



New York State Department of Motor Vehicles
IN-TRANSIT PERMIT/TITLE APPLICATION
 www.nysdmv.com

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?	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 BOXES 1 2 4 6 and 7 . COMPLETE BOXES 3 AND 5 ONLY IF NECESSARY. PLEASE PRINT CLEARLY.

1 What do you want to do? Transport this vehicle to register it at some place outside of New York State.
 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, including city and state): _____
 TO (destination, including city and state or country): _____

NOTE: NOT VALID IN MASSACHUSETTS

2 CLIENT ID NO. (from Driver License of first registrant listed below)

NAME CHANGE? YES NO (See Box 5 on page 2.)

ADDRESS CHANGE? YES NO

Is this registration for a corporation or partnership? Yes No

NAME OF REGISTRANT (Last, First, Middle)

DATE OF BIRTH: Month Day Year

SEX: M F

DAY PHONE NO. (Optional) Area Code ()

ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number)

Apt. No. City or Town State Zip Code County

ADDRESS WHERE YOU LIVE (IF DIFFERENT FROM MAILING ADDRESS) - DO NOT GIVE P.O. BOX

Apt. No. City or Town State Zip Code County

3 IF YOU ARE NOT THE OWNER of this vehicle, the owner must complete this section. Proof of ownership and proof of owner's name and date of birth are required.
 NOTE -You do not have to fill in this section if you attach a completed Registration Authorization (MV-95), or if you are renewing the vehicle, and the owner is the same.

OWNER CLIENT ID NO. (from Driver License)

NAME OF CURRENT OWNER (Last, First, Middle)

DATE OF BIRTH: Month Day Year

SEX: M F

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 named in Box 2 is authorized to register the vehicle described in Box 4.

 (Owner's/Authorized Signature-Co-owner's Signature if applicable) (Date)

4 VEHICLE IDENTIFICATION NUMBER

VEHICLE DESCRIPTION: Year Make

Body Type For Cars: 2-Door 4-Door Convertible Station Wagon/Suburban Other

Body Type For Other Vehicles: Pick-up Van Motorcycle Tow Truck Trailer Other

Color Unladen Weight

Type of Power (Fuel): Gas Diesel Electric Flex CNG Propane None Other

Cylinders For trailers & commercial vehicles Max. Gross Weight For rentals, buses & taxis Seating Cap. Odometer Reading in Miles How many numbers can fit in the vehicle's ODOMETER (5, 6 or 7 -- 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

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CHANGES

To change information on a current registration and/or title, be sure to enter the **new** information on page 1 of this form.

NAME CHANGE: Print **former** name exactly as it appears on the current registration or title.

CHANGES: Describe all changes and the reasons for the changes.

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

- 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. provides transportation to children under age 21 to places of: academic or vocational instruction through grade 12; religious services and/or religious instruction; day camps or day care centers; care or training of persons with a physical and/or mental disability.

Proof of NYS DOT INSPECTION or HEAVY VEHICLE INSPECTION **IS NOT** required before registration if a vehicle:

- e. is owned and operated by a municipality, a public authority, or a school operated by, or certified by, the Office of Mental Retardation and Developmental Disabilities (OMRDD).
- f. is owned by the registrant for his or her personal use, and is also used to transport children under age 21, without compensation, to the places described in "d" above.
- g. is a taxi or livery vehicle which transports children under age 21 to the places described in "d" above, without a contract or agreement for on-going services.

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

Vehicle Inspection Information

We ask for this information to make sure you have all required proofs when you register this vehicle in New York State.

1. See 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, check 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. **(Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage: NY" on it.)**
3. Does this vehicle require a commercial operating authority permit? Yes No
If "Yes", give NYS DOT Permit No. _____
 I.C.C. Permit No. _____
4. Is it used as an ambulette? Yes No If "Yes", check this box if payment is received to carry passengers

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

Additional Signature Sign Here (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. Sign Here (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 his or her 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)