



NEW JERSEY MOTOR VEHICLE COMMISSION

VEHICLE CORRECTION APPLICATION

Please print or type all correct information

Plate No. _____

Reg. Code _____

Exp. Date _____

SERIAL NUMBER: FGGHHH55676

OWNER INFORMATION

DRIVER LICENSE #: _____

Name NAME

Address _____

City _____ State _____

Zip _____

VEHICLES

BOATS

Veh. Type 2DRCOUP Boat Type _____

Make MAKER Make _____

Year RDT56 Year _____

Model MODELKL Model _____

Mileage GGHH _____

Color WHITE Material _____

GW/NP/WC _____ Length _____

Axles 10 Propulsion _____

Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: 54555

Name GHFGHGH MIDDLE LASTTT

LIEN HOLDER (If Any):

Name JJHHH

Address DCCV, TDRRFVC

City HJGJYGGY State FL

Zip 35323

I certify the Statements on this application are true and correct.

Signature _____ Date _____

AGENCY USE ONLY

Title
Surrendered ☐ Y ☐ N

Document
Print? ☐ Y ☐ N