

# APPLICATION FOR DUPLICATE REGISTRATION

Batch File Number

RDP  RRN

**IMPORTANT: Do not use this form to change your name or any vehicle information. To make any of those changes, use form MV-82 "Vehicle Registration/Title Application".**

**INSTRUCTIONS:**

- ◆ Enter your license plate number and fill in Sections 1 and 2 below. Provide all requested information.
- ◆ Show proof of identity, such as a NYS photo driver license or ID card (see form ID-82 for other proofs of identity).
- ◆ If you receive a temporary registration document, place it on your dashboard. The new window sticker and registration document will be mailed to you in a few days.

**LICENSE PLATE NUMBER:**

SECTION 1

**NAME OF PRIMARY REGISTRANT** (Last, First, Middle or Business Name)

**NYS driver license ID number of PRIMARY REGISTRANT**

**DATE OF BIRTH** Month  Day  Year

**GENDER** Male  Female

**NAME OF CO-REGISTRANT** (Last, First, Middle)

**NYS driver license ID number of CO-REGISTRANT**

**DATE OF BIRTH** Month  Day  Year

**GENDER** Male  Female

**ADDRESS CHANGE?**  YES  NO

**TELEPHONE NUMBER** Area Code  (  )

**MOBILE TELEPHONE NUMBER** Area Code  (  )

**THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL** (Include Street Number and Name, Rural Delivery or box number. This address will be printed on the document.)

City or Town  State  Zip Code  Apt. No.  County of Residence

**THE ADDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS.** (DO NOT GIVE A P.O. BOX.)

City or Town  State  Zip Code  Apt. No.

**If the OWNER of the vehicle is DIFFERENT from the REGISTRANT, the OWNER must complete this section.**

**NYS driver license number of OWNER**

**NAME OF CURRENT OWNER(s)** (Last, First, Middle)

**DATE OF BIRTH** Month  Day  Year

**GENDER** Male  Female

**NAME OF CO-OWNER** →

SECTION 2

**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 have plates in a series reserved for a special group, I certify that I am still eligible to receive them, and that I have only one set of these plates. ***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.***

**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.

**Print Name Here X** \_\_\_\_\_  
(Print Name in Full)

**Sign Here X** \_\_\_\_\_  
(Sign Name in Full)

\_\_\_\_\_  
(If registering for a corporation, print title)

**Email (optional)** \_\_\_\_\_

OFFICE USE ONLY	Old Plate	<input type="text"/>	Old Class	<input type="text"/>	3 of Name	<input type="text"/>
	Special Conditions	EO	EX	NF	NR	PI SR SV XR
	Proof Submitted (Name and Ownership)	<input type="text"/>			Approved By	<input type="text"/>
	Scofflaw Clearance Number(s)	<input type="text"/>			Date	<input type="text"/>

