

# VEHICLE REGISTRATION/TITLE APPLICATION

Batch File No.		Office Use Only		Class
<input type="checkbox"/> Orig	<input type="checkbox"/> Activity	<input type="checkbox"/> Renewal	<input type="checkbox"/> Lease Buyout	Three of Name
<input type="checkbox"/> Dup	<input type="checkbox"/> Activity W/RR	<input type="checkbox"/> Renew W/RR		
<input type="checkbox"/> Sales Tax with Title	<input type="checkbox"/> Sales Tax Only without Title			

## INSTRUCTIONS:

A. Is this vehicle being registered only for personal use? ☐ Yes ☐ No

If **YES** - Complete sections 1-4 of this form.

**Note:** If this vehicle is a **pick-up** truck with an unladen weight that is a maximum of 6,000 pounds, is never used for commercial purposes and does not have advertising on any part of the truck, you are eligible for passenger plates or commercial plates. **Select one:** ☐ Passenger Plates ☐ Commercial Plates

If **NO** - Complete sections 1-5 of this form.

B. Complete the Certification in Section 6.

C. Refer to form MV-82.1 Registering/Titling a Vehicle in New York State for information to complete this form.

SECTION 1

<b>I WANT TO:</b>		<input type="checkbox"/> REGISTER A VEHICLE	<input type="checkbox"/> RENEW A REGISTRATION	<input type="checkbox"/> GET A TITLE ONLY	Current Plate Number
		<input type="checkbox"/> CHANGE A REGISTRATION	<input type="checkbox"/> REPLACE LOST OR DAMAGED ITEMS	<input type="checkbox"/> TRANSFER PLATES	
NAME OF PRIMARY REGISTRANT (Last, First, Middle or Business Name)				FORMER NAME (If name was changed you must present proof)	
				Name Change Yes <input type="checkbox"/> No <input type="checkbox"/>	
NYS driver license ID number of PRIMARY REGISTRANT		DATE OF BIRTH		GENDER	TELEPHONE or MOBILE PHONE NUMBER
		Month Day Year		Male <input type="checkbox"/> Female <input type="checkbox"/>	Area Code ( )
NAME OF CO-REGISTRANT (Last, First, Middle)				EMAIL	
				Name Change Yes <input type="checkbox"/> No <input type="checkbox"/>	
NYS driver license ID number of CO-REGISTRANT		DATE OF BIRTH		GENDER	
		Month Day Year		Male <input type="checkbox"/> Female <input type="checkbox"/>	
				ADDRESS CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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					
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					

SECTION 2

VEHICLE IDENTIFICATION NUMBER		VEHICLE DESCRIPTION		Body Type (mark one)	
		Year Make		<input type="checkbox"/> 2-Door <input type="checkbox"/> Convertible <input type="checkbox"/> Trailer <input type="checkbox"/> 4-Door <input type="checkbox"/> Suburban/SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pick-up <input type="checkbox"/> Limo <input type="checkbox"/> Tow <input type="checkbox"/> Van <input type="checkbox"/> Other	
Color	Unladen Weight	Type of Power (Fuel)			
		<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Flex <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> None			
Cylinders	For trailers & commercial vehicles Maximum Gross Weight	Adult Seating Capacity (Including Driver)	Odometer Reading in Miles	Office Use Only Mileage Brand <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> N	
				For commercial vehicles Axles Distance	
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 <input type="checkbox"/> No <input type="checkbox"/>					
If <b>YES</b> , do you have the required Federal Alterer's Safety Certification (normally found on the door jamb) in accordance with VTL §401? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If <b>YES</b> , is this altered vehicle equipped with safety belts at all occupant seating positions? Yes <input type="checkbox"/> No <input type="checkbox"/>					

SECTION 3

If the <b>OWNER</b> of the vehicle is <b>DIFFERENT</b> from the <b>REGISTRANT</b> , the <b>OWNER</b> must complete this section.					
PRIMARY OWNER NYS License Number		NAME OF PRIMARY OWNER (Last, First, Middle)		PRIMARY OWNER DATE OF BIRTH	
				Month Day Year	
				Male <input type="checkbox"/> Female <input type="checkbox"/>	
THE ADDRESS WHERE PRIMARY OWNER GETS MAIL (Include the Street Number and Name, Rural Delivery or box number)					
Apt. No. City or Town State Zip Code County					
NAME OF CO-OWNER					
REGISTRATION AUTHORIZATION <input type="checkbox"/> My signature authorizes the person(s) named in Section 1 to register this vehicle in that person's name. I have provided the current ownership document.					

