

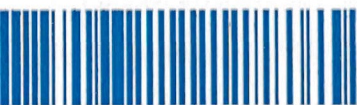
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EP13F October 2023
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\$31.40

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03/20/25 Mailed from 94303 028W2311555

PRIORITY MAIL EXPRESS®

CURTIS LONSKY
2574 LEDYARD RD
GENOA NY 13071-8748
(315) 224-4674

1.50 oz

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WAIVER OF SIGNATURE REQUESTED

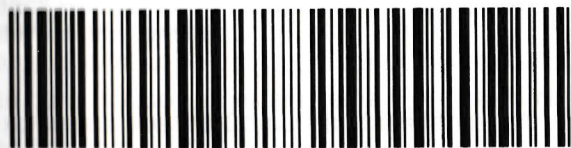
SCHEDULED DELIVERY DAY: 03/21/25 06:00 PM

SHIP
TO:



(650) 644-9580
PETER LONSKY
2748 ROSS ROAD
PALO ALTO CA 94303

USPS TRACKING® NUMBER



9570 1066 2686 5079 3488 60



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REQUIRED.



UNITED STATES
POSTAL SERVICE

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STATE OF CALIFORNIA

CERTIFICATE OF TITLE

VEHICLE HISTORY

B162501035H

COMMERCIAL

VEHICLE ID NUMBER

1FTNX21SOYED57660

YR
MODEL

2000 FORD

MAKE

PLATE NUMBER

6666110

BODY TYPE MODEL

4C

UNLADEN
WEIGHT

2 05691 G

FUEL

6

TRANSFER DATE

01/03/25

FEES PAID

\$517

REGISTRATION
EXPIRATION DATE

05/31/2025

YR 1ST
SOLD

2000 BH

CLASS

2025

*YR

MO

00

EQUIPMT/TRUST NUMBER

ISSUE DATE

01/03/25

MOTORCYCLE ENGINE NUMBER

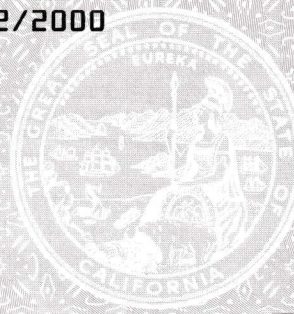
ODOMETER DATE

05/12/2000

ODOMETER READING

REGISTERED OWNER(S)

LONSKY PETER WALSH
2748 ROSS RD
PALO ALTO CA 94303



I certify (or declare) under penalty of perjury under the laws of the State of California that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.

1a. 3.21.2025 X

DATE

SIGNATURE OF REGISTERED OWNER

1b. X

DATE

SIGNATURE OF REGISTERED OWNER

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The odometer now reads 184647 (no tenths), miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked. Mileage is VOID if altered or erased.

WARNING ☐ Odometer reading is not the actual mileage. ☐ Mileage exceeds the odometer mechanical limits.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | | | |
|---|-------------------------------------|---|------------------------------------|
| DATE 3.21.2025 | TRANSFEROR SELLER SIGNATURE(S) X | DATE 3.21.2025 | TRANSFeree BUYER SIGNATURE(S) X |
| PRINTED NAME OF SELLER OR AGENT SIGNING FOR A COMPANY Peter Walsh Lonsky | | PRINTED NAME OF BUYER OR AGENT SIGNING FOR A COMPANY Area 34 Brewing LLC | |

IMPORTANT READ CAREFULLY

Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within 10 days.

LIENHOLDER(S)

2. X

Signature releases interest in vehicle. (Company names must be countersigned)

Release Date

CA 230781548

013606

REG. 17.30RS (REV.02/2016)

KEEP IN A SAFE PLACE - VOID IF ALTERED

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

Any change of registered owner or lienholder must be recorded with the Department of Motor Vehicles (DMV) within ten (10) days. The title, transfer fee and in most instances, use tax and a smog certificate must be presented to DMV to record the ownership change.

| | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|
| NEW REGISTERED OWNER | 3a. TRUE FULL NAME(S) OF NEW REGISTERED OWNER(S) (LAST, FIRST, MIDDLE) AS IT APPEARS ON DRIVER'S LICENSE OR I.D. CARD | | | | | | | | | | | |
| | BREWING LLC, AREA 34 | | | | | | | | | | | |
| | 3b. <input type="checkbox"/> AND <input type="checkbox"/> OR (LAST, FIRST, MIDDLE) | | | | | | | | | | | |
| | 4. RESIDENCE OR BUSINESS STREET ADDRESS | | | | | | | | | | | |
| | 2574 LEDYARD ROAD | | | | | | | | | | | |
| | 5. CITY | | | | | | | | | | | |
| | GENOA | | | | | | | | | | | |
| | 6. COUNTY OF RESIDENCE OR COUNTY WHERE VEHICLE IS PRIMARILY GARAGED-OR-FOR TRAILER COACHES ADDRESS OR LOCATION WHERE KEPT | | | | | | | | | | | |
| CAYUGA | | | | | | | | | | | | |
| 7. MAILING ADDRESS STREET OR P.O. BOX NUMBER (DO NOT COMPLETE IF SAME AS RESIDENCE ABOVE) | | | | | | | | | | | | |
| 8. CITY | | | | | | | | | | | | |
| STATE | | | | | | | | | | | | |
| ZIP CODE | | | | | | | | | | | | |
| If there is a mailing address entered on this form it is a valid, existing and accurate address. I consent to receive service of process at this mailing address pursuant to Code of Civil Procedure Sections 415.20(b), 415.30(a), and 416.90. | | | | | | | | | | | | |
| I declare under penalty of perjury under the laws of the State of California that the information entered on this application is true and correct. | | | | | | | | | | | | |
| 9a. DATE | | | | | | | | | | | | |
| 3/7/25 | | | | | | | | | | | | |
| SIGNATURE OF NEW REGISTERED OWNER | | | | | | | | | | | | |
| X | | | | | | | | | | | | |
| DRIVER LICENSE OR ID CARD NO. | | | | | | | | | | | | |
| A7388230 | | | | | | | | | | | | |
| PURCHASE DATE | | | | | | | | | | | | |
| MARCH 7, 2025 | | | | | | | | | | | | |
| 9b. DATE | | | | | | | | | | | | |
| X | | | | | | | | | | | | |
| SIGNATURE OF NEW REGISTERED OWNER | | | | | | | | | | | | |
| X | | | | | | | | | | | | |
| DRIVER LICENSE OR ID CARD NO. | | | | | | | | | | | | |
| TRANSFER | | | | | | | | | | | | |
| 10. ADDRESS OF NEW LESSEE IF DIFFERENT FROM LINE 4 ABOVE (WILL NOT BE PRINTED ON TITLE) | | | | | | | | | | | | |
| 11. NAME OF LIENHOLDER - FIRM OR INDIVIDUAL HOLDING SECURITY INTEREST (IF NO LIEN, WRITE "NONE") DO NOT ENTER NAME OF REGISTERED OWNER(S) ABOVE ELECTRONIC LIENHOLDER ID | | | | | | | | | | | | |
| ELT # | | | | | | | | | | | | |
| 12. STREET ADDRESS OR P.O. BOX NUMBER | | | | | | | | | | | | |
| 13. CITY | | | | | | | | | | | | |
| STATE | | | | | | | | | | | | |
| ZIP CODE | | | | | | | | | | | | |

TITLE REASSIGNMENTS BY LICENSED CALIFORNIA DEALERS

FEDERAL LAW REQUIRES that you state the mileage upon transfer of ownership. Failure to complete or making a false statement may result in fines and / or imprisonment.

The signature below releases my interest in this vehicle, acknowledges the odometer mileage recorded by the seller, and certifies to the odometer reading entered above my signature in compliance with Federal law.

