| Meter Vehicle Commission  APPLICATION FOR VEHICLE REGISTRATION (Please complete both sides – print clearly)        |                  |           |              | PLATE NUMBER PREFIX   |       |                         | VEHICLE IDENTIFICATION NUMBER (VIN)  1GCNKREC1FZ439350 |                    |  |
|--|------------------|-----------|--------------|---|-------|-------------------------|--|--------------------|--|
| 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,   |       |                         |  |                    |  |
| NEWPORT CONSTRUCTION MANAGEMENT CORP   |                  |           |              |   |       |                         |  |                    |  |
| STREET ADDRESS   |                  |           |              | STREET ADDRESS  |       |                         |  |                    |  |
| 5032 MARLTON PIKE  |                  |           |              |   |       |                         |  |                    |  |
| CITY STATE ZIP COUNTY  |                  |           |              |   | STATE | DATE LEASE SIGNED       | TERM (Months)  |                    |  |
| PENNASAUKEN NJ 08109   |                  |           |              |   |       |                         |  |                    |  |
| NAME/CO-OWNER  COMMERCIAL REGISTRATION ONLY REQUESTED REGISTRATION CODE:   |                  |           |              | STED REGISTRATIO  |       | E CANCELLATION          | DATE LEASE CANCEL                                      |                    |  |
| CHECK HERE IF THIS ADDRESS IS CHANGED FROM PREVIOUS RECORDS  | DUPLICATE TRANSF | REPLACEME | NT PLATES    | CODE CHANGE   |       |                         | WILL THE VEHICLE BE USED AS A RENTAL? YES NO           |                    |  |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE  | MALE             | EYÉ COLOR | FULL DATE OF | DATE OF BIRTH   |       |                         | "SOCIAL SECURITY NUMBER                                |                    |  |
| 600217231081090  | FEMALE           | 1 1       |              | 1   |       |                         | E. (4)   |                    |  |
| OWNER'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL   |                  |           | FULL DATE OF | BIRTH   |       | "SOCIAL SECURITY NUMBER |  |                    |  |
| 1  | FEMALE           |           |              | /   | 1     |                         | H H  |                    |  |
| LEASEE'S N.J. DRIVER LICENSE NUMBER/CORPCODE MALE EYE COLOR FUL  |                  |           | FULL DATE OF | BIRTH   |       | "SOCIAL SECURITY NUMBER |  |                    |  |
| 1  | FEMALE           | 1 1       |              | /   | /     |                         | 9  | -                  |  |
| OWNER<br>SIGN<br>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<br>SIGN<br>HERE   |                  |           |              |   |       |                         |  |                    |  |
| (WE) THE APPLICANT(S) CERTIFY THE STATEMENTS ON BOTH SIDI<br>COMMERCIAL VEHICLE DECLARE KNOWLEDGE OF THE FEDERAL I |                  |           |              |   |       | ATION PRIVIL            | EGES APPLICATIONS FOR A                                | REGISTRATION FOR A |  |
| BA-49 (R6/15)  |                  |           |              |   |       |                         |  |                    |  |