Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)				PLATE NUMBER PREFIX VEHICLE IDENTIFICATION N 98765678990						
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,						
SESFE				TESTLAST						
STREET ADDRESS				STREET ADDRESS						
QWRDWEQR SFESDF										
CITY STATE ZIP COUNTY				CITY STATE ZIP				DATE LEASE SIGNED TERM (Months)		
SDFSDF IN 345345										
NAME/CO-OWNER COMMERCIAL REGISTRATION ONLY			REQUE	REQUESTED REGISTRATION WEIGHT LEASE C				CANCELLATION DATE LEASE CANCEL		
REC	UESTED REGISTRATION CO	TED REGISTRATION CODE:			OR NUMBER OF PASSENGERS:					
CHECK HERE IF THIS ADDRESS US CHANGED FROM PREVIOUS RECORDS	DUPLICATE TRANS	FER REPLACEME	NT PLATES	LATES CODE CHANGE INCREASE IN REG. WEIGHT		WILL THE VEHICLE BE USED AS A RENTAL? YESNO				
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL				L DATE OF BIRTH				"SOCIAL SECURITY NUMBER		
REFEDGD		1								
OWNER'S N J DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			FULL DATE OF	L DATE OF BIRTH				"SOCIAL SECURITY NUMBER		
FEMALE				1				H. H		
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL			FULL DATE OF	L DATE OF BIRTH				**SOCIAL SECURITY NUMBER		
	FEMALE			/	/ /		4 4			
OWNER SIGN HERE				"SUBMISSION OF THE SOCIAL SECURITY NUMBER IS REQUIRED BY N.J.A.C. 13:21-1.3 THE NUMBER WILL BE USED TO PREVENT ERRORS AND ENFORCE FEDERAL AND STATE LAWS IN THE COLLECTION OF MOTOR VEHICLE FEES.						
CO-OWNER SIGN HERE										
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDER						ATION PRIVIL	EGES APPLICATIONS F	OR A REGI	STRATION FOR A	
BA-49 (R6/15)										