NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp.Date _____

SERIAL NUMBER: YYYY

OWNER INFORMATION

DRIVER LICENSE #: _____

Name LEESST54

Address _____

City _____ State _____

Zip _____

VEHICLES

Veh. Type 4DOORSEDAN

Make HJJU

Year 7

Model YYY

Mileage 7

Color WHITE

GW/NP/WC _____

Axles 2

BOATS

Boat Type _____

Make _____

Year _____

Model _____

Material _____

Length _____

Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: 435435

Name HGY GFTTRRT LAST

LIEN HOLDER (If Any):

Name JUU

Address GHYY,DFG

City CITY State KS

Zip G

I certify the Statements on this application are true and correct.

Signature _____ Date _____

AGENCY USE ONLY		
Title Surrendered	☐Y	☐N
Document Print?	☐Y	☐N

MVS-2 (R6/03)