



**Motor Carrier Attachment**

**2018 Accident Stretch Limousine Vehicle Registration**

**Schoharie, NY October 6, 2018**

**HWY19MH001**

(9 pages)

VEHICLE REGISTRATION TITLE APPLICATION

This form is available at dmv.ny.gov

Batch File No. 80725100AR DMV Title of Name SHH

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 [redacted]

1 NAME OF PRIMARY REGISTRANT: HUSSAIN, SHAHEB DBA PRESTIGE Limo & Chauffeur. NYS driver license ID number of PRIMARY REGISTRANT [redacted]. DATE OF BIRTH [redacted]. GENDER Male [checked]. NAME OF CO-REGISTRANT [redacted]. NYS driver license ID number of CO-REGISTRANT [redacted]. DATE OF BIRTH [redacted]. GENDER Male [ ] Female [ ]. ADDRESS CHANGE? [ ] YES [X] NO. FORMER NAME [redacted]. EMAIL [redacted]. THE ADDRESS WHERE PRIMARY REGISTRANT GETS MAIL: 776 SARATOGA RD, Apt. No. [redacted], City or Town GANSEVOORT, State NY, Zip Code 12831. County of Residence [redacted].

2 VEHICLE IDENTIFICATION NUMBER IFMNU40551EB [redacted]. VEHICLE DESCRIPTION Year 01 Make FORD. Body Type (mark one) [ ] 2-Door [X] 4-Door [ ] Pick-up [ ] Van [ ] Convertible [ ] Suburban/SUV [ ] Trailer [ ] Motorcycle [ ] Tow [ ] Other [ ]. Color white. Unladen Weight [redacted]. Type of Power (Fuel) [X] Gas [ ] Diesel [ ] Electric [ ] Flex [ ] CNG [ ] Propane [ ] None [ ]. Cylinders 10. For trailers & commercial vehicles Maximum Gross Weight 6526. For rentals, buses & taxis Seating Capacity 10. Odometer Reading in Miles 192000. Office Use Only Mileage Brand A E N. For commercial vehicles Axles 2 Distance [redacted]. 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 [redacted]. NAME OF CURRENT OWNER(S) (Last, First, Middle) [redacted]. DATE OF BIRTH [redacted]. NAME OF CO-OWNER [redacted]. GENDER Male [ ] Female [ ]. THE ADDRESS WHERE OWNER GETS MAIL: [redacted]. Apt. No. [redacted], City or Town [redacted], State [redacted], Zip Code [redacted], County [redacted]. (Signature of owner or authorized person, and signature of co-owner if applicable) [redacted]. (Date) [redacted].

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 [redacted], Lienholder Name [redacted], Lienholder Mailing Address (number, street, city, state, zip code) [redacted].

NEW YORK DEALERS ONLY. Did you issue plates to this vehicle? [ ] Yes [ ] No. Plate Number [redacted], Reg. Class [redacted], Date Temp Issued [redacted], Facility ID Number [redacted]. 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) [redacted].

OFFICE USE ONLY. New Plate [redacted], New Class [redacted], Ins. Co. Code [redacted], 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. Sales Tax Status [redacted], Value (\$) [redacted], Rate [redacted], Out of State [redacted], Jurisdiction [redacted], Audit [redacted]. Prior Owner [redacted], Issuance State [redacted], Title [redacted], Lien Number [redacted], Lien Release [redacted]. Proof Submitted [redacted], Stop/Response/Scoff Law [redacted], Reg/Title [redacted], State [redacted], Approved By [redacted], Date [redacted].

STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES

6 EMPIRE STATE PLAZA, ALBANY NY 12228

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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  
(Print Name in Full - If registering for a corporation, print your full name and title)

Sign Here    
(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.)

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NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES  
INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

644 GLOBAL LIBERTY INS CO OF NEW YORK

Policy Number

Name & Address of Issuer **Global Liberty Ins. Co. of NY**  
P.O. Box 950  
Plainview, NY 11803-0950

Effective Date      Expiration Date

05/20/2018      05/20/2019

12:01 a.m.      12:01 a.m.

(Not acceptable to obtain registration  
after 45 days from effective date.)

THIS ID CARD MUST BE CARRIED  
IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND

WARNING: Any person who issues  
or produces an ID card knowing that  
an Owner's Policy of insurance is not in  
effect may be committing a misdemeanor.  
In addition, a person who presents  
an ID card if insurance is not in  
effect may be committing a  
misdemeanor.

An authorized NEW YORK insurer certifies that it has issued  
a liability policy complying with Section 370 of the NEW YORK  
Vehicle and Traffic Law to:

Applicable with respect to the following Motor Vehicle:

SHAHED;HUSSAIN;DBA  
PRESTIGE;LIMOS&CHAUF  
776 ROUTE 9  
GANSEVOORT NY 12831

2001      FORD

Year      Make

1FMNU40S51EE      16

Vehicle Identification Number      Seats

The name of the registrant and the  
name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION:  
DMV WILL ONLY PROCESS A VEHICLE  
CHANGE (RE-REGISTRATION) USING  
THE REPLACED VEHICLE'S CURRENT  
REGISTRATION.

FH-1

FAX: Scanable Bar Code

FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scanable bar code will be retained
3. A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scanable barcode

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HB858238

CREDIT CARD

NONTRANSFERABLE

██████████ HB858238 JAH 96.00

██████████  
SHAHED HUSSAIN DBA  
PRESTIGE LIMO&CHAUF

Corp/Govt reg transaction

RRN ██████████



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