NEW YORK STATE | Department of Motor Vehicles

IN-TRANSIT PERMIT/TITLE APPLICATION

dmv.ny.gov

PLEASE PRINT CLEARLY

Batch File No.
☐ Orig ☐ Activity

OFFICE USE ONLY

Old Plate		Old Class		3 of Name	Insurance Company Code
Scofflaw Case Number(s)		New Plate		New Class	I T P
Special Conditions:	EX GI IF NF NU OD OV PA RC SA SO SP SS SV				
Sales Tax Information	Status	Value ($)	Jurisdiction	Rate	Out of State / Audit

DEALER ONLY

Permit Info.	Permit Number	Date Issued	Expiration Date	Facility ID Number	Is there a lienholder? ☐ Yes ☐ No	If "Yes", enter the information below UNLESS the vehicle will be transported out-of-state (in that case, advise the lender to perfect the lien in that state).
Lien Filing Code (Assigned by DMV)	Lienholder Name and Mailing Address					

INSTRUCTIONS ➔ COMPLETE 1 2 4 6 and 7 . WHEN 3 AND 5 APPLY, COMPLETE THOSE SECTIONS. PLEASE PRINT CLEARLY.

1 **Mark the box for the action you need.**

☐ Transport this vehicle to register it at a location outside of New York State. (Enter full destination address in mailing address fields.)

THE FOLLOWING OPTIONS CANNOT BE USED BY PLATE ISSUANCE DEALERS OR PARTNERS:

☐ Transport this vehicle within New York State to register it in another part of New York State.
☐ Transport this vehicle to obtain the required NYS Department of Transportation or NYS Heavy Vehicle inspection (see page 2 for requirements).
☐ Change information on a current in-transit permit.

☐ This vehicle will be transported
FROM (point of origin, city and state): _____
TO (destination, city and state or country): _____

2

NAME OF PRIMARY REGISTRANT *(Last, First, Middle or Business Name)*

NYS driver license number of PRIMARY | **SEX** M ☐ F ☐ X ☐ | **DATE OF BIRTH** Month Day Year

NAME OF CO-REGISTRANT *(Last, First, Middle)*

NYS driver license number of CO-REGISTRANT | **SEX** M ☐ F ☐ X ☐ | **DATE OF BIRTH** Month Day Year

TELEPHONE or MOBILE PHONE NUMBER *Area Code* ( )

NAME CHANGE? ☐ YES (refer to 5) ☐ NO

ADDRESS CHANGE? ☐ YES ☐ NO

Is this registration for a corporation or partnership? ☐ Yes ☐ No

How did you get the vehicle? (mark one) ☐ New ☐ Used ☐ Leased New ☐ Leased Used

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

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

3

DRIVER LICENSE NUMBER OF OWNER

The owner of the vehicle must sign this section. Proof of ownership and proof of owner's name and date of birth are required.

NAME OF PRIMARY OWNER *(Last, First, Middle or Business Name)*

DATE OF BIRTH Month Day Year

OWNER'S DAY PHONE NO. *(Optional)* *Area Code* ( )

ADDRESS WHERE OWNER GETS MAIL *(Include Street Number and Name, Rural Delivery and/or box number)*

Apt. No. | City or Town | State | Zip Code | 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)*

4

VEHICLE IDENTIFICATION NUMBER

VEHICLE DESCRIPTION Year | Make

Body Type For Cars *(mark one)*
☐ 2-Door ☐ 4-Door ☐ Convertible ☐ Station Wagon or Suburban ☐ Other _____

Body Type For Other Vehicles *(mark one)*
☐ Pick-up ☐ Van ☐ Motorcycle ☐ Tow ☐ Truck ☐ Trailer ☐ Other _____

Color

Unladen Weight

Type of Power or Fuel *(mark one)*
☐ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None ☐ Other _____

