



New Jersey  
Motor Vehicle Commission

# APPLICATION FOR VEHICLE REGISTRATION

(Please complete both sides – print clearly)

PLATE NUMBER

PREFIX

VEHICLE IDENTIFICATION NUMBER (VIN)

|  |  |             |  |  |  |                               |  |   |  |  |  |  |  |                                 |  |   |  |  |  |
|--|--|-------------|--|--|--|-------------------------------|--|---|--|--|--|--|--|---------------------------------|--|---|--|--|--|
| NAME/OWNER<br>1ST BERGEN FCU   |  |             |  |  | 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<br>939 S MAIN ST  |  |             |  |  | STREET ADDRESS   |                               |  |   |  |  |  |  |  |                                 |  |   |  |  |  |
| CITY<br>HACKENSACK   |  | STATE<br>NJ |  | ZIP<br>06601   |  | COUNTY                        |  | CITY  |  | STATE  |  | ZIP  |  | DATE LEASE SIGNED               |  | TERM (Months)   |  |  |  |
| NAME/CO-OWNER  |  |             |  | COMMERCIAL REGISTRATION ONLY<br>REQUESTED REGISTRATION CODE: |  |                               |  | REQUESTED REGISTRATION WEIGHT<br>OR NUMBER OF PASSENGERS: |  |  |  | LEASE CANCELLATION<br><input type="checkbox"/> |  |                                 |  | DATE LEASE CANCEL   |  |  |  |
| CHECK HERE IF THIS ADDRESS<br>IS CHANGED FROM PREVIOUS<br>RECORDS <input type="checkbox"/>   |  | RENEWAL     |  | INITIAL  |  | DUPLICATE                     |  | TRANSFER  |  | REPLACEMENT PLATES   |  | CODE CHANGE                                    |  | INCREASE IN REG. WEIGHT         |  | WILL THE VEHICLE BE USED AS A RENTAL?<br>YES ___ NO <input checked="" type="checkbox"/> |  |  |  |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE<br>992088338076010   |  |             |  |  |  | MALE <input type="checkbox"/> |  | EYE COLOR   |  | FULL DATE OF BIRTH<br>/ /  |  |  |  | **SOCIAL SECURITY NUMBER<br>- - |  |   |  |  |  |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE  |  |             |  |  |  | MALE <input type="checkbox"/> |  | EYE COLOR   |  | FULL DATE OF BIRTH<br>/ /  |  |  |  | **SOCIAL SECURITY NUMBER<br>- - |  |   |  |  |  |
| LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE   |  |             |  |  |  | MALE <input type="checkbox"/> |  | EYE COLOR   |  | FULL DATE OF BIRTH<br>/ /  |  |  |  | **SOCIAL SECURITY NUMBER<br>- - |  |   |  |  |  |
| OWNER<br>SIGN<br>HERE  |  |             |  |  |  |                               |  |   |  | **SUBMISSION OF THE SOCIAL SECURITY NUMBER IS REQUIRED BY N.J.A.C. 13:21-1.3 THE NUMBER WILL BE USED TO PREVENT ERRORS AND ENFORCE FEDERAL AND STATE LAWS IN THE COLLECTION OF MOTOR VEHICLE FEES. |  |  |  |                                 |  |   |  |  |  |
| CO-OWNER<br>SIGN<br>HERE   |  |             |  |  |  |                               |  |   |  |  |  |  |  |                                 |  |   |  |  |  |
| (WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SIDE OF THIS APPLICATION ARE CORRECT. MISSTATEMENTS MAY RESULT IN SUSPENSION OF REGISTRATION PRIVILEGES. APPLICATIONS FOR A REGISTRATION FOR A COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS CONTAINED IN 49 CFR PARTS 390 TO 397. |  |             |  |  |  |                               |  |   |  |  |  |  |  |                                 |  |   |  |  |  |