



**Motor Carrier Attachment**

**2017 Accident Stretch Limousine Vehicle Registration**

**Schoharie, NY October 6, 2018**

**HWY19MH001**

**(7 pages)**

# VEHICLE REGISTRATION/TITLE APPLICATION

This form is available at [dmv.ny.gov](http://dmv.ny.gov)

Batch File No. 7101210952 Office Use Only  
 Orig  Activity  Renewal  Lease Buyout  
 Dup  Activity W/RR  Renew W/RR  Sales Tax with Title  
 Three of Name: OML  
SLA

I WANT TO:  REGISTER A VEHICLE  RENEW A REGISTRATION  GET A TITLE ONLY  CHANGE A REGISTRATION  REPLACE LOST OR DAMAGED ITEMS  TRANSFER PLATES

Plate Number: XXXXXXXXXX

1 NAME OF PRIMARY REGISTRANT (Last, First, Middle or Business Name)  
SHAHED HUSSAIN DBA Prestige Limo & Chauffeur

NYS driver license ID number of PRIMARY REGISTRANT: XXXXXXXXXX DATE OF BIRTH: XXXXXXXXXX GENDER: Male  Female

NAME OF CO-REGISTRANT (Last, First, Middle): \_\_\_\_\_  
 NYS driver license ID number of CO-REGISTRANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: Male  Female

ADDRESS CHANGE?  YES  NO NAME CHANGE?  YES  NO TELEPHONE NUMBER: \_\_\_\_\_

FORMER NAME (if name was changed you must present proof): \_\_\_\_\_

THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)  
776 SARATOGA RD Apt. No. \_\_\_\_\_ City or Town GANSEVOORT State NY Zip Code 12831 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 \_\_\_\_\_

2 VEHICLE IDENTIFICATION NUMBER: 1FANU40551ER XXXXXXXXXX Year 01 Make FORD Body Type (mark one):  2-Door  4-Door  Pick-up  Van  Convertible  Suburban/SUV  Trailer  Motorcycle  Tow  Other \_\_\_\_\_

Type of Power (Fuel):  Gas  Diesel  Electric  Flex  CNG  Propane  None

Color: White Unladen Weight: \_\_\_\_\_ Cylinders: \_\_\_\_\_

For trailers & commercial vehicles: Maximum Gross Weight: \_\_\_\_\_ For rentals, buses & taxis: Seating Capacity: 8 Odometer Reading in Miles: 19700 Office Use Only Mileage Brand: A E N For commercial vehicles: Axles: \_\_\_\_\_ Distance: \_\_\_\_\_

CHANGES: Describe any vehicle changes and the reasons for the changes. (SUBMIT NYS TITLE IF ISSUED)  
 \_\_\_\_\_

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

NYS driver license number of OWNER: \_\_\_\_\_ NAME OF CURRENT OWNER(s) (Last, First, Middle): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ GENDER: Male  Female

NAME OF CO-OWNER: \_\_\_\_\_

THE ADDRESS WHERE OWNER GETS MAIL (Include the Street Number and Name, Rural Delivery or box number.)  
 \_\_\_\_\_ Apt. No. \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

(Signature of owner or authorized person, and signature of co-owner if applicable) \_\_\_\_\_ (Date) \_\_\_\_\_

**DEALER USE ONLY - LIEN FILING - Alterations are not allowed in the lienholder section below**

Choose one →  There are no liens  I am filing for the lienholder(s) listed below

Lien Filing Code	Lienholder Name	Lienholder Mailing Address (number, street, city, state, zip code)

**NEW YORK DEALERS ONLY**

Did you issue plates to this vehicle?  Yes  No Plate Number: \_\_\_\_\_ Reg. Class: \_\_\_\_\_ Date Temp Issued: \_\_\_\_\_ Facility ID Number: \_\_\_\_\_

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)

**OFFICE USE ONLY**

New Plate	New Class	Ins. Co. Code	Special Conditions
Sales Tax	Value (\$)	Rate	Out of State
Prior Owner	Issuance State	Title	Lien Number
Proof Submitted	Stop/Response/Scarf Law	Jurisdiction	

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

Reg/Title: \_\_\_\_\_ State: \_\_\_\_\_ Date: 12 Oct 2001

STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES

6 EMPIRE STATE PLAZA, ALBANY NY 12228



This is to certify that this image is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

A handwritten signature in black ink, appearing to read 'Theresa L. Egan'.

