

POLITICAL SUBDIVISION (PSD) VEHICLE REGISTRATION/TITLE APPLICATION

This form is available at dmv.ny.gov

NOTE: Volunteer organizations are not political subdivisions, and must use forms MV-82 and MV-653V.

I WANT TO:

<input type="checkbox"/> REGISTER A VEHICLE	<input type="checkbox"/> REPLACE LOST OR DAMAGED ITEMS	Plate Number <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<input type="checkbox"/> CHANGE A REGISTRATION	<input type="checkbox"/> TRANSFER PLATES	
<input type="checkbox"/> RENEW A REGISTRATION	<input type="checkbox"/> GET A TITLE ONLY	

OFFICE USE ONLY		Class
Batch File No.:		Three of Name
<input type="checkbox"/> Orig	<input type="checkbox"/> Activity	
<input type="checkbox"/> Dup	<input type="checkbox"/> Activity W/RR	
<input type="checkbox"/> Renewal	<input type="checkbox"/> Lease Buyout	
<input type="checkbox"/> Renew W/RR	<input type="checkbox"/> Sales Tax with Title	
Authorization Code <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

1 PSD Name (Agency and Department Name) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	TELEPHONE NUMBER Area Code ()				
ADDRESS WHERE PSD GETS MAIL (Include street number and name, rural delivery or box number. This address will be on the document.)					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Apt. No.	City or Town	State	Zip Code	COUNTY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

2 VEHICLE IDENTIFICATION NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	VEHICLE DESCRIPTION Year	Make <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Body Type (mark one) <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Pick-up <input type="checkbox"/> Van <input type="checkbox"/> Convertible <input type="checkbox"/> Suburban/SUV <input type="checkbox"/> Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tow <input type="checkbox"/> ATV <input type="checkbox"/> LSV <input type="checkbox"/> Other
Color	Unladen Weight	Type of Power (Fuel) <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Flex <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> None	
Cylinders	Maximum Gross Weight <small>For trailers & commercial vehicles</small>	Adult Seating Capacity <small>(including driver)</small>	Odometer Reading in Miles
		Office Use Only Mileage Brand <input type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> N	Axles <input type="checkbox"/> Distance <input type="checkbox"/> <small>For commercial vehicles</small>
CHANGES: Describe any vehicle changes and the reasons for the changes. (SUBMIT NYS TITLE IF ISSUED) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

3 If the OWNER of the vehicle is DIFFERENT from the REGISTRANT (PSD Name), the OWNER must complete this section.

NAME OF CURRENT OWNER(s)

THE ADDRESS WHERE OWNER GETS MAIL (Include the street number and name, rural delivery or box number)

<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Apt. No.	City or Town	State	Zip Code	County
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X

(Signature of owner or authorized person, and signature of co-owner if applicable) (Date)

4 ADDITIONAL VEHICLE INFORMATION

1. Has this vehicle been modified to change its registration class? Yes No If "Yes", explain

2. Was this vehicle altered to increase the capacity beyond that provided by the manufacturer by method of extended chassis, lengthened wheel base, or a lengthened seating area? Yes No
If YES, do you have the required Federal Alterer's Safety Certification (normally found on the door jamb)? Yes No
* If your vehicle was altered/stretched to increase the passenger capacity, you must present to the DMV issuing office a photograph or copy of all labels or plates (normally put on the driver's side door). If the vehicle was altered or stretched and now has an adult seating capacity of 11 or more (including the driver), you must show the original NYS DOT Inspection Receipt OR a NYS DOT Exemption Letter.

3. This vehicle is a **pick-up truck** with an unladen weight that is a maximum of 6,000 pounds. This vehicle is never used for commercial purposes and does not have advertising on any part of it. I want (mark one): Passenger Plates Commercial Plates

5 **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 signing this certification, I additionally confirm that I have been authorized to act on behalf of my political subdivision.

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.

<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	X	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<small>(Print Name and Title in Full)</small>		<small>(Sign Here)</small>

OFFICE USE ONLY					
New Plate	New Class	Ins. Co. Code	Jurisdiction		
Prior Owner	Issuance State	Title	Reg/Title	State	Status
Proof Submitted	OSID Approval	Special Conditions	Approved By	Date	

REQUEST FOR EXEMPTION FROM USE OF OFFICIAL/MARKED POLITICAL SUBDIVISION (PSD) LICENSE PLATES

IMPORTANT: Any exemption from the use of Official/Marked PSD license plates must be approved centrally by the Department of Motor Vehicles.

INSTRUCTIONS:

- Complete pages 1 and 2 of this form.
- Make sure to sign and date the certification below.
- Scan and email the completed form to: dmv.sm.psdsupport@dmv.ny.gov

You will receive an email response within three business days indicating either approval or denial of your request. If approved, bring this form and a copy of the approval email to any DMV issuing office to complete your transaction.

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 the political subdivision’s highest ranking publicly elected official, or in the case where there is no elected official, is assigned to the highest level appointed officer.

_____ The vehicle is primarily used for law enforcement or criminal investigative work.

ATTENTION: Vehicles not used for one of the qualifying reasons above must be registered with political subdivision license plates that display the political subdivision 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 political subdivision plates.

CERTIFICATION

I certify that the above-described vehicle is registered or controlled by the political subdivision to which this application for registration applies, and that the information contained herein is true and accurate. I so certify in my capacity as the highest level elected official of the political subdivision or, in the case where there is no elected official, as the highest level political subdivision appointed officer.

I understand that knowingly making a false statement on an application submitted to the Commissioner of Motor Vehicles is a misdemeanor under the 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.

X _____

Signature Date

Print Name Title

() _____

Business Phone Number Business E-Mail Address