



Department of
Motor Vehicles

STATEMENT OF PARTNERSHIP OR JOINT OWNERSHIP

Use this form in conjunction with a Vehicle Registration/Title Application (MV-82)
when more than two persons are partners or joint owners of a vehicle.

Please print in blue or black ink.

Plate Number: _____

Type of Registration: _____

Name(s) in which vehicle is registered: _____

OFFICE USE ONLY

☐ Original ☐ Transfer
☐ Renewal ☐ Amendment

Additional Members of Partnership

Last Name	First	M.I.	Date of Birth
			/ /

Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

City or Town	State	Zip Code	ID Number from NYS License, Permit, or ID

Last Name	First	M.I.	Date of Birth
			/ /

Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

City or Town	State	Zip Code	ID Number from NYS License, Permit, or ID

Last Name	First	M.I.	Date of Birth
			/ /

Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

City or Town	State	Zip Code	ID Number from NYS License, Permit, or ID

Last Name	First	M.I.	Date of Birth
			/ /

Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

City or Town	State	Zip Code	ID Number from NYS License, Permit, or ID

THE FOLLOWING STATEMENT **MUST** BE SIGNED BY A MEMBER OF THE FIRM OR JOINT OWNERSHIP.

I CERTIFY THAT I AM A MEMBER OF THE FIRM OR JOINT OWNERSHIP MAKING THIS APPLICATION.

X _____
Signature Title