



Department of Motor Vehicles

STATE VEHICLE REGISTRATION/TITLE APPLICATION

Office Use Only section with fields for Batch File No., Orig/Activity/Renewal/Lease Buyout/Dup/Activity W/RR/Renew W/RR/Sales Tax with Title, Agency Code, Authorization Code, and Class.

Submit this form only to the NYS DMV Albany District Office.

I WANT TO:

Registration options: REGISTER A VEHICLE, RENEW A REGISTRATION, GET A TITLE ONLY, CHANGE A REGISTRATION, REPLACE LOST OR DAMAGED ITEMS. Includes Plate Number field.

OMH & OPWDD

Is the vehicle used to transport individuals serviced by this agency? Yes/No

1 NAME OF PRIMARY REGISTRANT (Agency Name), TELEPHONE NUMBER, COUNTY OF USE, THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL, MAILING COUNTY

2 VEHICLE IDENTIFICATION NUMBER, VEHICLE DESCRIPTION, Body Type, Type of Power (Fuel), Office Use Only Mileage Brand, CHANGES: Describe any vehicle changes and the reasons for the changes.

3 If the OWNER of the vehicle is DIFFERENT from the REGISTRANT, the OWNER must complete this section. NAME OF CURRENT OWNER(s), THE ADDRESS WHERE OWNER GETS MAIL, Signature and Date fields.

4 ADDITIONAL VEHICLE INFORMATION. 1. Has this vehicle been modified to change its registration class? 2. Was this vehicle altered to increase the capacity beyond that provided by the manufacturer... 3. This vehicle is a pick-up truck with an unladen weight that is a maximum of 6,000 pounds.

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... 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.

OFFICE USE ONLY section with fields for New Plate, New Class, Ins. Co. Code, Jurisdiction, Status, Special Conditions, Approved By, Date.

REQUEST FOR EXEMPTION FROM USE OF STATE AGENCY MARKED LICENSE PLATES

Agency Name: _____

Address: _____

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

YEAR	MAKE	VIN	CURRENT PLATE (if registered)
<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 primarily used by a state official of cabinet rank or the head of a state entity.

_____ 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 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 the **Commissioner or agency head** 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.

X _____

Signature Date

Print Name Title

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Business Phone Number Business E-Mail Address

DMV USE ONLY

Code from List Code from IOCU

_____ DMV Supervisor Approval