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DEALER TRANSACTIONS ONLY | 14. Odometer now reads: (no tenths) miles, and to the best of my knowledge reflects the actual mileage of the vehicle unless one of the following statements is checked: WARNING - Mileage <input type="checkbox"/> is not the actual mileage. <input type="checkbox"/> exceeds the odometer mechanical limits. | | | | | | | | | | | |
| | I declare under penalty of perjury under the laws of the State of California that the information entered on this application is true and correct. | | | | | | | | | | | |
| | DATE | | | | | | | | | | | |
| | SIGNATURE OF AUTHORIZED AGENT | | | | | | | | | | | |
| | PRINTED NAME OF AGENT | | | | | | | | | | | |
| | DEALER NAME | | | | | | | | | | | |
| | DEALER NUMBER | | | | | | | | | | | |
| | DATE | | | | | | | | | | | |
| | BUYER'S SIGNATURE, ACKNOWLEDGES ODOMETER READING | | | | | | | | | | | |
| | PRINTED NAME OF BUYER OR AGENT | | | | | | | | | | | |
| SALESPERSON'S NUMBER | | | | | | | | | | | | |
| SOLD THROUGH AUCTION IF APPLICABLE | | | | | | | | | | | | |
| DATE OF AUCTION | | | | | | | | | | | | |
| AUCTION NAME | | | | | | | | | | | | |
| DEALER NUMBER | | | | | | | | | | | | |
| 15. Odometer now reads: (no tenths) miles, and to the best of my knowledge reflects the actual mileage of the vehicle unless one of the following statements is checked: WARNING - Mileage <input type="checkbox"/> is not the actual mileage. <input type="checkbox"/> exceeds the odometer mechanical limits. | | | | | | | | | | | | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | |
| SIGNATURE OF AUTHORIZED AGENT | | | | | | | | | | | | |
| PRINTED NAME OF AGENT | | | | | | | | | | | | |
| DEALER NAME | | | | | | | | | | | | |
| DEALER NUMBER | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | |
| BUYER'S SIGNATURE, ACKNOWLEDGES ODOMETER READING | | | | | | | | | | | | |
| PRINTED NAME OF BUYER OR AGENT | | | | | | | | | | | | |
| SALESPERSON'S NUMBER | | | | | | | | | | | | |
| 16. Odometer now reads: (no tenths) miles, and to the best of my knowledge reflects the actual mileage of the vehicle unless one of the following statements is checked: WARNING - Mileage <input type="checkbox"/> is not the actual mileage. <input type="checkbox"/> exceeds the odometer mechanical limits. | | | | | | | | | | | | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | |
| SIGNATURE OF AUTHORIZED AGENT | | | | | | | | | | | | |
| PRINTED NAME OF AGENT | | | | | | | | | | | | |
| DEALER NAME | | | | | | | | | | | | |
| DEALER NUMBER | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | |
| BUYER'S SIGNATURE, ACKNOWLEDGES ODOMETER READING | | | | | | | | | | | | |
| PRINTED NAME OF BUYER OR AGENT | | | | | | | | | | | | |
| SALESPERSON'S NUMBER | | | | | | | | | | | | |

**Statement of Transaction – Sale or Gift of Motor Vehicle,
Trailer, All-Terrain Vehicle (ATV), Vessel (Boat), or Snowmobile****DTF-802**
(5/15)**Instructions**

The new owner's social security number, taxpayer identification number (TIN), or federal employer identification number (EIN) is required.

Use this form when sales tax was not collected at the time of purchase or when the vehicle was received as a gift. If the donor/seller is not required to complete Section 6, the new owner must have a copy of the bill of sale signed by the seller.

The seller or donor must complete Section 6 if:

- the motor vehicle is a gift or is sold below fair market value to a person other than a spouse, parent, child, stepparent, or stepchild
- the trailer, ATV, boat, boat/trailer combination, or snowmobile is a gift, or is sold below fair market value

If for any reason you must obtain a registration or title before you can establish the amount of tax due based on the less than fair market value purchase price, you may obtain tax clearance by paying the tax due based on the fair market value as established by the Tax Department. If this results in an overpayment, you may apply to the Tax Department for a refund or credit of the amount overpaid.

Note:

- If you are claiming an exemption other than a gift, use Form DTF-803 instead.
- If you are claiming credit for taxes paid to another state, use Form DTF-804 instead.
- If you are registering more than one motor vehicle for the same taxing jurisdiction, use Form DTF-805 instead.