Cylinders

For trailers & commercial vehicles **Maximum Gross Weight**

For rentals,buses & taxis **Seating Capacity**

Odometer Reading in Miles

Office Use Only **Mileage Brand** ☐ A ☐ E ☐ N

For commercial vehicles Axles | Distance

OFFICE USE ONLY

Prior Owner	Title	Lien	Lien Number		Lien Release
Proof Submitted		Approved By		Stop/Response	
Reg/Title No. _____ State _____		Date	Old Fee	Operator	

NAME OF PRIMARY REGISTRANT _____

5 **CHANGES** - *Write new information about a current registration or title on page 1 of this form. For more information, refer to form MV-82.1 "Registering/Titling a Vehicle in New York State".*

NAME CHANGE: *Print the **former** name exactly like the former name is printed on the current registration or title.*

CHANGES: *Describe any vehicle changes and the reasons for the changes.*

6

Proof of NYS DOT INSPECTION or HEAVY VEHICLE INSPECTION IS REQUIRED before registration if the vehicle carries passengers AND the vehicle:

a. requires commercial operating authority;
b. is a bus with a seating capacity of 15 or more passengers, in addition to the driver;
c. provides transportation under a contract with a private school or school district;
d. transports children under the age of 21 to places of: academic or vocational instruction through grade 12; religious services, religious instruction or both; day camps or day care centers; care or training of persons with a physical disability, mental disability, or both;

Proof of NYS DOT INSPECTION or HEAVY VEHICLE INSPECTION IS NOT REQUIRED before registration if the vehicle:

e. is owned and operated by a municipality, or a public authority;
f. is owned by the registrant for the registrant's personal use, and is also used to transport children under the age of 21, without compensation, as described in "d" above;
g. is a taxi or livery vehicle which transports children under the age of 21 as described in "d" above, without a contract or agreement for on-going services.

For more information about proof of inspection requirements, refer to Inspection Requirements for Carriers Transporting Passengers (form MV-82.1P).

Vehicle Inspection Information

This information is needed to make sure you have all required proofs when you register the vehicle in New York State.

1. Read the information above to determine if a NYS DOT inspection or a NYS Heavy Vehicle inspection is required. If one of these inspections is required, mark this box . . . . . ☐
2. I certify that, to the best of my knowledge, this vehicle ☐ has been or ☐ has not 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 for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. **(If you mark the "has been" box, the vehicle must have an anti-theft examination before the vehicle can be registered, and "Rebuilt Salvage: NY" will be printed on the title.)**
3. Does the vehicle require a commercial operating authority permit? ☐ Yes ☐ No
   If "*Yes*", write the ☐ NYS DOT Permit No. _____
   ☐ I.C.C. Permit No. _____
4. Is the vehicle used as an ambulette? ☐ Yes ☐ No If "*Yes*", mark this box if payment is received to carry passengers ☐

7 **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 in accordance with Vehicle and Traffic Law, and has passed a New York State inspection if required. I certify that appropriate insurance coverage is in effect, that the vehicle will be operated in accordance with the Vehicle and Traffic Law, and that I am not the subject of any unsatisfied notices of violation from a tolling authority. 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 in a business name, print your full name and title)

Print Additional Name Here _____
(Print Name in Full)

Sign Here X _____
(If signing for a business, sign your full name **and** provide a copy of your government-issued photo ID.)

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

To Be Completed by a Registered New York State Dealer Only – *List any additional Lienholders*

Lien Filing Code (Assigned by DMV) _____ Lienholder Name _____

Mailing Address _____
(Number and Street) (City) (State) (Zip Code)

Lien Filing Code (Assigned by DMV) _____ Lienholder Name _____

Mailing Address _____
(Number and Street) (City) (State) (Zip Code)

DEALER CERTIFICATION: I certify that all information provided on this application is true. I take responsibility for the integrity of the papers delivered to the Motor Vehicles office. _____
(Signature of Dealer or Authorized Representative)

Reset/Clear