



New York State Department of Motor Vehicles
INTERNATIONAL REGISTRATION PLAN
SCHEDULE A & C — Part 5

ACCOUNT #:

VEHICLE #:

A) VEHICLE IDENTIFICATION NUMBER				B) YEAR	C) MAKE	D) VEHICLE TYPE	E) FUEL/CYL	F) WHEELBASE
G) UNLADEN WT	H) SEATS /AXLES	I) COMBINED AXLES	J) COLOR	K) OWNER NAME		L) TITLE DOC #	M) TITLE DOC. JUR.	N) SAFETY TAXPAYER ID # (TIN) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN
O) SAFETY US DOT #	P) Vehicle Safety responsibility will change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Q) SAFETY NAME			R) FLEET VEHICLE # (OEN)	S) MAXIMUM DESIRED WEIGHT	
T) PURCHASE PRICE	U) PURCHASE DATE	V) FACTORY PRICE	W) INS. CO. CODE	X) CURRENT PLATE #	Y) CURRENT PLATE CLASS	Z) SPECIAL USE		
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.							
Vehicle # _____ - Owner's Name					Date of Birth		Is the vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			Apt. No.	City		State	Zip Code	
The person named in number 3 of Part 1 is authorized to register this vehicle in his/her name. Owner's Authorized Signature _____					Date:		If signing for a corporation, print your full name and title here	

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