Section 1 – Vehicle information

| | | | | | |
|--|----------------------------------|---|---|---|---|
| Type of vehicle (mark one box) | | | | | |
| <input checked="" type="checkbox"/> Motor vehicle | <input type="checkbox"/> Trailer | <input type="checkbox"/> Boat/Trailer combination | <input type="checkbox"/> ATV | <input type="checkbox"/> Snowmobile | <input type="checkbox"/> Boat (length in feet): _____ ft. |
| Year 2000 | Make FORD | Model F-250 | Vehicle or hull identification number 1FTMX2150YED57660 | | |
| Boats and boat/trailer combinations only – enter trailer information below | | | | | |
| Year | Make | Model | Vehicle identification number | | |
| Delivery location (complete only for an ATV or snowmobile) | | | | | |
| City | | County | | | |
| Storage/use location (complete only for an ATV or snowmobile) | | | | | |
| City | | County | | Do you have a residence in this county? (If Yes, see Tax rate note in Section 5) <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 2 – New owner information

| | | | |
|---|--|---|-------------------------|
| Last name, first name, middle initial or business name Area 34 Brewing LLC | | Social security number/TIN/EIN 84-2664549 | |
| Number and street address 2574 Ledyard Rd. | | City, state, and ZIP code Genoa, NY 13071 | County Cayuga |
| Business address (if commercial vehicle) (number and street) 2574 Ledyard Rd. | | City, state, and ZIP code Genoa, NY 13071 | |

Section 3 – Previous owner information

| | | | |
|---|--|---|------------------------------|
| Last name, first name, middle initial or business name Lonsky, Peter W. | | EIN (if applicable) | |
| Number and street address 2748 Ross Road | | City, state, and ZIP code Palo Alto, CA 94303 | County Santa Clara |

Section 4 – Transaction information

| | |
|--|---|
| Date of transaction 3/17/2025 mm dd yyyy | Relationship of new owner to previous owner (mark one box) |
| | <input type="checkbox"/> None <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Stepparent <input type="checkbox"/> Stepchild <input checked="" type="checkbox"/> Other (describe): SELF (LLC) |
| This transaction is a (mark one) | |
| <input type="checkbox"/> Gift of a motor vehicle to a person other than spouse, parent, child, stepparent, or stepchild. (donor must complete Section 6) | |
| <input type="checkbox"/> Purchase of a motor vehicle at below fair market value by a person other than spouse, parent, child, stepparent, or stepchild. (seller must complete Section 6) | |
| <input type="checkbox"/> Gift of a trailer, ATV, boat, or snowmobile (donor must complete Section 6) | |
| <input type="checkbox"/> Purchase of a trailer, ATV, boat, boat/trailer combination, or snowmobile at below fair market value (seller must complete Section 6) | |
| <input type="checkbox"/> Gift or purchase of a motor vehicle to spouse, parent, child, stepparent, or stepchild | |
| <input checked="" type="checkbox"/> None of the above | |

| For office use only | | | | | | | |
|---------------------|----------|--------|-------------------|--------------------------|----------|----------|----------|
| Date | Initials | Office | Fair market value | Audit | Tax Rate | Tax paid | Term no. |
| | | | | <input type="checkbox"/> | % | | |

Section 5 – Purchase information**1 Purchase price**

- a. Amount of cash payment.....
- b. Balance of payments assumed.....
- c. Value of property given, traded, or swapped, or services performed instead of cash payment.....
- d. Purchase price (total of lines 1a, 1b, and 1c).....

| Value | |
|-----------|------|
| 1a | \$ 0 |
| 1b | \$ 0 |
| 1c | \$ 0 |
| 1d | \$ 0 |

Boats and boat/trailer combinations: For purchases or uses on or after June 1, 2015, tax only applies to the first \$230,000 of the purchase price. Do not enter more than \$230,000 on line 1d.

