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 #: _____

Name   NAMELEIN

Address _____

City _____ State _____

Zip _____

VEHICLES	BOATS
Veh. Type _____	Boat Type _____
Make _____	Make _____
Year _____	Year _____
Model _____	Model _____
Mileage _____	
Color _____	Material _____
GW/NP/WC _____	Length _____
Axles _____	Propulsion _____
	Fuel _____

CO-OWNER INFORMATION (If Any):

DRIVER LICENSE #: 222222222222

Name   LESSOR NAME WEWQEEW

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