



APPLICATION FOR VEHICLE REGISTRATION

(Please complete both sides – print clearly)

PLATE NUMBER

PREFIX

VEHICLE IDENTIFICATION NUMBER (VIN)

NAME/OWNER CREATE					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 ADD1					STREET ADDRESS							
CITY		STATE		ZIP	COUNTY		CITY		STATE	ZIP	DATE LEASE SIGNED	TERM (Months)
NAME/CO-OWNER			COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:			REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:			LEASE CANCELLATION <input type="checkbox"/>		DATE LEASE CANCEL	
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS <input type="checkbox"/>		RENEWAL	INITIAL	DUPLICATE	TRANSFER	REPLACEMENT PLATES	CODE CHANGE	INCREASE IN REG. WEIGHT		WILL THE VEHICLE BE USED AS A RENTAL? YES ___ NO <input checked="" type="checkbox"/>		
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE 				MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		EYE COLOR	FULL DATE OF BIRTH / /			**SOCIAL SECURITY NUMBER - -		
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE 				MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		EYE COLOR	FULL DATE OF BIRTH / /			**SOCIAL SECURITY NUMBER - -		
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE 				MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		EYE COLOR	FULL DATE OF BIRTH / /			**SOCIAL SECURITY NUMBER - -		
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 SIDE OF THIS APPLICATION ARE CORRECT. MISSTATEMENTS MAY RESULT IN SUSPENSION OF REGISTRATION PRIVILEGES. APPLICATIONS FOR A REGISTRATION FOR A COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS CONTAINED IN 49 CFR PARTS 390 TO 397.												