New York State Department of Motor Vehicles

VEHICLE REGISTRATION/TITLE APPLICATION

This form is also available on DMV's web site - www.nysdmv.com

INSTRUCTIONS ➔ COMPLETE BOXES 1 2 3 4 and 7. COMPLETE BOXES 3 AND 4 ONLY IF NECESSARY. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

1 WHAT DO YOU WANT TO DO? (See Form MV-82, Registering a Vehicle in New York State, for more information.)
- [ ] REGISTER this vehicle for the first time
- [ ] TRANSFER Plate Number ___________ to this vehicle
- [ ] CHANGE the title (see box 6)
- [ ] CHANGE registration for Plate Number ___________ (see box 6)
- [ ] TITLE ONLY for a 1973 or newer vehicle
- [ ] LEASE BUY-OUT Plate Number ___________

2 CLIENT ID NO. (Drive Licenses, absentee voter cards)

NAME OF REGISTRANT (Last, First, Middle)
Kinn, Tracy Rae

NAME CHANGES
- [ ] YES (see box 5)
- [ ] NO

ADDRESS CHANGES
- [ ] YES
- [ ] NO

DATE OF BIRTH
Month Day Year

SEX
M
F

DAY PHONE NO. (Optional)

ADDRESS WHERE YOU GET YOUR MAIL

ADDRESS WHERE YOU LIVE

OWNER CLIENT ID NO. (from Driver License)

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.

NAME OF CURRENT OWNER (Last, First, Middle)

DATE OF BIRTH
Month Day Year

OWNER'S DAY PHONE NO. (Optional)

AUTHORIZATION: The registrant named in box 2 is authorized to register the vehicle described in box 4

4 VEHICLE IDENTIFICATION NUMBER

WBABD53416PL17467

YEAR
Make

BMW

MODEL

VEHICLE DESCRIPTION

COLOR

BLUE

MILES

3362 (192.43)

VEHICLE'S ODOMETER has room for how many numbers (8 & 9 - do not include teens)

TYPE OF POWER (Fuel)

Gas

DIESEL

Electric

Propane

For hybrid/ev commercial vehicles

Type Fuel Code (Assigned by DMV)

Miles Per Gallon

Max. Gross Vehicle Weight

6,000

Operator

License Holder's Name and Mailing Address

License Number

Expiration Date

In The Space Below, Enter Your Signature

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

Matie, Charles, W

CHANGES: Describe any vehicle changes and the reasons for the changes.

ADDITIONAL VEHICLE INFORMATION

1. I certify that, to the best of my knowledge, this vehicle has 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 roads 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" on it.)

2. Is this vehicle registered for your personal use? Yes ☐ No ☐
   If "Yes", go to question 3 below. If "No", check any of the following boxes that apply:
   - It is a passenger vehicle to be used for hire with a driver and operated in:
     ☐ New York City ☐ A jurisdiction other than NYC, that regulates taxis ☐ A jurisdiction that does not regulate taxis
   - It is a passenger vehicle that is rented or leased without a driver.
   - It requires a commercial operating authority permit:
     ☐ NYS DOT Permit No. ☐ I.C.C. Permit No. ☐ US DOT Permit No.
   - It is government-owned.
   - If it is used as an ☐ ambulance ☐ ambulette ☐ Check this box if ☐ payment is received to carry passengers
   - It is a commercial tow truck with a GVWR of at least 8,600 lbs. ☐ It is used as a hearse.
   - It is used only as a farm vehicle (Form MV-250F, Part 1, must be attached). ☐ It is used only as an agricultural truck.

3. Has this vehicle been modified to change its registration class? Yes ☐ No ☐

4. Is this vehicle a pick-up truck with an unladen weight of 5,000 pounds or less, used exclusively for non-commercial purposes, with no advertising anywhere on it? Yes ☐ No ☐

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.

Print Name Here ☐ Tracy Rae King

Sign Here ☐ Tracy Rae King

Print Additional Name Here ☐

(If registering for a corporation, print your full name and title)

Print Additional Signature Here ☐

(If registering for a corporation, print your full name and title)

IMPOTANT: 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 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.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes Sign Here ☐

to use my credit card for payment of any fees in connection with this application.

To Be Completed by a Registered New York State Dealer Only – List any additional Lienholders

Lienholder Number ☐ Lienholder Name ☐

Mailing Address ☐ (Number and Street) ☐ (City) ☐ (State) ☐ (Zip Code)

Lienholder Number ☐ Lienholder Name ☐

Mailing Address ☐ (Number and Street) ☐ (City) ☐ (State) ☐ (Zip Code)

NY 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)

PAGE 2 OF 2
ANY CHANGE OR ERASURE WILL VOID THIS TITLE — ANY FALSE STATEMENT IS A MISDEMEANOR

SECTION I - Transfer by Owner

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

☐ 1. reflects the ACTUAL MILEAGE as seen on the odometer of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY.

ODOMETER READING

19,243

(no tens)

ODOMETER HAS SPACE FOR: (Check one)
☐ Five Digits, excluding tens
☒ Six Digits, excluding tens

DAMAGE DISCLOSURE STATEMENT (To be Completed by Owner Named on Face of Title)

I certify that, to the best of my knowledge, this vehicle ☐ has been or ☒ has not been wrecked, destroyed or damaged in such an extent that the total estimate of actual cost of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before the accident, and for legal operation on the roads or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has" box means that 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.)

I or we transfer the vehicle, boat or manufactured home described on this certificate. At the time of transfer, this title is subject only to the liens or encumbrances listed on this certificate, if any. I also certify that this is the most recent title issued for this vehicle, boat or manufactured home.

Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Signature: [Signature]
Buyer's Name (Print in Full): Charles W. Moore
Date of Statement: 3/13/2008
Bank of Statement:

Signature: [Signature]
Buyer's Name (Print in Full): Tracy R. King
Date of Statement: 3/13/2008

SECTION II - Reassignment by Manufactured Home Dealer or Registered Boat Dealer or Out-of-State Dealer

ODOMETER DISCLOSURE STATEMENT

Note: This vehicle cannot be registered or titled in the name of the new owner unless mileage is disclosed. Federal and State Law require that you state the mileage of the vehicle described on this certificate when transferring ownership.

Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, this odometer reading (check one):

☐ 1. reflects the ACTUAL MILEAGE of the vehicle described on the front.
☐ 2. EXCEEDS MECHANICAL LIMITS (odometer started over at zero)
☐ 3. not the actual mileage. WARNING - ODOMETER DISCREPANCY.

ODOMETER READING

(no tens)

ODOMETER HAS SPACE FOR: (Check one)
☐ Five Digits, excluding tens
☒ Six Digits, excluding tens

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Note: Section 2113 of the Vehicle and Traffic Law requires that application for a title must be made within 30 days of transfer.

Signature: [Signature]
Seller's Signature: [Signature]
Buyer's Name (Print in Full): [Printed Name]
Buyer's Name (Print in Full): [Printed Name]
Date of Statement: [Date]
Date of Statement: [Date]
Street Address: [Address]
Street Address: [Address]
City [City]
City: [City]
State [State]
State: [State]
ZIP Code [ZIP Code]
ZIP Code: [ZIP Code]