کہ	NEW YORK STATE OF OPPORTUNITY.  Department of Motor Vehicles	VEHICLE REG	ISTRATION INT CLEARLY IN BLU		ICATION	Office Use Or  Batch File No.	
INSTRUCTIONS	If YES - Complete section  Note: If this vehicle is advertising on a Select one: If NO - Complete section  B. Complete the Certification	a pick-up truck that is neve ny part of the truck, you are e Passenger Plates D ons 1-5 of this form.	er used for comm ligible for passeng Commercial Plat	nercial purposes and ger plates or commen <b>tes</b>	cial plates.	Activity F Activity W/RR F Orig L Dup S	Renewal Renew W/RR Lease Buyout Sales Tax with Title Sales Tax Only without Title
	I WANT TO: RE	ONLY Current Plate I	Number				
SECTION 1	NAME OF PRIMARY REGISTION  NYS driver license ID number of CO-REGISTRANT  NYS driver license ID number of CO-REGISTRANT  NYS driver license ID number of CO-REGISTRANT	(Last, First, Middle)	DATE OF BIRTH Month Day DATE OF BIRTH Month Day (Include Street Nur	Apt. No. City or To	FORMER NAM	TELEPHONE or M  Area Code  ( )  ADDRESS CH  s address will be on the document   Zip Code	IANGE? YES NO
SECTION 2	Is this vehicle a limousine, If <u>YES</u> , include a picture of the <u>YES</u> , is this limousine, so the <u>YES</u> , is this limousine, so the <u>YES</u> , is the the <u>YES</u> , i	Type of Power (Fuel)  Gas Diesel Elect	se altered to incre Safety Certification e altered vehicle mousine or other	Propane None  ding Driver)  ease seating capacition (normally found of equipped with saferwise altered to incer's door or door p	ty?	☐ 2-Door ☐ Con☐ 4-Door ☐ Sub☐ Pick-up ☐ Limi☐ Van ☐ Oth☐ Office Use Only  Mileage Brand☐ A☐ E☐ N  or door post) in accordan pant seating positions? capacity, you must prese is a limousine, stretch I	rovertible
SECTION 3	If the OWNER of the vehic	e Number NAME OF PRIMAR  HARY OWNER GETS MAIL (In	Y OWNER (Last, Fi	iirst, Middle)	y or box number)  State  REGISTRATION A person(s) named in S	PRIMARY OWNER DATE OF BIRTH  Month Day Year	
		roof of ID required when first apply	_	ee form ID-82 - Proofs of	Identity for Registration	and Title.)	(Date)
Prior Dwne	s Tax Status Value (\$)	Rate Out of S	tate Lien Lien Number Stop/Response/Scof	Ins. Co. Code Jurisdiction	Audit Lien Release	Special Conditions  AT BV CF CO IO NE NF PA PI PK RO SP SR SS TP TR TX X	NR NU OP OV
200/	Title	State	J.Sp., 100p0/130/0001				

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 Additional Name Here		
	(Print Name in Full - if registering for a corporation, print your full name and title)		(Print Name in Full)	
Sign Here	x	Additional Signature <b>X</b>		

This form is available at dmv.ny.gov.

(Sign Here)

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