2 Was this transaction the purchase or gift of a motor vehicle

from your spouse, parent, child, stepparent, or stepchild? ☐ Yes (enter 0 on line 4; no tax is due) ☒ No (continue to line 3)

3 Tax rate* (enter as a decimal)

| | |
|----------|------|
| 3 | |
| 4 | \$ 0 |

4 Sales tax due (multiply line 1d by line 3)**5 Is the amount on line 1d lower than fair market value?**

☒ Yes (seller/donor must complete Section 6) ☐ No (sign certification below) ☐ N/A (Sale of boat for more than \$230,000)

*** Tax rate note:** For a motor vehicle, trailer, boat, or boat/trailer combination use the tax rate of the new owner's place of residence. If the purchaser is a resident in two or more counties in the state, use the rate in effect in the place where the motor vehicle, trailer, boat, or boat/trailer combination will be principally used or garaged. If the new owner is a business, use the tax rate of the place of business. If the business has locations in two or more counties in the state, use the rate in effect in the place where the motor vehicle, trailer, or boat will be principally used or garaged. For an ATV or snowmobile, use the higher rate of where the new owner took delivery, or where the vehicle is stored or used if new owner has a residence in storage/use locality.

Purchaser certification – I certify that the above statements are true and complete; and I make these statements with the knowledge that willfully issuing a false or fraudulent statement with the intent to evade tax is a misdemeanor under Tax Law section 1817(b), and Penal Law section 210.45, punishable by a fine up to \$10,000 for an individual and \$20,000 for a corporation.

Signature

Date

3.21.2025

If this form is submitted by someone other than the new owner/lessee, provide the following:

Name/business name

Social security number, TIN, or federal EIN

Address

Section 6 – Affidavit of sale or gift of a motor vehicle, trailer, ATV, vessel (boat), or snowmobile

The seller or donor must complete if:

- the motor vehicle is a gift to a person other than a spouse, parent, child, stepparent, or stepchild
- the motor vehicle is sold below fair market value to a person other than a spouse, parent, child, stepparent, or stepchild
- the trailer, ATV, boat, or snowmobile is a gift
- the trailer, ATV, boat, boat/trailer combination, or snowmobile is sold below fair market value

6 Cash payment received.....

6 \$ 0

7 If, as a condition for the sale or gift of the vehicle or boat, the purchaser/recipient did any of the following in addition to, or in lieu of, a cash payment, mark an X in the appropriate box and indicate the value of the service or goods you received.

- a Performed any service..... ☐ Yes ☒ No
- b Assumed any debt..... ☐ Yes ☒ No
- c Traded/swapped a vehicle or other property..... ☐ Yes ☒ No
- d Total selling price (total of lines 6, 7a, 7b and 7c)

| Value | |
|-----------|------|
| 7a | \$ 0 |
| 7b | \$ 0 |
| 7c | \$ 0 |
| 7d | \$ 0 |

8 Complete only if a corporation or business is the seller/donor

- a Was or is the purchaser/recipient an employee, officer, or stockholder of the company/corporation?..... ☐ Yes ☐ No
- b Was the transaction part of any terms of employment, employment contract, or termination agreement?..... ☐ Yes ☐ No

9 If you answered Yes to any part of line 7 or line 8, provide an explanation:

Seller/Donor certification – I have reviewed the information on Form DTF-802 and I certify that the statements are true and complete. I make these statements with the knowledge that willfully issuing a false or fraudulent statement with the intent to evade tax is a misdemeanor under Tax Law section 1817(b) and Penal Law section 210.45 punishable by a fine up to \$10,000 for an individual and \$20,000 for a corporation.

Signature

Name (printed or typed)

Date

Peter W. Longsky

3.21.2025



Department of
Motor Vehicles

VEHICLE REGISTRATION/TITLE APPLICATION

PRINT CLEARLY IN BLUE OR BLACK INK

Office Use Only

Class

Batch
File No.

Three of Name

A. Is this vehicle being registered only for personal use? ☐ Yes ☒ No

If YES - Complete sections 1-4 of this form.

Note: If this vehicle is a **pick-up** truck that is never used for commercial purposes and does not have advertising on any part of the truck, you are eligible for passenger plates or commercial plates.

Select one: ☐ Passenger Plates ☒ Commercial Plates

If NO - Complete sections 1-5 of this form.

