Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)						NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN) ME36985214700					
NAME/OWNER	NAME/	NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information.										
STREET ADDRESS						STREET ADDRESS						
CITY STATE ZIP COUNTY					CITY	CITY STATE ZIP			DATE LEASE SIGNED TERM (Month		TERM (Months)	
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:						REQUESTED REGISTRATION WEIGHT LEASE OR NUMBER OF PASSENGERS:				E CANCELLATION DATE LEASE CANCEL		
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	L INITAL	DUPLICATE	TRANSFER	REPLACEMEN	T PLATES	LATES CODE CHANGE INCREASE IN REG. WEIGH			WILL THE VEHICLE BE USED AS A RENTAL? YES NO			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPC	MALE FEMALE		YÉ COLOR F	FULL DATE OF BIRTH / /				"SOCIAL SECURITY NUMBER				
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPC	MALE FEMALE	_			DATE OF BIRTH			**SOCIAL SECURITY NUMBER				
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPC	MALE FEMALE	8 1	YE COLOR F	ULL DATE O	PATE OF BIRTH			"SOCIAL SECURITY NUMBER				
OWNER SIGN HERE									IRED BY N.J.A.C. 13:21-1 LAWS IN THE COLLECT			
CO-OWNER SIGN HERE												
(WE) THE APPLICANT(S) CERTIFY THE STATEMENT COMMERCIAL VEHICLE DECLARE KNOWLEDGE COMMERCIAL VEHICLE DECLARE VEHICLE VEHICLE VEHICLE DECLARE VEHICLE								RATION PRIVIL	LEGES APPLICATIONS F	OR A REC	ISTRATION FOR A	
A-49 (R6/15)									_			