| Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)   | PLATE \ 2 PREFIX VEHICLE IDENTIFICATION NUMBER (VIN) VIN1213131   |
|--|---|
| NAME/OWNER   | NAME/LEASEE - If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information,   |
| FARHA TEST   | GGG MIDLE LAST  |
| STREET ADDRESS   | STREET ADDRESS  |
| ADDRESS1 ADRESS2   |   |
| CITY STATE ZIP COUNTY  | CITY STATE ZIP DATE LEASE SIGNED TERM (Months)  |
| CITYTEST KS 24324  |   |
| NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY   | REQUESTED REGISTRATION WEIGHT LEASE CANCELLATION DATE LEASE CANCEL  |
| REQUESTED REGISTRATION CODE:   | OR NUMBER OF PASSENGERS:  |
| CHECK HERE IF THIS ADDRESS RENEWAL INITAL DUPLICATE TRANSFER REPLACEMENT OF THE PROPERTY OF TH | NT PLATES CODE CHANGE INCREASE IN REG. WEIGHT WILL THE VEHICLE BE USED AS A RENTAL?  YES NO   |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR   | FULL DATE OF BIRTH "SOCIAL SECURITY NUMBER  |
| CORPTEST FEMALE  | 1 1   |
|  | FULL DATE OF BIRTH "SOCIAL SECURITY NUMBER  |
| 56545 FEMALE   | 1 1 H   |
| LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR  | FULL DATE OF BIRTH "SOCIAL SECURITY NUMBER  |
| FEMALE   | 1 1   |
| 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, MISST, COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS CONT  | ATEMENTS MAY RESULT IN SUSPENSION OF REGISTRATION PRIVILEGES, APPLICATIONS FOR A REGISTRATION FOR A AINED IN 49 CFR PARTS 390 TO 397.   |
| BA-49 (R6/15)  |   |