**X**  
(Signature of ALL owner(s) and proof of ID required when first applying for a NYS title. See form ID-82 - Proofs of Identity for Registration and Title.)

(Date)

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

**DAMAGE DISCLOSURE**

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? ☐ Yes ☐ No

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.

**VEHICLE MODIFICATIONS**

Has this vehicle been modified from the original manufacturer specifications without extending the chassis or lengthening the wheel base? (Examples include: color changes, added seats, permanently mounted camping equipment, multi-stage vehicles.) If "Yes," describe the modifications: ☐ Yes ☐ No

**NON-PERSONAL VEHICLE USE**

\* Vehicles that transport passengers may require NYS DOT Operating Authority (see <https://www.dot.ny.gov/divisions/operating/osss/bus/passenger>), NYS DOT Inspection (see <https://www.dot.ny.gov/divisions/operating/osss/bus/inspection>) and/or be subject to Article 19-A requirements (see <https://dmv.ny.gov/motor-carriers/information-and-forms-article-19>).

Check one:

☐ A commercial tow truck with a gross vehicle weight rating of at least 8,600 pounds

☐ Ambulette\*

☐ Operates as a taxi\* (you **must** complete the "Taxis Only" section below)

☐ Used only as a farm vehicle (form MV-260F, Part 1 **must** be submitted)

☐ Hearse

☐ Rented without a driver (private rental)

☐ Used only as an agricultural truck or agricultural trailer

☐ Combination Hearse/Invalid Coach\*

☐ Used to pick up passengers for compensation **only** in jurisdictions that do not regulate taxis\*

☐ Ambulance

☐ Used to transport passengers\* (Bus, Livery, School Bus, School Car)

☐ Other - describe the use: \_\_\_\_\_

**INSURANCE REQUIREMENTS**

☐ For Hire (direct or indirect compensation) - Submit an FH Certificate

☐ DOT Operation - Submit and record the NYS DOT Permit and/or the Federal DOT Permit number: \_\_\_\_\_

☐ Not For Hire - Submit a current and valid NYS Insurance ID Card

**TAXIS ONLY (check one)**

☐ Vehicle is used in New York City, Westchester, or Nassau counties.

☐ Vehicle is used for pick up in a jurisdiction that regulates taxis other than NYC, Westchester county, or Nassau county.

☐ Vehicle is used as a contract carrier in NYC (commuter van with seating capacity between 9 and 14). You are eligible for LIVERY plates.

**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 \_\_\_\_\_

(Print Name in Full - if registering for a corporation, print your full name and title)

Print Additional  
Name Here \_\_\_\_\_

(Print Name in Full)

Sign Here **X** \_\_\_\_\_

(Sign Here)

Additional  
Signature **X** \_\_\_\_\_

(Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)



Department of Taxation and Finance

**Statement of Transaction – Sale or Gift of Motor Vehicle,  
Trailer, All-Terrain Vehicle (ATV), Vessel (Boat), or Snowmobile****DTF-802**  
(5/15)**Instructions**

The new owner's social security number, taxpayer identification number (TIN), or federal employer identification number (EIN) is required.

Use this form when sales tax was not collected at the time of purchase or when the vehicle was received as a gift. If the donor/seller is not required to complete Section 6, the new owner must have a copy of the bill of sale signed by the seller.

The seller or donor must complete Section 6 if:

- the motor vehicle is a gift or is sold below fair market value to a person other than a spouse, parent, child, stepparent, or stepchild
- the trailer, ATV, boat, boat/trailer combination, or snowmobile is a gift, or is sold below fair market value

If for any reason you must obtain a registration or title before you can establish the amount of tax due based on the less than fair market value purchase price, you may obtain tax clearance by paying the tax due based on the fair market value as established by the Tax Department. If this results in an overpayment, you may apply to the Tax Department for a refund or credit of the amount overpaid.

