



**Providing
Vehicle Registration,
Duplicate Title and
Information Services**

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A partner with the New York State Department of Motor Vehicles

DEALERSHIP INFORMATION




Dealership Name _____
 Address _____
 Dealership Phone Number () _____ Ext: _____
 Contact Name _____ Fax Number _____
 Contact E-mail Address _____

SERVICE

COST

Express Duplicate Title (3-Day Service)	NYSADA member \$53 / Non-member \$61
First Class Mail	NYSADA member \$35 / Non-member \$40

PAYMENT METHOD

Credit Card    Circle One Exp. Date ____ / ____ / ____
 VISA MASTERCARD American Express
 Card Number _____ 3 or 4 digit Security Code _____
 (located on the front or back of your card)
 Billing address _____ State _____ Zip Code _____
 Check Number _____ Cardholder Signature _____

APPLICANT INFORMATION

Applicants Name _____
 Vehicle ID # _____
 Vehicle Year _____ Vehicle Make _____

NOTE: before submitting, verify the following:

- The application for duplicate certificate of title and authorization for dealer to receive duplicate certificate of title on behalf of the owner have been signed by the applicant. No one other than the applicant may sign either form.
- Your dealership letterhead and facility ID number appear on the dealer's authorization letter.
- The applicant's date of birth (if required) is on the application for duplicate certificate of title.
- The billing address is correct for the listed credit card.

Pre-Submittal Check List

- The duplicate title cover sheet.
- The application for duplicate certificate of title (DMV form MV 902)
- The authorization for dealer to receive duplicate certificate of title on behalf of the vehicle owner.
- The proof of identification as required by DMV.
- The registration or a copy of the title to the vehicle.