Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)				PLATE NUMBER PREFIX		FIX	VEHICLE IDENTIFICATION NUMBER (VIN)		
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,					
ACAR LEASING LTD									
STREET ADDRESS				STREET ADDRESS					
PO BOX 9000									
CITY STATE ZIP COUNTY			CITY	CITY STATE ZIP			DATE LEASE SIGNED	TERM (Months)	
LUTHERVILLE MD 21094-									
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY				REQUESTED REGISTRATION WEIGHT LEASE CANCELLATION DATE LEASE CANCEL					
REQUESTED REGISTRATION CODE:			OR NUI	MBER OF PASSENGE	ERS:				
CHECK THE IT IT IS ADDITEDO	ET THE ADDITION		ENT PLATES	PLATES CODE CHANGE INCREASE IN REG. WEIGHT			WILL THE VEHICLE BE USED AS A RENTAL?		
IS CHANGED FROM PREVIOUS RECORDS							YES NO		
			FULL DATE OF	BIRTH	•	"SOCIAL SECURITY NUMBER			
009505525210940	FEMALE			/			ie. (A)		
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE	MALE	EYE COLOR	FULL DATE OF	DATE OF BIRTH			"SOCIAL SECURITY NUMBER		
1 1	FEMALE			/			н. н		
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			FULL DATE OF	BIRTH		"SOCIAL SECURITY NUMBER			
FEMALE				/	/		4	-	
OWNER SIGN	•		"SUBN	ISSION OF THE SOC	CIAL SECURITY NUM	BER IS REQUI	RED BY N.J.A.C. 13:21-1.3 THE	NUMBER WILL BE USED	
HERE				EVENT ERRORS AND	ENFORCE FEDERA	L AND STATE	LAWS IN THE COLLECTION O	F MOTOR VEHICLE FEES,	
CO-OWNER SIGN									
HERE									
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SIDE COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL M						RATION PRIVIL	EGES APPLICATIONS FOR A	REGISTRATION FOR A	
BA-49 (R6/15)									