Theresa L. Egan  
EXECUTIVE DEPUTY COMMISSIONER OF MOTOR VEHICLES

1. 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?

No  Yes - (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.)

2. Is this vehicle registered for your personal use?  Yes  No

If you marked "Yes", go to the next question (question 3). If you marked "No", check any of these boxes that apply:

- This vehicle is a passenger vehicle that will be used for hire with a driver and will be operated in the following location(s):
  - New York City (NYC)  A jurisdiction that is not NYC that regulates taxis  A jurisdiction that does not regulate taxis
- This vehicle is used as a contracted carrier.
- This vehicle is a passenger vehicle that is rented without a driver.
- This vehicle requires a permit for commercial operation. (Mark the box of the type of permit that was issued and write the permit number on the line.)  NYS DOT Permit No. \_\_\_\_\_  Federal DOT Permit No. \_\_\_\_\_
- The government owns this vehicle.
- This vehicle is used as (mark one)  an ambulance  an ambulance  a hearse or invalid coach. If payment is received to carry passengers, mark this box.
- This vehicle is used exclusively as a hearse. If payment is received to carry passengers, mark this box.
- This vehicle is a commercial tow truck with a gross vehicle weight rating of at least 8,600 pounds.
- This vehicle is used only as a farm vehicle. (form MV-260F, Part 1, must be attached)
  - This vehicle is used only as an agricultural truck or agricultural trailer.
- This vehicle is subject to the Department of Transportation inspection requirements for the carriers that transport passengers. (For more information, refer to form MV-82.1P, "Inspection Requirements for Carriers Transporting Passengers".)

3. Has this vehicle been modified to change its registration class?  Yes  No If "Yes", explain \_\_\_\_\_

4. This vehicle is a pick-up truck with an unladen weight that is a maximum of 6,000 pounds. This vehicle is never used for commercial purposes and does not have advertising on any part of it. I want (mark one):  Passenger Plates  Commercial Plates

5 **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.*

**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 SHAHED HUSSAIN DBA Prestige Limo & Chauffeur  
(Print Name in Full - If registering for a corporation, print your full name and title)

Sign Here [Signature]  
(Sign Here)

Print Additional Name Here \_\_\_\_\_  
(Print Name in Full)

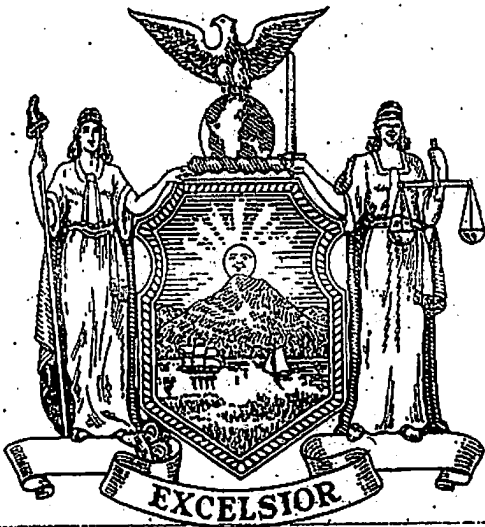
Additional Signature Sign Here \_\_\_\_\_  
(Sign Here - Additional signature required for a partnership or if registering this vehicle in more than one name.)

Email (optional) \_\_\_\_\_

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GY346940

NONTRANSFERABLE

[REDACTED] GY346940 LRS

10.00

SHAHED HUSSAIN DBA  
PRESTIGE LIMO&CHAUF  
FH

Corp/Govt reg transaction

RAC [REDACTED]

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