NEW YORK STATE OF OPPORTUNITY. Department of Motor Vehicles

PERMANENT FLEET REGISTRATION APPLICATION

INSTRUCTIONS:

1. Print or type information on this application.
2. Complete one application for each account.
3. If more space is needed, use an additional copy of this form.

Company Name (Account Name) To Appear on Registration			
Address			
City	State	County	Zip Code
Mailing Address for Documents/Stickers (if different from above)			
City	State		Zip Code

Contact Person (PFR Program)	Title or Job Position	Phone (Include Area Code) ( )	Fax ( )
		E-Mail Address	
Contact Person (to resolve printout discrepancies)	Title or Job Position	Phone (Include Area Code) ( )	Fax ( )
		E-Mail Address	

Total Number of Vehicles in Fleet	Approximate Number of Vehicles to be Entered in PFR Program

Please print or type **each** company name under which your fleet vehicles are currently registered. Look at **each** registration and each time the company name is different, print or type the name **exactly** as it is printed on the registration. Also, provide the **zip code** printed on the registration for each variation of the company name that you enter below.

Name	Zip Code
Name	Zip Code
Name	Zip Code
Name	Zip Code
Name	Zip Code
Name	Zip Code
Name	Zip Code
Name	Zip Code
Name	Zip Code
Name	Zip Code
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