B. Complete the Certification in Section 6.

C. Refer to form MV-82.1 Registering/Titling a Vehicle in New York State for information to complete this form.

☐ Activity ☐ Renewal
☐ Activity W/RR ☐ Renew W/RR
☐ Orig ☐ Lease Buyout
☐ Dup ☐ Sales Tax with Title
☐ Sales Tax Only without Title

I WANT TO:

☒ REGISTER A VEHICLE

☐ RENEW A REGISTRATION

☐ GET A TITLE ONLY

Current Plate Number

☐ CHANGE A REGISTRATION

☐ REPLACE LOST OR DAMAGED ITEMS

☐ TRANSFER PLATES

NAME OF PRIMARY REGISTRANT (Last, First, Middle or Business Name)

Area 34 Brewing LLC

Name Change

Yes ☐ No ☒

FORMER NAME (If name was changed you must present proof)

NYS driver license ID number of PRIMARY REGISTRANT

DATE OF BIRTH

Month Day Year

SEX

M F X

TELEPHONE or MOBILE PHONE NUMBER

Area Code (315) 364 8568

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

Name Change

Yes ☐ No ☐

EMAIL

NYS driver license ID number of CO-REGISTRANT

DATE OF BIRTH

Month Day Year

SEX

M F X

ADDRESS CHANGE? ☐ YES ☐ NO

THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)

2574 Ledyard Rd.

Apt. No.

City or Town

Genoa

State

Zip Code

NY 13071

County of Residence

THE ADDRESS WHERE PRIMARY REGISTRANT RESIDES IF DIFFERENT FROM THE MAILING ADDRESS. (DO NOT GIVE A P.O. BOX.)

Apt. No.

City or Town

State

Zip Code

VEHICLE IDENTIFICATION NUMBER

1FTNX21S0YED57660

VEHICLE DESCRIPTION

Year 2000 Make Ford

Body Type (mark one)

☐ 2-Door ☐ Convertible ☐ Trailer
☐ 4-Door ☐ Suburban/SUV ☐ Motorcycle
☒ Pick-up ☐ Limo ☐ Tow
☐ Van ☐ Other

Color Green

Unladen Weight 8800

Type of Power (Fuel)

☒ Gas ☐ Diesel ☐ Electric ☐ Flex ☐ CNG ☐ Propane ☐ None ☐ Other

Cylinders

10

For trailers & commercial vehicles

Maximum Gross Weight

10,300

Adult Seating Capacity (Including Driver)

3

Odometer Reading in Miles

184,647

Office Use Only

Mileage Brand

A O E N

For commercial vehicles

Axles

1

Distance

13' 2"

Is this vehicle a limousine, stretch limousine or otherwise altered to increase seating capacity? Yes ☐ No ☒

If YES, include a picture of the required Federal Alterer's Safety Certification (normally found on the driver's door or door post) in accordance with VTL §401.

If YES, is this limousine, stretch limousine or otherwise altered vehicle equipped with safety belts at all occupant seating positions? Yes ☐ No ☒

IMPORTANT: If your vehicle is a limousine, stretch limousine or otherwise altered to increase the seating capacity, you must present to the DMV office a photograph or copy of all labels or plates (normally found on the driver's door or door post). If the vehicle is a limousine, stretch limousine or otherwise altered and now has an adult seating capacity of 9 or more (including the driver), you must show the original NYS DOT Inspection Receipt OR a NYS DOT Exemption Letter.

If the OWNER of the vehicle is DIFFERENT from the REGISTRANT, the OWNER must complete this section.

PRIMARY OWNER NYS License Number

NAME OF PRIMARY OWNER (Last, First, Middle)

PRIMARY OWNER

DATE OF BIRTH

Month Day Year

PRIMARY OWNER SEX

M F X

THE ADDRESS WHERE PRIMARY OWNER GETS MAIL (Include the Street Number and Name, Rural Delivery or box number)

Apt. No.

City or Town

State

Zip Code

County

NAME OF
CO-OWNER

REGISTRATION AUTHORIZATION ☐ My signature authorizes the person(s) named in Section 1 to register this vehicle in that person's name. I have provided the current ownership document.

X
(Signature of ALL owner(s) and proof of ID required when first applying for a NYS title. See form ID-82 - Proofs of Identity for Registration and Title.)

