New Jersey Motor Vehicle Commission APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)					PLATE NUMBER PLATE			VEHICLE IDENTIFICATION NUMBER (VIN) GGFGGH		
					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					STREET ADDRESS					
CITY STATE ZIP COUNTY					CITY STATE ZIP			DATE LEASE SIGN	TERM (Months)	
ECO-OWNER COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:					REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:			ASE CANCELLATION	DATE LEASE CANCEL	
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS RENEWAL INITAL	DUPLICATE	TRANSFER	REPLACEM	ENT PLA	ATES CODE CHA	INGE INCREASE IF	REG WEIGHT	WILL THE VEHICLE BE USED AS A RENTAL? YESNO		
NER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE FEMALE FEMALE			FULL D	ATE OF BIRTH		"SOCIAL SECURIT	**SOCIAL SECURITY NUMBER			
DWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MA		8	EYE COLOR FULL		DATE OF BIRTH			**SOCIAL SECURITY NUMBER		
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR F				FULL D	L DATE OF BIRTH			"SOCIAL SECURITY NUMBER		
OWNER SIGN HERE									3 THE NUMBER WILL BE USED ION OF MOTOR VEHICLE FEES.	
CO-OWNER SIGN HERE										
(WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDER.							SISTRATION PRIVI	ILEGES APPLICATIONS F	OR A REGISTRATION FOR A	
A-49 (R6/15)										