEHICLE DESCRIPTION Station Wagon or Other ☐ 2-Door ☐ 4-Door ☐ Convertible Body Type For Other Vehicles (mark one) Type of Power (Fuel) Color Unladen Weight $\square_{\mathsf{Truck}}^{\mathsf{Pick-up}} \square \mathsf{Van} \ \square_{\mathsf{Motorcycle}} \ \square_{\mathsf{Truck}}^{\mathsf{Tow}} \square_{\mathsf{Trailer}} \ \square_{\mathsf{Other}}$ ☐ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None For trailers & commercial vehicles
Maximum Gross Weight For rentals, buses & taxis
Seating Capacity Does the **ODOMETER** display 5, 6 or 7 For commercial vehicles Cylinders Odometer Reading in Miles numbers? (write the number, do not Axles Distance include tenths) Lien Filing Code Lienholder Name and (Assigned by DMV) Mailing Address Mileage Brand Issuance State Title Lien Lien Lien Release Prior OFFICI Numbe Owner Proof Submitted (Name and Ownership) Stop/Response Approved By

Date

State

Old

Operator

ONLY

5	CHANGES - Write <u>new</u> information about a current registration "Registering/Titling a Vehicle in New York State".)	or title on page 1 of this form (for	more information, refer to form MV-82.1,	
	NAME CHANGE: Print the former name exactly like the former	name is printed on the current reg	gistration or title.	
	CHANGES: Describe any vehicle changes and the reasons for to	the changes.		
6	ADDITIONAL VEHICLE INFORMATION ————————————————————————————————————			
	1. I certify that, to the best of of my knowledge, this vehicle ☐ the total estimate, or actual cost, of parts and labor to rebuild operation on the road or highways, is more than 75% of the representation on the road or highways, is more than 75% of the representation on the road or highways, is more than 75% of the representation of the revenicle must have an anti-theft examination before being 2. Is this vehicle registered for your personal use? ☐ Yes ☐ Yes ☐ This vehicle is a passenger vehicle that will be used for ☐ New York City (NYC) ☐ A jurisdiction the ☐ This vehicle is a passenger vehicle that is rented with ☐ This vehicle requires a permit for commercial operation ☐ NYS DOT Permit No. ☐ The government owns this vehicle. ☐ This vehicle is used as (mark one) ☐ an ambulance ☐ If payment is received to carry passengers, mark to ☐ This vehicle is used exclusively as a hearse ☐ If payment is received.	d or reconstruct the vehicle to the retail value of the vehicle at the tir registered, and that the title issumed No No You marked "No", check any of or hire with a driver and will be operated is not NYC that regulates taxis out a driver. In. (Mark the box of the type of permit No Be an ambulette a atthis box.	condition it was in before an accident, and for legal me of loss. (Checking the "has been" box means the ded will have the statement "Rebuilt Salvage" on it fitnese boxes that apply: erated in the following location(s): A jurisdiction that does not regulate taxis with that was issued and write the permit number on the limber or invalid coach	he t.)
	This vehicle is used exclusively as a hearse of paym. This vehicle is a commercial tow truck with a gross. This vehicle is used only as a farm vehicle. (form MV This vehicle is subject to the Department of Transport information, refer to form MV-82.1P, "Inspection Requ. Has this vehicle been modified to change its registration class."	vehicle weight rating of at least 8, /-260F, Part 1, must be attached) tation inspection requirements for uirements for Carriers Transportin	600 pounds. This vehicle is used only as an agricultural true the carriers that transport passengers. (For more	ck.
	This vehicle is a pick-up truck with an unladen weight the purposes and does not have advertising on any part of it.	hat is a maximum of 5,500 pour I want (mark one): Pass	nds. This vehicle is never used for commercial enger 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 a 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 tin 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 current 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 it is signature below also authorizes use of my credit card. Print Name Here			
	(Print Name in Full - if registering for a corporation, print you		(Sign Here)	_
	Print Additional Name Here	Additional Signa Sign He	re 🕨	
(Print Name in Full) IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substitutic connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or susper of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and undocumentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither Commissioner of the Department of Motor Vehicles nor any of his or her employees, deputies or agents assumes any liability or responsibility for reperformed, improvements made or work done to the vehicle referenced in this application.				or
				sion title til all r the
	CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT	THE APPLICANT:		
	My signature authorizesto use my credit card for payment of fees in connection with this	application Sign		
	and I understand that I must be present for this transaction.	Here	(Cardholder-Sign Name in Full)	
	To Be Completed by a Registered New `	York State Dealer Only – <i>Li</i> s	t any additional Lienholders	
Lien I	Filing Code (Assigned by DMV)	Lienholder Name		
Mailir	ng Address(Number and Street)	(Cit.)	(Olda) (75 Orda)	
		(City)	(State) (Zip Code)	
Lien l		Lienholder Name		
	Filling Code (Assigned by DMV)			
Mailir		(City)	(State) (Zip Code)	
NY [rg Address	(City)		

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