



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: KDSD8978988

OWNER INFORMATION

DRIVER LICENSE #: _____

Name _____

Address _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type _____ Boat Type _____

Make FFGG Make _____

Year _____ Year _____

Model NEW Model _____

Mileage _____

Color BLACK Material _____

GW/NP/WC _____ Length _____

Axles _____ Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: _____

Name EKTATEST TEST VERMA

LIEN HOLDER (If Any):

Name EKTA

Address TESTADD, ADD2TEST, NY, ID, INITIAL

City NY State ID

Zip INITIAL

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

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N