



New York State Department of Motor Vehicles
NYS RESIDENT DISASTER VICTIMS RELIEF
SUPPLEMENTAL INFORMATION AND ATTESTATION

PLEASE COMPLETE THE INFORMATION BELOW

Last Name	First Name	Middle Name
Date of Birth (Month/Day/Year)		
/ /		

Current New York State Address:

Street # and Name	Apt. #	City/Town	Zip Code	State	County
Telephone Number: ()			E-Mail Address		

I am applying for a replacement: *(check all that apply)*

- Permit, Class _____
- Driver License, Class _____
- Non-Driver Identification Card
- Certificate of Registration
- License Plate(s)
- Certificate of Title

ATTESTATION

I certify that I am a New York State resident of one of the counties listed below. I am applying for a replacement driver permit, driver license, non-driver identification card, certificate of registration, license plate(s), and/or certificate of title that have been damaged or lost as a result of a disaster.

Effective Friday, November 9, 2012, these replacement documents will be issued at no charge.

Bronx	New York	Rockland
Kings	Queens	Suffolk
Nassau	Richmond	Westchester

Sign Here _____ Date: _____