| ΜV | 7-82 | | | | | | Datah | | | | | |
|-----------------------------------|---|-------------------------|-------------------|--------------------------|---------------------------|----------------------------|--|--|---------------------|-----------------|--|----------------|
| NEW YORK Department of VEHICLE RE | | | | GISTRATION/TITLE | | | | Batch File No. | | | | |
| | STATE OF OPPORTUNITY. Motor Vehicles | | APPLIC | | | | | Activity | | Renewal | Lease | |
| | | This form i | s available | at www.dı | mv.ny.gov | ' | □ Dup | Activity \ | W/RR 🚨 | Renew W/R | ≀R L Sales | Tax with Title |
| (| Old Plate | Old Class | | 3 of Name | | | Ins. Co. Code | | 1 1 | xp. ate | | |
| | Scofflaw Case Number(s) | | | | New Plate | 1 | | | 1 1 | | New Class | 1 1 |
| | : - | CP EX | FL GI | IF | МО | NE | NF | NR | NU O | D OP | ov | PA |
| US | Sales Tax Status Value | SO SR Jurisdicti | ion | SV TI | E TL | Rate | TP | TR Out of State | Audit | XR | X6 WO | |
| N DEA ON | LER vehicle? Number | R | leg. Class D | ate Temp Iss | ued F | acility ID | Number | | enter the | e information i | ☐ Yes ☐ N in Dealer Only lowed in the lien | box below. |
| | STRUCTIONS -> COMPLETE 124 | 3 and 7 . | WHEN 3 | AND 5 | APPLY, | COMPL | ETE THOS | SE SECTION | | PRI | INT CLEARL E OR BLACK | Y IN |
| 0 | | | | | | | | | | | | X IIVK. |
| 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".) A FIRST REGISTRATION for this vehicle CHANGE a title (refer to) REGISTER a vehicle that I registered before Get a TITLE ONLY for a 1973 or newer vehicle If you mark one of the options below, write the PLATE NUMBER here | | | | | | | | | | | |
| | ☐ RENEW a Registration ☐ CHANGE a Regist | | REP | LACE lost registration a | egistration nd renew y | items [our regi | TRANS | FER a Plate line at <u>www.</u> | Number dmv.ny.gc | Purchas | ed my LEAS | ED VEHICLE |
| 2 | NAME OF PRIMARY REGISTRANT (Last, First, Middle) NYS driver licen | | | | | | se number | of PRIMAR | Υ | SEX D | ATE OF BIR | ТН |
| | | | | | | | | | | M F Mo | onth Day | Year |
| | NAME OF CO-REGISTRANT (Last, First, Middle) | | | | NYS drive | er licens | e number | of CO-REG | ISTRANT | | ATE OF BIR | TH |
| | | , | | | | | | | | | onth Day | Year |
| | DAY TELEPHONE (Optional) Area Code NAME CH | CHANGE? | Is this re | egistratio | n for a cor | poration | How did y | | □New □L | eased New | | |
| | Area Code | | | | | | | | | | | |
| | 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 State Zip Code County of Residence | | | | | | | | | | | |
| | County of residence | | | | | | | | | | | . tooluonioo |
| | THE ADDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS. (DO NOT G | | | | | | | | | | | |
| | | | Apt. No. | City or Tow | 'n | | | State | Zip Cod | 3 | | |
| | | | | | | | | | | | | |
| 3 | 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. | | | | | | | | | | | |
| | NAME OF CURRENT OWNER (Last, First, Middle) | | | | | | | owner's name and date of birth are required. DAY TELEPHONE NUMBER OF OF BIRTH OWNER. (Optional) | | | | |
| | Mont | | | | | | | | | | | |
| | THE ADDRESS WHERE SWIFT OF TO MAN | (Include the Street | Number and Nan | ne, | | | | | |) | | |
| | THE ADDRESS WHERE OWNER GETS MAIL | Rural Delivery or b | Apt. No. | City or Tow | 'n | | | State | Zip Code | э | 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) | | | | | | | | | | | |
| Q i | VEHICLE IDENTIFICATION NUMBER VEHICLE DESCRIPTION Body Type For Cars (mark one) | | | | | | | | | | | |
| | | | Year | Make | | | _ | _ | | Station Wagon | or _ | |
| | Body Type For Other Vehicles (mark one) | | | | | | oor ☐ 4-Door ☐ Convertible ☐ Suburban ☐ Other ☐ Type of Power (Fuel) | | | | | |
| | Color | | | or | Unladen W | eight | Gas Diesel Electric Flex CNG Propane None | | | | | |
| | □ Pick-up □ Van □ Motorcycle □ Tow □ Trailer □ Other □ □ Ot | | | | | | ☐ Gas | ☐ Diesel ☐ | Electric | ∃Flex □ C | NG Propar | ne None |
| | For trailers & commercial vehicles For rentals, buses & taxis | | | | num | | | s the ODOMETER display 5, 6 or 7 bers? (write the number, do not de tenths) For commercial vehicles Axles Distance | | | | |
| | | | | | | | | | | | | Istance |
| N | | older Name and | | | | | | | | | | |
| DEA ON | 6 DV0.0 | ng Address | | | | | | | | | | |
| OFF | Mileage Brand Prior | | Issuance State | Title I | Lien I | Lien Number | J | | | 1 1 | 1 1 | Lien Release |
| Ш | Proof Submitted (Name and Ownership) | | | | Appr | | | | Stop/Re | esponse | | |
| | | | | | Ву | | | | | | | |

Old Fee

Operator

Date

State_