



**DEALER REQUEST FOR ALL-TERRAIN VEHICLE
REGISTRATION FORMS**



MAIL OR FAX THIS REQUEST TO:

NYS DEPARTMENT OF MOTOR VEHICLES
PLATE & DOCUMENT DISTRIBUTION
6 ESP, ROOM 224
ALBANY NY 12228
FAX: (518) 473-3490

Name of Dealer	Facility Number	
Street Address	Telephone ()	
City	State	Zip Code
Contact Person	Title	

QUANTITY	ITEM	DMV OFFICE USE ONLY
<i>(Must be multiple of 50)</i>	TEMPORARY CERTIFICATE OF REGISTRATION (MV-53) A completed book must be returned when requesting a replacement book.	
	VEHICLE REGISTRATION/TITLE APPLICATION (MV-82)	
	REGISTERING/TITLING A VEHICLE IN NEW YORK STATE (MV-82.1) <i>(instruction sheet)</i>	
	ALL-TERRAIN VEHICLE DEALER REGISTRATION INSTRUCTIONS (RV-2)	
	DECLARATION OF EXEMPTION FROM SNOWMOBILE OR ALL-TERRAIN REGISTRATION (RV-6)	
1	ORDER FORM (PD-3)	1