**Note:**

- If you are claiming an exemption other than a gift, use Form DTF-803 instead.
- If you are claiming credit for taxes paid to another state, use Form DTF-804 instead.
- If you are registering more than one motor vehicle for the same taxing jurisdiction, use Form DTF-805 instead.

**Section 1 – Vehicle information**

Type of vehicle (mark one box)					
<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Trailer	<input type="checkbox"/> Boat/Trailer combination	<input type="checkbox"/> ATV	<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Boat (length in feet): _____ ft.
Year	Make	Model	Vehicle or hull identification number		
Boats and boat/trailer combinations only – enter trailer information below					
Year	Make	Model	Vehicle identification number		
Delivery location (complete only for an ATV or snowmobile)					
City		County			
Storage/use location (complete only for an ATV or snowmobile)					
City		County		Do you have a residence in this county? (If Yes, see Tax rate note in Section 5)	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 2 – New owner information**

Last name, first name, middle initial or business name		Social security number/TIN/EIN	
Number and street address		City, state, and ZIP code	County
Business address (if commercial vehicle) (number and street)		City, state, and ZIP code	

**Section 3 – Previous owner information**

Last name, first name, middle initial or business name		EIN (if applicable)
Number and street address		City, state, and ZIP code
		County

**Section 4 – Transaction information**

Date of transaction mm dd yyyy	Relationship of new owner to previous owner (mark one box)
	<input type="checkbox"/> None <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Stepparent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (describe): _____
This transaction is a (mark one)	
<input type="checkbox"/> Gift of a motor vehicle to a person other than spouse, parent, child, stepparent, or stepchild. (donor must complete Section 6)	
<input type="checkbox"/> Purchase of a motor vehicle at below fair market value by a person other than spouse, parent, child, stepparent, or stepchild. (seller must complete Section 6)	
<input type="checkbox"/> Gift of a trailer, ATV, boat, or snowmobile (donor must complete Section 6)	
<input type="checkbox"/> Purchase of a trailer, ATV, boat, boat/trailer combination, or snowmobile at below fair market value (seller must complete Section 6)	
<input type="checkbox"/> Gift or purchase of a motor vehicle to spouse, parent, child, stepparent, or stepchild	
<input type="checkbox"/> None of the above	

**For office use only**

Date	Initials	Office	Fair market value	Audit	Tax Rate	Tax paid	Term no.
				<input type="checkbox"/>	%		

**Section 5 – Purchase information**

- 1 Purchase price
- |  | Value |
|--|-------|
| a. Amount of cash payment .....  | 1a \$ |
| b. Balance of payments assumed .....   | 1b \$ |
| c. Value of property given, traded, or swapped, or services performed instead of cash payment... | 1c \$ |
| d. Purchase price (total of lines 1a, 1b, and 1c) .....  | 1d \$ |
- Boats and boat/trailer combinations:** For purchases or uses on or after June 1, 2015, tax only applies to the first \$230,000 of the purchase price. Do not enter more than \$230,000 on line 1d.
- 2 Was this transaction the purchase or gift of a motor vehicle from your spouse, parent, child, stepparent, or stepchild? ☐ Yes (enter 0 on line 4; no tax is due) ☐ No (continue to line 3)
- 3 Tax rate\* (enter as a decimal) ..... 3
- 4 Sales tax due (multiply line 1d by line 3) ..... 4 \$
- 5 Is the amount on line 1d lower than fair market value? ☐ Yes (seller/donor must complete Section 6) ☐ No (sign certification below) ☐ N/A (Sale of boat for more than \$230,000)

\* Tax rate note: For a motor vehicle, trailer, boat, or boat/trailer combination use the tax rate of the new owner's place of residence. If the purchaser is a resident in two or more counties in the state, use the rate in effect in the place where the motor vehicle, trailer, boat, or boat/trailer combination will be principally used or garaged. If the new owner is a business, use the tax rate of the place of business. If the business has locations in two or more counties in the state, use the rate in effect in the place where the motor vehicle, trailer, or boat will be principally used or garaged. For an ATV or snowmobile, use the higher rate of where the new owner took delivery, or where the vehicle is stored or used if new owner has a residence in storage/use locality.

