



New York State Department of Motor Vehicles SNOWMOBILE REGISTRATION APPLICATION

PLEASE PRINT CLEARLY

FOR OFFICE USE ONLY	
Batch (File No.)	
<input type="checkbox"/> Original	<input type="checkbox"/> Activity
<input type="checkbox"/> Renewal	<input type="checkbox"/> Duplicate

OFFICE USE ONLY	Registration Number	3 of Name	New Reg. Number	SPECIAL CONDITIONS: NF OV PA SV XR				
	Pool Plate	Sales Tax Information	Status	Value (\$)	Jurisdiction	Rate	Out of State	Audit

DEALER ONLY	THIS SECTION MUST BE COMPLETED ONLY BY A REGISTERED NEW YORK STATE SNOWMOBILE DEALER							
	If you are registering this snowmobile for someone who does not live in NY, and the snowmobile is already registered in the customer's home jurisdiction, DO NOT ASSIGN A REGISTRATION DECAL . Motor Vehicles office staff will assign a registration number when the application is processed. Snowmobiles registered in another jurisdiction are required to display the numbers assigned by the home jurisdiction on the snowmobile's cowling.							
	If a registration decal is issued, write the decal registration number in this box: <input type="text"/> Please copy the decal number carefully. Errors will delay processing of the application.							
	If the snowmobile already has a valid NY registration, make sure the NY registration number is correctly entered in section 3 below.							
Date Temp. Reg. Issued		Date of Sale			Date Sent to DMV Office			
Dealer Name				Dealer Facility Number				

INSTRUCTIONS → COMPLETE SECTIONS **1** **2** **3** and **5** . COMPLETE SECTION **4** ONLY IF NECESSARY. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

WHAT DO YOU WANT TO DO?

1 REGISTER this snowmobile in registrant's name for the first time RENEW a registration
 CHANGE information on registration REPLACE a registration: Document Stickers

2 NAME OF PRIMARY REGISTRANT (Last, First, Middle)

PRIMARY CLIENT ID NO. (from NYS License)

SEX M F

DATE OF BIRTH Month Day Year

DAY PHONE NO. (Optional) Area Code ()

NAME CHANGE? YES (see box **4**) NO

ADDRESS CHANGE? YES NO

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

CO-REGISTRANT CLIENT ID NO. (from NYS License)

SEX M F

DATE OF BIRTH Month Day Year

Is this registration for a corporation or partnership? Yes No

How was the snowmobile obtained? New Leased New Used Leased Used

PRIMARY REGISTRANT ADDRESS WHERE YOU GET YOUR MAIL (Include Street Number and Name, Rural Delivery and/or box number. This address will appear on the document.)
 Apt. No. City or Town State Zip Code County of Residence

PRIMARY REGISTRANT ADDRESS WHERE YOU LIVE (IF DIFFERENT FROM MAILING ADDRESS. DO NOT GIVE P.O. BOX.)
 Apt. No. City or Town State Zip Code

3 Is this snowmobile already registered in NY? Yes No If "YES", enter NY Registration No.

SNOWMOBILE IDENTIFICATION NUMBER YEAR MAKE

COLOR CC OR HP USE Pleasure Dealer Rental Commercial Government Emergency

NYS COUNTY OF PRIMARY USE

OFFICE USE ONLY

Prior Owner Old Owner Stop/Response

Approved by: Date: Operator Signature

Proof Submitted (Name and Ownership)
 Name: Ownership:

Driver License Other: MCO Registration Bill of Sale Other:

4 TO CHANGE information on your **current** snowmobile registration:

For a change of **name**, print your former name exactly as it appears on the registration you now have.

For a change **other** than name, tell us what the change is, and the reason for the change.

5 **Certification:**

The information I have given on this application is true to the best of my knowledge. I certify that the snowmobile is fully equipped as required by 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 _____
(Print Name in Full - if registering for a corporation, print your full name and title)

Sign Here X _____
(Sign Name in Full)

Additional Signature Sign Here X _____
(Sign Name in Full - Additional signature required for a partnership or if registering this vehicle in more than one name.)

Snowmobile Club Member Certification:

I certify that I am a member, in good standing, of _____
(Print Name of New York State Snowmobile Club)

My signature authorizes the New York State Department of Motor Vehicles to use my personal information (name, address, and registration number) to verify my membership in a snowmobile club that is a member of the New York State Snowmobile Association.

Sign Here X _____
(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 transferable registration until all documentation required to establish ownership of the snowmobile 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 snowmobile referenced in this application.

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, and I understand that I must be present for this transaction.

Sign Here X _____
(Cardholder-Sign Name in Full)

TO BE COMPLETED ONLY BY A REGISTERED NEW YORK STATE SNOWMOBILE DEALER

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DEALER TRANSFER INFORMATION – Please complete the information below. For new snowmobiles, attach a Manufacturer’s Statement or Certificate of Origin (MSO or MCO) and a bill of sale. For used snowmobiles, attach a signed title or transferable registration, along with bills of sale for any subsequent transfers of ownership.

Snowmobile was obtained from _____
Name _____
Date of Purchase From Previous Owner

_____ Address

Snowmobile was sold by _____
Dealership Name _____
Facility No. _____
Date of Sale

_____ Address of your Dealership

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 Department of Motor Vehicles.

X _____
Signature of Dealer or Authorized Representative _____
Print Dealer Name

DEALER ONLY: Please mail or deliver this completed application and required paperwork, to any DMV office for processing. **If you are issuing** a Temporary Certificate of Registration (MV-53), this must be **done within 5 days**.

PAYMENT INSTRUCTIONS

You can pay for your transaction by check, money order or credit card.

1. Select your payment method.
2. Complete the section for your payment method.
3. Make your check or money order payable to the "Commissioner of Motor Vehicles" (**DO NOT SEND CASH**)
4. Return page 3 with your application. Make sure to include your check or money order if applicable.

NAME OF PRIMARY REGISTRANT: _____

Check Money Order **Amount Enclosed (DO NOT SEND CASH) \$** _____

Credit Card Authorization - Provide all of the information below.

Credit Card Type Visa MasterCard American Express Discover

Name (as it appears on credit card)

Credit Card Number

Expiration Date

Security Code (3 or 4 digit code on back or front of your card)

Authorized
Signature **X**