



MAIL, FAX OR EMAIL THIS REQUEST TO:

NYS DEPARTMENT OF MOTOR VEHICLES
 PLATE & DOCUMENT DISTRIBUTION
 6 ESP, ROOM 226
 ALBANY NY 12228
 FAX: (518) 473-3490
 E-MAIL: dmv.sm.centralservicesefax@dmv.ny.gov



Name of Dealer			Facility Number	
Street Address			Telephone ()	
City	State	Zip Code	County	
Contact Person			Title	

QUANTITY	ITEM	DMV OFFICE USE ONLY
<i>(Must be multiple of 50)</i>	TEMPORARY CERTIFICATE OF REGISTRATION (MV-53) A completed book must be returned when requesting a replacement book.	
	VEHICLE REGISTRATION/TITLE APPLICATION (MV-82) Available at dmv.ny.gov	
	REGISTERING/TITLING A VEHICLE IN NEW YORK STATE (MV-82.1) Available at dmv.ny.gov	
	ALL-TERRAIN VEHICLE DEALER REGISTRATION INSTRUCTIONS (RV-2) Available at dmv.ny.gov	
	DECLARATION OF EXEMPTION FROM SNOWMOBILE OR ALL-TERRAIN REGISTRATION (RV-6)	