



# NEW JERSEY MOTOR VEHICLE COMMISSION

## VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. \_\_\_\_\_

Reg. Code \_\_\_\_\_

Exp. Date \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

### OWNER INFORMATION

DRIVER LICENSE #: 8765432190

#### VEHICLES

#### BOATS

Veh. Type \_\_\_\_\_ Boat Type \_\_\_\_\_

Make \_\_\_\_\_ Make \_\_\_\_\_

Year \_\_\_\_\_ Year \_\_\_\_\_

Model \_\_\_\_\_ Model \_\_\_\_\_

Mileage \_\_\_\_\_

Color \_\_\_\_\_ Material \_\_\_\_\_

GW/NP/WC \_\_\_\_\_ Length \_\_\_\_\_

Axles \_\_\_\_\_ Propulsion \_\_\_\_\_

Fuel \_\_\_\_\_

Name \_\_\_\_\_

Address ADD1 ADD2

City CITYTEST State NJ

Zip 80012

### CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: \_\_\_\_\_

Name \_\_\_\_\_

### LIEN HOLDER (If Any):

Name LEIN STAGING

Address ADDRESS1 , ADDRESS2

City CITY State HI

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