(Date)

OFFICE USE ONLY

| | | | | | | | | | | | | | |
|-----------------|--------|------------|------|----------------|--------------|-----------|-------------|-------------------------|--|---------------|--|--------------|--|
| New Plate | | | | | | New Class | | | | Ins. Co. Code | | | |
| Sales Tax | Status | Value (\$) | Rate | Out of State | Jurisdiction | Audit | | | | | | | |
| Prior Owner | | | | Issuance State | Title | Lien | Lien Number | | | | | Lien Release | |
| Proof Submitted | | | | | | | | | | | | | |
| Reg/Title | | | | State | | | | Stop/Response/Scoff Law | | | | | |

Special Conditions

AT BV CF CO EO EX FL
IO NE NF NR NU OP OV
PA PI PK RC RE SC SO
SP SR SS SV TE TL TO
TP TR TX XR X6 WO

Approved By

Date

DAMAGE DISCLOSURE

Has the vehicle 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 to make the vehicle legal to operate on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss?

☐ Yes ☒ No

If you marked **YES**, the vehicle must have an anti-theft examination before it is registered. The title that is issued will have the statement "Rebuilt Salvage" on it.

VEHICLE MODIFICATIONS

Has this vehicle been modified from the original manufacturer specifications without extending the chassis or lengthening the wheel base? (Examples include: color changes, added seats, permanently mounted camping equipment, multi-stage vehicles.) If "Yes," describe the modifications:

☐ Yes ☒ No

NON-PERSONAL VEHICLE USE

* Vehicles that transport passengers may require NYS DOT Operating Authority (see <https://www.dot.ny.gov/divisions/operating/osss/bus/passenger>), NYS DOT Inspection (see <https://www.dot.ny.gov/divisions/operating/osss/bus/inspection>) and/or be subject to Article 19-A requirements (see <https://dmv.ny.gov/motor-carriers/information-and-forms-article-19>).

Check one:

- | | | |
|---|--|---|
| <input type="checkbox"/> A commercial tow truck with a gross vehicle weight rating of at least 8,600 pounds | <input type="checkbox"/> Ambulette* | <input type="checkbox"/> Operates as a taxi* (you <u>must</u> complete the "Taxis Only" section below) |
| <input type="checkbox"/> Used only as a farm vehicle (form MV-260F, Part 1 <u>must</u> be submitted) | <input type="checkbox"/> Hearse | <input type="checkbox"/> Rented without a driver (private rental) |
| <input type="checkbox"/> Used only as an agricultural truck or agricultural trailer | <input type="checkbox"/> Combination Hearse/Invalid Coach* | <input type="checkbox"/> Used to pick up passengers for compensation <u>only</u> in jurisdictions that do not regulate taxis* |
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Used to transport passengers* (Bus, Livery, School Bus, School Car) | <input checked="" type="checkbox"/> Other - describe the use: <i>business cargo/towing</i> |

INSURANCE REQUIREMENTS

☐ For Hire (direct or indirect compensation) - Submit an FH Certificate

☐ DOT Operation - Submit and record the NYS DOT Permit and/or the Federal DOT Permit number:

☒ Not For Hire - Submit a current and valid NYS Insurance ID Card

TAXIS ONLY (check one)

☐ Vehicle is used in New York City, Westchester, or Nassau counties.

☐ Vehicle is used for pick up in a jurisdiction that regulates taxis other than NYC, Westchester county, or Nassau county.

☐ Vehicle is used as a contract carrier in NYC (commuter van with seating capacity between 9 and 14). You are eligible for LIVERY plates.

CERTIFICATION

I certify that the information I have given on this application and on any documentation provided in support of this application is true and complete. 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, 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.**

WARNING: Intentionally making a false statement or providing false or misleading information in connection with this application is a criminal offense that may subject you to prosecution under the law.

Print Name Here

Peter Walsh Lonsky, Mgr.
(Print Name in Full - if registering for a corporation, print your full name and title)

Print Additional Name Here

(Print Name in Full)

Sign Here

[Signature]
(Sign Here)

Additional Signature ☒

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