**Purchaser certification** — I certify that the above statements are true and complete; and I make these statements with the knowledge that willfully issuing a false or fraudulent statement with the intent to evade tax is a misdemeanor under Tax Law section 1817(b), and Penal Law section 210.45, punishable by a fine up to \$10,000 for an individual and \$20,000 for a corporation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this form is submitted by someone other than the new owner/lessee, provide the following:

Name/business name \_\_\_\_\_ Social security number, TIN, or federal EIN \_\_\_\_\_

Address \_\_\_\_\_

**Section 6 – Affidavit of sale or gift of a motor vehicle, trailer, ATV, vessel (boat), or snowmobile**

The seller or donor must complete if:

- the motor vehicle is a gift to a person other than a spouse, parent, child, stepparent, or stepchild
- the motor vehicle is sold below fair market value to a person other than a spouse, parent, child, stepparent, or stepchild
- the trailer, ATV, boat, or snowmobile is a gift
- the trailer, ATV, boat, boat/trailer combination, or snowmobile is sold below fair market value

6 Cash payment received ..... 6 \$

7 If, as a condition for the sale or gift of the vehicle or boat, the purchaser/recipient did any of the following in addition to, or in lieu of, a cash payment, mark an X in the appropriate box and indicate the value of the service or goods you received.

	Yes	No	Value
a Performed any service .....	<input type="checkbox"/>	<input type="checkbox"/>	7a \$
b Assumed any debt .....	<input type="checkbox"/>	<input type="checkbox"/>	7b \$
c Traded/swapped a vehicle or other property .....	<input type="checkbox"/>	<input type="checkbox"/>	7c \$
d Total selling price (total of lines 6, 7a, 7b and 7c) .....			7d \$

8 Complete only if a corporation or business is the seller/donor

- a Was or is the purchaser/recipient an employee, officer, or stockholder of the company/corporation? ..... ☐ Yes ☐ No
- b Was the transaction part of any terms of employment, employment contract, or termination agreement? ..... ☐ Yes ☐ No

9 If you answered Yes to any part of line 7 or line 8, provide an explanation: \_\_\_\_\_

**Seller/Donor certification** — I have reviewed the information on Form DTF-802 and I certify that the statements are true and complete. I make these statements with the knowledge that willfully issuing a false or fraudulent statement with the intent to evade tax is a misdemeanor under Tax Law section 1817(b) and Penal Law section 210.45 punishable by a fine up to \$10,000 for an individual and \$20,000 for a corporation.

Signature \_\_\_\_\_ Name (printed or typed) \_\_\_\_\_ Date \_\_\_\_\_



Clearly print or type all information, except signatures.

I, \_\_\_\_\_,  
(Seller)

in consideration of \$ \_\_\_\_\_, do hereby sell, transfer and convey to

\_\_\_\_\_,  
(Buyer)

the following vehicle:

**DESCRIPTION OF VEHICLE**

Year	Make	Model
Vehicle or Hull Identification Number		

**TERMS AND CONDITIONS (if applicable)**

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**SELLER**

Name	
Address	
Signature	Date
X	

**BUYER**

Name	
Address	
Signature	Date
X	

## PAYMENT INSTRUCTIONS

You can pay for your transaction by check, money order or credit card.

1. Select your payment method. **(DO NOT SEND CASH)**
2. Complete the section for your payment method.
3. If you pay by check or money order, make the check or money order payable to "Commissioner of Motor Vehicles"
4. Return page 3 with your application. Make sure to include your check or money order if applicable.

**NOTE:** If you mail your application to the Title Bureau, you **must** pay with a check or money order. Credit cards are **not** accepted.

**NAME OF PRIMARY REGISTRANT:** \_\_\_\_\_

☐ Check

☐ Money Order

Amount Enclosed (DO NOT SEND CASH) \$ \_\_\_\_\_

### Credit Card Authorization - Provide all of the information below.

Credit Card Type ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name (as it appears on credit card)

Credit Card Number

Expiration Date

Security Code (3 or 4 digit code on back or front of your card)

Authorized  
Signature **X**