Motor Vehicle Commission NAME/OWNER APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly) STREET ADDRESS							PLATE TEST PREFIX			VEHICLE IDENTIFICATION NUMBER (VIN) GGGGYGY		
							NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner, must supply the leasee's information. STREET ADDRESS					
NAME/CO-OWNER		RCIAL REGISTRATION ONLY STED REGISTRATION CODE:				REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:			SE CANCELLATION	DATE LEASE CANCEL 04-27-202		
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS	INITAL	DUPLICATE	TRANSFER	REPLACE	MENT PLAT	TES	CODE CHANGE	INCREASE IN	REG. WEIGHT	WILL THE VEHICLE BE	USED AS A RENTAL?	
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCC	MALE FEMALE		EYÊ COLOR	FULL DATE OF BIRTH / /				"SOCIAL SECURITY NUMBER				
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCC	MALE FEMALE		EYE COLOR FULL (DATE OF BIRTH			**SOCIAL SECURITY NUMBER			
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCC	MALE FEMALE		EYE COLOR	FULL DA	ATE OF BIRTH			"SOCIAL SECURITY NUMBER				
OWNER SIGN HERE											.3 THE NUMBER WILL BE USED ION OF MOTOR VEHICLE FEES,	
CO-OWNER SIGN HERE												
(WE) THE APPLICANT(S) CERTIFY THE STATEMEN COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF									STRATION PRIVI	LEGES APPLICATIONS F	FOR A REGISTRATION FOR A	
8A-49 (R6/15)												