

**New Jersey**  
**Motor Vehicle Commission**

**APPLICATION FOR VEHICLE REGISTRATION**  
(Please complete both sides – print clearly)

PLATE NUMBER

GYG

PREFIX

VEHICLE IDENTIFICATION NUMBER (VIN)

YYYY

NAME/OWNER <b>LEESST54</b>					NAME/LEASEE – If the vehicle is being leased for a period of one year or more, the owner must supply the leasee's information. <b>LEASSEE555</b>				
STREET ADDRESS <b>GYG FDFD</b>					STREET ADDRESS				
CITY <b>GFFGGF</b>		STATE <b>KS</b>		ZIP <b>322</b>		COUNTY			
CITY		STATE		ZIP		DATE LEASE SIGNED <b>07-08-202</b>		TERM (Months) <b>24</b>	
NAME/CO-OWNER			COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:			REQUESTED REGISTRATION WEIGHT OR NUMBER OF PASSENGERS:		LEASE CANCELLATION <input type="checkbox"/>	
								DATE LEASE CANCEL <b>07-14-202</b>	
CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS <input type="checkbox"/>		RENEWAL	INITIAL <input checked="" type="checkbox"/>	DUPLICATE <input checked="" type="checkbox"/>	TRANSFER <input checked="" type="checkbox"/>	REPLACEMENT PLATES <input checked="" type="checkbox"/>	CODE CHANGE	INCREASE IN REG. WEIGHT	
								WILL THE VEHICLE BE USED AS A RENTAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE <b>ERER</b>			MALE <input type="checkbox"/>	EYE COLOR	FULL DATE OF BIRTH			**SOCIAL SECURITY NUMBER	
			FEMALE <input type="checkbox"/>		/ /			- -	
OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE <b>435435</b>			MALE <input type="checkbox"/>	EYE COLOR	FULL DATE OF BIRTH			**SOCIAL SECURITY NUMBER	
			FEMALE <input type="checkbox"/>		/ /			- -	
LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE			MALE <input type="checkbox"/>	EYE COLOR	FULL DATE OF BIRTH			**SOCIAL SECURITY NUMBER	
			FEMALE <input type="checkbox"/>	<b>BLUE</b>	/ /			- -	
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.									