Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)							IUMBER	PR		VEHICLE IDENTIFICATION NUMBER (VIN)			
NAME/OWNER STREET ADDRESS							NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information. TESTCOMPANY STREET ADDRESS						
NAME/CO-OWNER		RCIAL REGISTRATION ONLY TED 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	INITAL	DUPLICATE	TRANSFER	REPLACEM	MENT PL	ATES	CODE CHANGE			WILL THE VEHICLE BE USED AS A RENTAL? YESNO			
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODI	MALE FEMALE		EYÉ COLOR	FULL	DATE OF	BIRTH /	/		"SOCIAL SECURITY NUMBER				
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE	MALE FEMALE	EYE COLOR FULL			DATE OF BIRTH			"SOCIAL SECURITY NUMBER					
67895432	MALE FEMALE				ILL DATE 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 STATEMENTS COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF T									RATION PRIVI	EGES APPLICATIONS F	FOR A REC	SISTRATION FOR A	
3A-49 (R6/15)													