



Department of Motor Vehicles

MV-654 (7/16)

REQUEST FOR EXEMPTION FROM USE OF STATE LICENSE PLATES

Agency Name: _____

Address: _____

STANDARD SERIES LICENSE PLATES ARE BEING REQUESTED FOR THE FOLLOWING VEHICLE:

YEAR	MAKE	VIN	CURRENT PLATE <i>(if registered)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The vehicle listed above qualifies for standard series license plates for the reason selected below (please initial the applicable exception):

- The vehicle is assigned to a state official of cabinet rank or to the head of a state entity.
- The vehicle is primarily used for agency law enforcement investigations or criminal investigative work.
- The vehicle is a limited use automobile (a vehicle with a maximum performance speed of 40 mph or less).
- The vehicle is used by the Office of Mental Health (OMH) or the Office of People With Developmental Disabilities (OPWDD) to transport individuals serviced by these agencies.

ATTENTION: This does not pertain to vehicles that are not issued standard size plates, including ATVs, boats, motorcycles and snowmobiles. Vehicles not used for one of the qualifying reasons above must be registered with State license plates that display the agency name. If the primary use of the vehicle listed above changes and no longer qualifies for exemption, the vehicle must immediately be re-registered with State plates.

CERTIFICATION

I certify that the above-described vehicle(s) is (are) registered or controlled by the state agency to which this application for registration applies, and that the information contained herein is true and accurate. I do so in my capacity as a duly appointed public officer who has been granted the authority to act on behalf of the above-named state agency.

I understand that knowingly making a false statement on an application submitted to the Commissioner of Motor Vehicles is a misdemeanor under Vehicle and Traffic Law, a misdemeanor or felony under New York State Penal Law, and may result in criminal prosecution in addition to revocation or suspension of the registration pursuant to regulations promulgated by the Commissioner of Motor Vehicles.

Signature _____ Date _____

Print Name _____ Title _____

() Business Phone Number _____ Business E-Mail Address _____

DMV USE ONLY

Authorization Code: _____

Code from List Code from IOCU

DMV Supervisor Approval _____