

IN-TRANSIT PERMIT/TITLE APPLICATION

dmv.ny.gov

Batch File No.
<input type="checkbox"/> Orig <input type="checkbox"/> Activity

PLEASE PRINT CLEARLY

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	Expiration Date	Date Issued	Facility ID Number	Is there a lienholder? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
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, include city and state): _____
 NOTE: NOT VALID IN MASSACHUSETTS TO (destination, include city and state or country): _____

2 NAME OF PRIMARY REGISTRANT (Last, First, Middle) _____ NYS driver license number of PRIMARY _____ SEX M F X DATE OF BIRTH _____

NAME OF CO-REGISTRANT (Last, First, Middle) _____ NYS driver license number of CO-REGISTRANT _____ SEX M F X DATE OF BIRTH _____

DAY TELEPHONE (Optional) 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 Leased New Used 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 CURRENT OWNER (Last, First, Middle) _____ DATE OF BIRTH _____ 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 _____ Does the ODOMETER display 5, 6 or 7 numbers? (write the number, do not include tenths) _____ For trailers & commercial vehicles Axles _____ Distance _____

OFFICE USE ONLY	Mileage Brand	Prior Owner	Title	Lien	Lien Number	L.R.
	Proof Submitted (Name and Ownership)				Approved By	Stop/Response
	Reg/Title No.	State	Date	Old Fee	Operator	

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 persons;
- 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, a public authority, or a school operated by, or certified by, the Office for People With Developmental Disabilities (OPWDD);
- 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:** The information I have given on this application is true to the best of my knowledge. 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 within the past 12 months, 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 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.**

Print Name Here **X** _____ Sign Here **X** _____
(Print Name in Full - if registering for a corporation, print your full name and title) (Sign Name in Full)

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

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____
 to use my credit card for payment of any fees in connection with this application,
 and I understand that I must be present for this transaction.

Sign Here **X** _____
(Cardholder-Sign Name in Full)

IMPORTANT: Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of the registration pursuant to regulations established by the Commissioner. The Department makes no representation that it will issue a certificate of title or transferable registration until the Commissioner is satisfied that the applicant is entitled to a certificate of title or transferable registration, and until all documentation required to establish ownership of the vehicle is submitted and deemed to be satisfactory. Pending review of this application, neither the Commissioner of the Department of Motor Vehicles nor any of the Commissioner's employees, deputies or agents assumes any liability or responsibility for repairs performed, improvements made or work done to the vehicle referenced in this application.

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)