



PART 1

TYPE OF APPLICATION REQUESTED

- NEW ACCOUNT, WEIGHT INCREASE, DUPLICATE CAB CARD, ADDRESS CHANGE, ADD VEHICLE, WEIGHT DECREASE, REPLACEMENT PLATES, TEMPORARY AUTHORITY, DELETE VEHICLE, RENEWAL, REPLACEMENT STICKER, OTHER, TRANSFER PLATES, FLEET TO FLEET, SAFETY US DOT # CHANGE

REGISTRANT/CARRIER INFORMATION

1. ACCOUNT # 2. FLEET #

3. REGISTRANT NAME:

4. DBA:

5. BUSINESS ADDRESS:

(No P.O. Box Number Allowed)

CITY: STATE: ZIP CODE: COUNTY:

6. CONTACT PERSON:

7. PHONE #: 8. FAX #:

9. EMAIL ADDRESS:

10. TAXPAYER IDENTIFICATION # (TIN):

11. DATE OF BIRTH: 12. Male Female

13. PRIVACY ACT: Check the INFORMATION DISCLOSURE box at the end of this sentence if you do not want your personal information from this record used for surveys, marketing and solicitations.

14. WYOMING AUTHORITY#:

15. REGISTRANT'S DOT #:

Have you previously been registered in any jurisdictions? Yes No, If yes, jurisdiction

Do you lease your vehicle and driver to a motor carrier? Yes No

FLEET INFORMATION

16. FLEET TYPE: 17. COMMODITY CLASS: 18. # OF REG MONTHS:

19. EFFECTIVE DATE: 20. EXPIRATION DATE:

21. MAILING ADDRESS:

CITY: STATE: ZIP CODE: COUNTY:

PART 2

FLEET TO FLEET TRANSFER INFORMATION

Table with 4 columns: (22) VEHICLE UNIT # (OEN), (23) VEHICLE IDENTIFICATION NUMBER, (24) FROM FLEET #, (25) TO FLEET #

DELETIONS*

Table with 4 columns: (26) VEHICLE UNIT # (OEN), (27) VEHICLE IDENTIFICATION NUMBER, (28) LICENSE PLATE NUMBER, (29) REPLACEMENT VEHICLE UNIT # (OEN)

* (Send in plates for deletion.)

PART 3**WEIGHT INFORMATION** Account # _____

30. Please list the weight you want on your cab card for all jurisdictions. Canadian jurisdictions will print the weight in kilograms on the cab card.

AK _____	KS _____	NJ _____	VT _____
AL _____	KY _____	NM _____	WA _____
AR _____	LA _____	NV _____	WI _____
AZ _____	MA _____	NY _____	WV _____
CA _____	MD _____	OH _____	WY _____
CO _____	ME _____	OK _____	AB _____ (Canada)
CT _____	MI _____	OR _____	BC _____ (Canada)
DC _____	MN _____	PA _____	MB _____ (Canada)
DE _____	MO _____	RI _____	NB _____ (Canada)
FL _____	MS _____	SC _____	NL _____ (Canada)
GA _____	MT _____	SD _____	NS _____ (Canada)
IA _____	NC _____	TN _____	ON _____ (Canada)
ID _____	ND _____	TX _____	PE _____ (Canada)
IL _____	NE _____	UT _____	QC _____ (Canada)
IN _____	NH _____	VA _____	SK _____ (Canada)

PART 4**VEHICLE INFORMATION FOR NEW ACCOUNTS, ADDITIONS, OR CHANGES**

31. VEHICLE UNIT # (OEN) _____

A) VEHICLE IDENTIFICATION NUMBER	B) YEAR	C) MAKE	D) VEHICLE TYPE	E) FUEL/CYL	F) WHEELBASE
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G) UNLADEN WT	H) SEATS	I) AXLES	J) COMBINED AXLES	K) COLOR	L) OWNER NAME
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M) TITLE DOC. #	N) TITLE DOC. JUR.	O) SAFETY TAXPAYER ID # (TIN)	P) SAFETY US DOT #
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Q) Will vehicle safety responsibility change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No	R) SAFETY NAME
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S) MAXIMUM DESIRED WEIGHT	T) PURCHASE PRICE	U) PURCHASE DATE	V) FACTORY PRICE
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W) INS. CO. CODE	X) CURRENT PLATE #	Y) CURRENT PLATE CLASS	Z) SPECIAL USE
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REGISTRATION AUTHORIZATION	IF THE REGISTRANT IS NOT THE OWNER, fill in the information below. Proof of ownership and proof of the OWNER'S name and date of birth are required.
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Vehicle #1 - Owner's Name	Date of Birth	Is the vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address	Apt. No.	City	State	Zip Code
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The person named in number 3 of Part 1 is authorized to register this vehicle in his/her name.
 Owner's Authorized
 Signature **X** _____ Date: _____

If signing for a corporation, print your full name and title here _____

CERTIFICATION: I, the Undersigned, certify under penalty of perjury that all information provided in this Application is true and accurate to the best of my knowledge, and that the **subject vehicle**: is fully equipped, inspected, insured, and will be operated, in compliance with New York State Vehicle and Traffic Law (VTL); possesses a valid NYS inspection issued within the last twelve (12) months; or, in the alternative, has qualified for an extension of such inspection (see, DMV form VS-1077) and will be inspected within the next ten (10) days; is covered by a current policy of insurance or financial security as required by VTL; and if previously "junked", has been repaired to conform with VTL Sections 375 and 376; possesses a currently valid NYS registration (if I am using this Application to request issuance of replacement registration documents). I declare that I fully understand applicable Federal and NYS Motor Vehicle Carrier Safety laws and regulations including, where applicable, those pertaining to the transportation of hazardous materials. If this Application is signed in my official capacity on behalf of a business entity, I further certify that I am duly authorized to make this Application on behalf of such entity.

IMPORTANT: By signing this Application, the Undersigned acknowledges that intentionally making a false statement on this form is a misdemeanor under VTL Section 392, and may result in criminal prosecution, as well as suspension or revocation of the registration of the subject vehicle.

Name of Applicant/Business Entity (please print): _____

Sign here: **X** _____

Title: _____ Date (mm/dd/yyyy): _____ / _____ / _____

**If signing as agent for a business entity, write your title (CEO, President, Vice-President, Secretary, Treasurer or Comptroller).
 Anyone else signing as agent for a business entity must send in a notarized Power of Attorney.**

