



Department of Motor Vehicles

POLITICAL SUBDIVISION (PSD) VEHICLE REGISTRATION/TITLE APPLICATION

This form is available at dmV.ny.gov

OFFICE USE ONLY section containing Batch File No., Class, Three of Name, and checkboxes for Orig, Dup, Renewal, Renew W/RR, Activity, Activity W/RR, Lease Buyout, Sales Tax with Title.

Submit this form only to: NYS DMV DFI, Empire State Plaza Station, PO Box 2107, Albany, NY 12220

NOTE: Volunteer organizations are not political subdivisions, and must use forms MV-82 and MV-653V.

I WANT TO:

Form with checkboxes for REGISTER A VEHICLE, CHANGE A REGISTRATION, RENEW A REGISTRATION, REPLACE LOST OR DAMAGED ITEMS, TRANSFER PLATES, GET A TITLE ONLY, and a Plate Number field.

Section 1: PSD Name (Agency and Department Name), TELEPHONE NUMBER, ADDRESS WHERE PSD GETS MAIL, and COUNTY.

Section 2: VEHICLE IDENTIFICATION NUMBER, VEHICLE DESCRIPTION (Year, Make, Body Type), Type of Power (Fuel), Mileage Brand, and Odometer Reading in Miles.

Section 3: If the OWNER of the vehicle is DIFFERENT from the REGISTRANT (PSD Name), the OWNER must complete this section. Includes NAME OF CURRENT OWNER(s) and THE ADDRESS WHERE OWNER GETS MAIL.

Section 4: ADDITIONAL VEHICLE INFORMATION. Includes questions about modifications, seating capacity, and pick-up truck eligibility.

Section 5: CERTIFICATION. The information I have given on this application is true to the best of my knowledge. Includes a WARNING about false statements.

OFFICE USE ONLY section containing New Plate, New Class, Ins. Co. Code, Jurisdiction, Prior Owner, Issuance State, Title, Reg/Title, Status, Proof Submitted, OSID Approval, Special Conditions, Approved By, and Date.

# REQUEST FOR EXEMPTION FROM USE OF OFFICIAL/MARKED POLITICAL SUBDIVISION (PSD) LICENSE PLATES

**IMPORTANT:** Any exemption from the use of Official/Marked PSD license plates must be approved centrally by the Department of Motor Vehicles Division of Field Investigation.

**INSTRUCTIONS:**

- Complete pages 1 and 2 of this form.
- This form must be signed only by the highest publicly elected official or in the case where there is no elected official, the highest level appointed officer.
- Mail the completed forms and supporting documentation to:

NYS DMV DFI  
Empire State Plaza Station  
PO Box 2107  
Albany, NY 12220

**STANDARD SERIES LICENSE PLATES ARE BEING REQUESTED FOR THE FOLLOWING VEHICLE:**

YEAR	MAKE	VIN	CURRENT PLATE <i>(if registered)</i>

The vehicle listed above qualifies for standard series license plates for the reason below (*please initial the reason*):

\_\_\_\_\_ The vehicle is assigned to the political subdivision's highest ranking publicly elected official, or in the case where there is no elected official, is assigned to the highest level appointed officer.

**ATTENTION:** Only one registration per political subdivision will be granted under this exemption. Vehicles not used for the qualifying reason above must be registered with political subdivision license plates that display the political subdivision name. If the primary use of the vehicle listed above changes and no longer qualifies for exemption, the vehicle must immediately be re-registered with political subdivision plates.

**CERTIFICATION**

I certify that the above-described vehicle is registered or controlled by the political subdivision to which this application for registration applies, and that the information contained herein is true and accurate. I so certify in my capacity as the highest level elected official of the political subdivision or, in the case where there is no elected official, as the highest level political subdivision appointed officer.

I understand that knowingly making a false statement on an application submitted to the Commissioner of Motor Vehicles is a misdemeanor under the Vehicle and Traffic Law, a misdemeanor or felony under New York State Penal Law, and may result in criminal prosecution in addition to revocation or suspension of the registration pursuant to regulations promulgated by the Commissioner of Motor Vehicles.

**X** \_\_\_\_\_

Signature Date

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Print Name Title

(      ) \_\_\_\_\_

Business Phone Number Business E-Mail Address