

New Jersey
Motor Vehicle Commission

APPLICATION FOR VEHICLE REGISTRATION
(Please complete both sides – print clearly)

PLATE NUMBER **PLATE677** PREFIX VEHICLE IDENTIFICATION NUMBER (VIN) **VIN65677567**

| | | | | | | | | | |
|--|--|---|--|--|--|--|--|---|--|
| NAME/OWNER ADDMEASLESSOR | | | | | NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner must supply the leasee's information. TEST COMPANY | | | | |
| STREET ADDRESS ADD1 ADDD2 | | | | | STREET ADDRESS | | | | |
| CITY ADDCITY | | STATE AR | | ZIP 45678 | | COUNTY | | CITY CITY LEASEE NJ | |
| DATE LEASE SIGNED | | TERM (Months) 12 | | REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS: | | LEASE CANCELLATION <input type="checkbox"/> | | DATE LEASE CANCEL 08-19-202 | |
| NAME/CO-OWNER | | COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE: | | REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS: | | LEASE CANCELLATION <input type="checkbox"/> | | DATE LEASE CANCEL 08-19-202 | |
| CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS <input type="checkbox"/> | | RENEWAL <input checked="" type="checkbox"/> | | INITIAL <input checked="" type="checkbox"/> | | DUPLICATE <input checked="" type="checkbox"/> | | TRANSFER <input checked="" type="checkbox"/> | |
| REPLACEMENT PLATES <input checked="" type="checkbox"/> | | CODE CHANGE <input type="checkbox"/> | | INCREASE IN REG. WEIGHT <input type="checkbox"/> | | WILL THE VEHICLE BE USED AS A RENTAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE 678905432 | | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | | EYE COLOR | | FULL DATE OF BIRTH / / | | **SOCIAL SECURITY NUMBER - - | |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE 345345345CO-WN | | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | | EYE COLOR BROWN | | FULL DATE OF BIRTH 07 / 30 / 2020 | | **SOCIAL SECURITY NUMBER COW -NE - R777 | |
| LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE CORPLEASE5 | | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | | EYE COLOR BROWN | | FULL DATE OF BIRTH 02 / 01 / 2012 | | **SOCIAL SECURITY NUMBER 566 -55 - 6677 | |
| OWNER SIGN 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 SIGN 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. | | | | | | | | | |